ENDING FEMALE GENITAL MUTILATION

A STRATEGY FOR THE EUROPEAN UNION INSTITUTIONS

EXECUTIVE SUMMARY

END FGM EUROPEAN CAMPAIGN

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The logo of the END FGM campaign uses the rose to represent infibulation, the most harmful type of female genital mutilation (FGM) in which the genitals are stitched together. The yellow stars of the European Union flag represent the END FGM campaign's endeavour to ensure that the EU protects against FGM in Europe and beyond.

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THE END FGM-EUROPEAN CAMPAIGN

END FGM is a European campaign, led by Amnesty International Ireland, working in partnership with a number of organisations in European Union (EU) Member States. The campaign aims to put female genital mutilation (FGM) high on the EU agenda and to echo the voices of women and girls living with FGM and those at risk of it. The campaign advocates for the recognition of human rights and lobbies EU institutions to ensure that the EU adopts a comprehensive and coherent approach towards ending FGM.

The campaign is based on and advocates for the recognition of the principles of a human rights based approach (HRBA). This approach frames FGM as a violation of human rights, aims at empowering rights-holders (women and girls living with or at risk of FGM) and seeks an active and meaningful participation of those directly affected by the practice. The active participation of rights-holders in the development of policies affecting them and their community is crucial to the success of any measures proposed at the EU level.

Although the campaign focuses on tackling the issue of FGM and upholding the rights violated by this practice, it is situated within a broader debate on human rights and fundamental rights within the EU and in third countries. FGM is one manifestation of gender-based human rights violations which aim to control women's sexuality and autonomy, and which are common to all cultures. Though striking because of its severity and scale, FGM cannot be viewed in isolation. Campaigning to end FGM contributes to the advancement of a wider spectrum of girls' and women's rights. There is a close link between the practice of FGM and the denial of the right to health. Ending FGM entails protection against violence, from persecution and from discrimination. Therefore it implies reduction of maternal mortality rates, violence against women and girls, and gender and age discrimination. Increased recognition of FGM as ground for asylum claims will contribute to protecting girls and women against gender based violence by non-state actors.

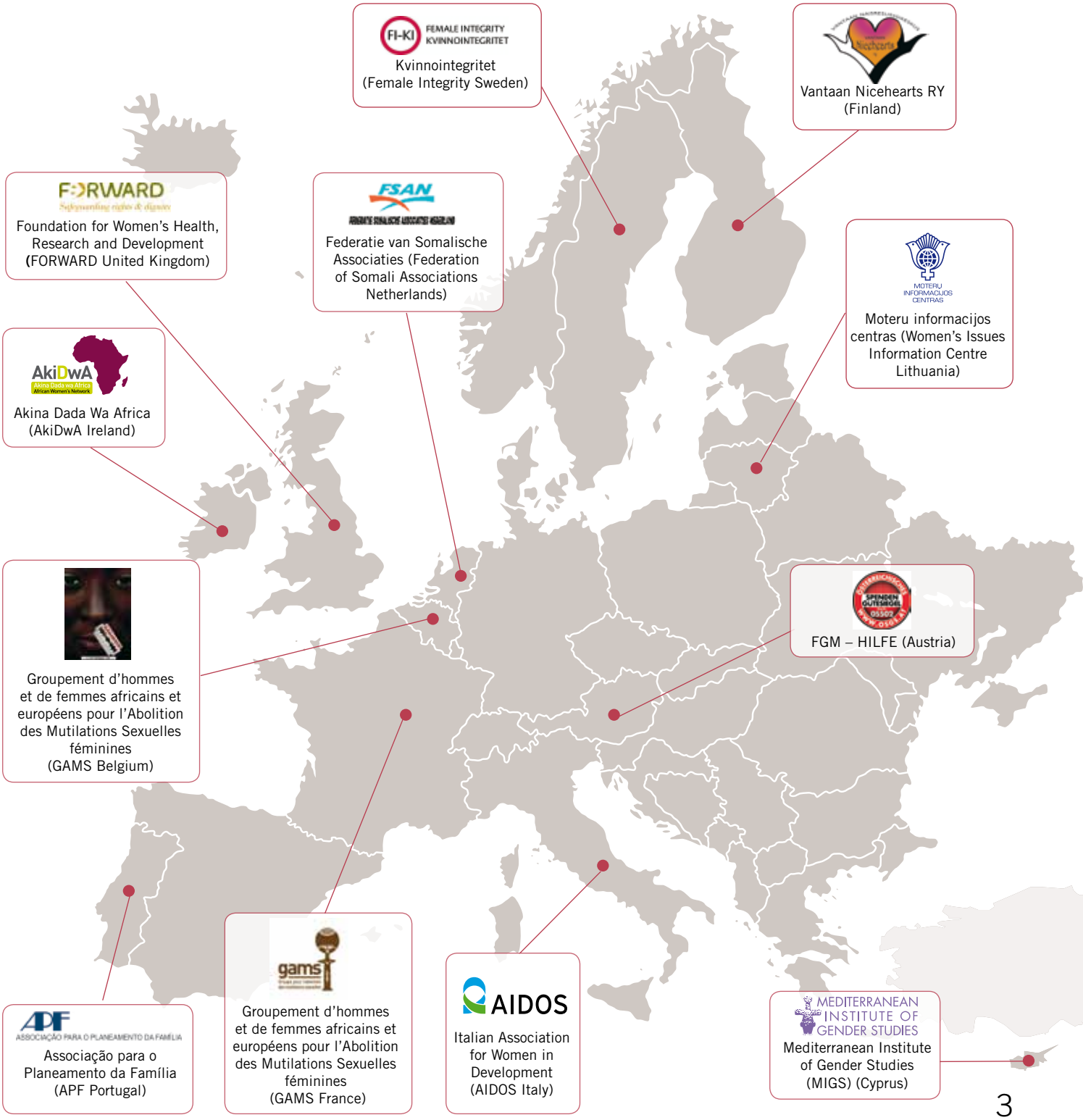
This campaign contributes to an international mobilisation movement in recognition of the need to join forces to end the practice of FGM. This international momentum is illustrated by the adoption of the United Nations interagency statement (in 2008), the UNHCR guidance on FGM (in 2009), several calls by United Nations Special Procedures and by treaty monitoring bodies. The creation of the Donors Working Group on FGM/C, to which the European Commission is a partner, contributes to this worldwide effort. This mobilisation is also taking place at a national level within the European Union with the development of National Action Plans on FGM in several Member States.[1]

The EU institutions have an important role to play in the progress towards ending FGM in the EU and in third countries. Already the European Parliament has called on the Commission, the Council and Member States to take positive steps towards ending FGM. The Commission has financed projects on FGM in the EU and has supported progress towards ending the practice in third countries. FGM is mentioned in EU partnership agreements, human rights guidelines and policies. However, further opportunities exist for the EU institutions to contribute towards international progress in ending the practice. Some of these opportunities are elaborated as key dimensions in this document.

1 The action plans were developed as part of a Daphne project, financed by the European Commission, coordinated by Euronet-FGM and have been presented by NGOs to EU Member States and Norway in 2008-2009. New action plans were developed in eight countries: Austria, Denmark, Greece, Ireland, Portugal, UK, Germany and Italy. Four countries already had plans (Belgium, France, Netherlands, Norway) but succeeded in raising the issue of FGM, or to give new inputs to an existing plan (Netherlands). At the final stage of the project (end of May 2009), Finland announced that they were going to develop a national action plan to prevent FGM. While Sweden previously had an action plan, that has now expired and a follow-up has not yet been developed.

THE CAMPAIGN PARTNERS

The END FGM European campaign is working with 12 organisations with expertise in the issue of FGM. Partner organisations work directly with women and girls affected by FGM. The campaign partners also work with FGM practising communities, religious leaders and lobby their national governments. The campaign partners are located across the European Union in 12 Member States.



WHAT IS FGM?

"Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons."

Joint WHO/UNICEF/UNFPA statement (1997)

FGM can take diverse forms and have different effects on women and girls. In every case it entails the cutting, stitching or removal of part or all of the female external genital organs for non-therapeutic reasons. The mutilation of healthy body parts has a detrimental impact on the health and well-being of women and girls. There are several forms of FGM and these differ from community to community. The most recent World Health Organisation (WHO) classification from 2008 divides FGM into four types.

- **Type I** — Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
- **Type II** — Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
- **Type III** — Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
- **Type IV** — All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.

Recent estimates indicate that around 90 percent of cases include clitoridectomy, excision or cases where girls' genitals are "nicked" but no flesh removed (Type IV), and about 10 percent are infibulations.

WHERE IS FGM PRACTICED?

The WHO estimates that around 100-140 million women and girls have been subjected to FGM, with an estimated 3 million at risk each year. The practice of FGM is widespread in large parts of Africa, some countries in the Middle East and in some parts of Asia and Latin America. The practice is also prevalent in the EU among certain communities originally from countries where FGM is practiced. The exact number of women and girls living with FGM in Europe is still unknown, although the European Parliament estimates that it is around 500,000 with another 180,000 women and girls at risk of being subjected to the practice each year.

WHY IS FGM PRACTICED?

The practice of FGM is underpinned by a variety of beliefs promoting it for perceived health and hygiene benefits, religious, traditional or gender-related reasons. It is often viewed as a rite of passage for a girl ensuring her status and marriageability within the community. The decision to have the girl cut is usually taken by her parents or other close family members. A choice to leave the girl uncut is often met with strong opposition from the community as FGM is a deeply entrenched tradition within social, economic and political structures. Ending FGM therefore requires a collective choice from within the community so that girls who remain uncut, and their families, are not shamed and alienated. This is a socio-cultural change that must have a supportive environment at a national level, including collaboration with those in the media, government, parliament and civil society. As the practice is cross-border it necessitates a cross-border approach in terms of stakeholder cooperation; linking organisations, community leaders, health professionals and government representatives.

→ FGM VIOLATES HUMAN RIGHTS

FGM, in any form, is recognised internationally as a gross violation of human rights of women and girls. The practice denies women and girls their right to:

- Physical and mental integrity
- Freedom from violence
- The highest attainable standard of health
- Freedom from discrimination on the basis of sex
- Freedom from torture, cruel, inhuman and degrading treatments
- Life (when the procedure results in death)

These rights are protected in several international instruments, treaties and consensus documents, including:

- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- Convention on the Elimination of all Forms of Discrimination against Women
- Convention on the Rights of the Child
- Convention relating to the Status of Refugees and its Protocol relating to the Status of Refugees
- African Charter on Human and Peoples' Rights (the Banjul Charter) and its Protocol on the Rights of Women in Africa (Maputo Protocol)
- African Charter on the Rights and Welfare of the Child
- European Convention for the Protection of Human Rights and Fundamental Freedoms
- Charter of Fundamental Rights of the European Union
- Beijing Declaration and Platform for Action of the Fourth World Conference on Women
- UN General Assembly Declaration on the Elimination of Violence against Women
- Programme of Action of the International Conference on Population and Development
- UNESCO Universal Declaration on Cultural Diversity

KEY DIMENSION # 1: DATA COLLECTION

ESTIMATE: 500,000 WOMEN AND GIRLS LIVING WITH FGM IN EUROPE

A resolution adopted by the European Parliament states that an estimated 500,000 women and girls living in Europe have been subjected to FGM. While in some EU countries, estimates of women living with FGM or girls at risk of FGM have been published, frequently these estimates have been done by extrapolation of the prevalence data in countries of origin on the census data of countries of residence. This method gives an indication of the scale of the problem in Europe, but it is important to note that it also is critically flawed in many ways. In particular, the estimates refer to the nationality and not the ethnic group to which women and girls belong – within countries the prevalence of FGM varies greatly between different ethnic communities. These estimates usually do not take on board asylum seekers, undocumented or second generation migrants at risk of FGM.

To date, there is no data collection which would allow for comparison or an assessment of the magnitude of the problem in Europe. Such an assessment is paramount to monitor any increase or decrease in the number of women with FGM and girls at risk, and to measure changes in behaviour and attitudes towards FGM. Data is needed on all dimensions outlined in the campaign (health, violence against women and girls, asylum and development cooperation) to substantiate the need for funds and the implementation of efficient programmes and measures, as well as to measure the impact of policies put in place to eradicate FGM. Qualitative data on the socio-cultural dimension of FGM is needed to analyse whether the beliefs underlying the practice in the EU differ from the beliefs in the country of origin. An understanding of this dimension is essential to design strategies for behaviour change processes.

POTENTIAL FOR ACTION AT EU LEVEL

The research on women with FGM in individual EU Member States is limited, therefore research at a European level is needed. This would relate to a significant number of affected women whose lives could be considerably improved. Furthermore it would be important to draw upon EU wide expertise for the design and development of research methodologies. The EU institutions are well placed to initiate, fund and coordinate these research activities. Within the EU institutions, the acknowledged need for comprehensive and substantial data collection on fundamental rights and gender equality in the EU has resulted in the creation of two new agencies. The **European Union Agency for Fundamental Rights (FRA)** was established in 2007. Its mission is to raise awareness on fundamental rights and to provide comparative data, advice and evidence based expertise to EU Institutions and EU Member States. The **European Institute for Gender Equality (EIGE)** was established in 2007. Its overall objective is to promote gender equality and to contribute to the fight against sex-based discrimination. It will also provide technical assistance to the EU Institutions and the Member States. In addition to these new agencies, **Eurostat** functions as the Statistical Office of the EU with the mission to provide the EU with European level statistics that can enable comparisons between Member States and between regions. It carries out research in various fields including; health, living conditions, social protection and criminal justice.

"I see over 400 women and girls at the African Well Woman's Clinic at Guy's and St Thomas hospitals in London with FGM related problems such as flash backs, memories, recurrent urinary infection and difficulties during pregnancy and childbirth. Moreover, the fact that FGM is intricately located within a sexual and reproductive sphere, making it 'taboo' in many cultures, women are often disinclined to talk about their experiences. These compounding factors have made FGM increasingly convenient to ignore. However, I believe that health professionals are in the best position to recognise and monitor cases of FGM, and inform the communities about the law. As a specialist in this field I believe it is essential that the EU gets involved in data collection and co-ordinates activities on FGM at a European level. We need to know the extent of the problem in each European country, we need data collection to give an idea of incidence and we also need to look at child protection issues."

Dr Comfort Momoh, FGM/Public Health Specialist, African Well Woman's Clinic, United Kingdom

→ THE END FGM-EUROPEAN CAMPAIGN:

Urges **the EU institutions** (the Commission, the Council and the Parliament) in accordance with the 2009 European Parliament resolution on FGM, to request the following from **FRA**:

- Include FGM in the identification of indicators for service providers as relevant to women and children's rights. Explore practices and measures that aim to improve access to health care for female asylum seekers living with FGM. Finally, when analysing good practices relating to equal access to justice, the FRA could undertake an assessment of legal remedies available to protect women and girls who are at risk of being subjected to FGM.

Urges **the EU institutions** in accordance with the 2009 European Parliament resolution on FGM, to request the following from **EIGE**:

- In line with the objective and tasks as outlined in the Regulation establishing the Institute, it should develop and establish human rights based methodological tools that can be used for an EU wide approach to quantitative and qualitative data collection on FGM. This should be done in close collaboration with civil society organisations, community representatives, women and girls directly affected by FGM, experienced sociologists, ethnologists and anthropologists.

Urges **the EU institutions** to request the following from **Eurostat**:

- To coordinate and support the development of national surveys to assess FGM prevalence in the EU. These surveys should be developed in close collaboration with all stakeholders to take into account the national context.

KEY DIMENSION # 2: HEALTH

FACT: FGM PRESENTS CHALLENGES TO HEALTH CARE SERVICES IN EUROPE

It is estimated that 500,000 women and girls are living with FGM in the EU. EU Member States need to respect the right to health of women living with FGM and provide health services, including counselling, that are available, accessible, acceptable and of good quality. A lack of awareness of FGM amongst health professionals can lead to emergency caesarean sections that pose an unnecessary risk and are costly in financial terms. A general sensitisation to FGM is also important for all gynaecological examinations as they could be very painful and also stigmatising for women and girls living with FGM. Health protocols on reinfibulation (re-stitching of the vagina) are necessary as there is evidence of medical professionals practising reinfibulation in European countries following deliveries, likely due to a lack of standardised procedures and medical guidelines. Reinfibulation in most states' legislation constitutes a form of FGM and is therefore illegal. Guidelines should also address the medicalisation of FGM (when the practice is carried out by medical professionals in hospital settings), an increasing trend condemned by the WHO. Furthermore, the current framework in place to give refugees and other migrants' entitlements to health care within the EU may not adequately address social barriers that hinder marginalised groups from accessing vital health services. These social barriers include language, lack of competent interpreters, different ways of understanding and viewing illness and also lack of awareness of health care services that are available.

POTENTIAL FOR ACTION AT EU LEVEL

The EU and its Member States must seek to enhance the capacity of the health care sector to meet the specific needs of the women and girls living with FGM. While the provision of health care is a domestic issue for Member States, the EU can coordinate and compliment the work of the Member States by facilitating the exchange of information and best practices, initiate development of health protocols and curricula and fund feasibility studies and research projects that contribute to the pool of knowledge in the EU.

The current EU health strategy has four overarching values: **universality, access to good quality care, equity** and **solidarity**. The commitment to reduce inequities in health and to include a gender dimension is put forward in this strategy. The EU health programme is managed by **Executive Agency for Health and Consumers (EAHC)** that has a number of financial mechanisms to support organisations who work in line with the EU health policy objectives, including project grants, operating grants and financial support for conferences. Other EU instruments for promoting health in the EU Member States include: the **Open Method of Coordination (OMC)**, a framework created for cooperation between EU Member States including health care; and the **Social Protection Committee (SPC)**, an advisory body that has a facilitator role when it comes to exchange of best practice, information and experience.

"Going to the doctor is an ordeal for me and other girls who have gone through FGM. The first reaction of doctors is of shock and disbelief. They ask what has happened, thinking it is an injury or an accident. Each time I see a new doctor, I have to give them information on FGM. Other girls, I know they avoid going to the doctor because they feel embarrassed having to explain it every time."

Ifrah Ahmed, Strong Voice of the END FGM-European Campaign

"One morning, I received an urgent phone call from a doctor who was doing his internship in a maternity hospital in Belgium. He didn't know how to manage the case of a Somali woman, 9 months pregnant, in labour. The maternity team didn't know if she could deliver with her infibulation or if they had to perform an emergency C-section. They made several phone calls to different gynaecologists but nobody knew what to do. Finally they called me because I had just returned from a mission in Somalia. I had to explain to the doctor over the phone how to do a deinfibulation (unstitching) following the WHO recommendations. They called me back after the delivery to say that everything went well. This was the event that pushed me to do something and to start writing Belgium's first guideline on deinfibulation. The Ministry of Health is now distributing this guide in all the maternity wards of Belgium."

Fabienne Richard, Midwife, Institute of Tropical Medicine, Antwerp

→ THE END FGM-EUROPEAN CAMPAIGN:

Urges the **EU institutions** to take concrete steps to support the goal to reduce health inequalities affecting women and girls living with FGM, and therefore requests the following from the **Executive Agency for Health and Consumers** (**EAHC**)

- to launch tenders and commission the design and delivery of targeted training modules for health care professionals that can also be included in the curricula for the education of midwives, nurses, family doctors, gynaecologists and other relevant health care professionals. It should further support holistic projects that aim to give psychological and medical support together with information on rights and legal remedies available to women and girls living with FGM
- to encourage the exploration of health or cultural mediator projects to promote access to health care and health literacy among communities affected by the practice of FGM. These projects should be developed in collaboration with health care services, community representatives, representatives of women and girls living with FGM, and national asylum and immigration authorities

Urges the **EU institutions** to request the following from the **Social Protection Committee** (**SPC**)

- to promote the exchange of information and best practices addressing FGM among EU Member States representatives from the health and social services sectors

Urges the **EU institutions** to use the **Open Method of Coordination** (**OMC**)

- to develop indicators relevant for women and girls living with FGM to assess, monitor and evaluate their access to health care services and the availability of acceptable and good quality health care. Also to promote cooperation between EU Member States to develop targeted policies, guidelines and initiatives that can improve the quality of life and health of women and girls living with FGM.

KEY DIMENSION # 3: VIOLENCE AGAINST WOMEN AND CHILDREN

WOMEN AND GIRLS LIVING IN THE EU NEED PROTECTION

FGM is prevalent in the EU within certain communities who originate from countries where the practice is a tradition. There are numerous cases of girls being mutilated while abroad on holiday and anecdotal evidence and criminal cases point to the practice being carried out also within the EU. Often the main perpetrators are the parents or other close family members who arrange for traditional excisors or medical professionals to carry out the practice. While legislation is very important to protect women and girls from this harmful practice, strong preventative measures are also essential. It is imperative to recognise the social pressure to conform to tradition that often lies at the core of this practice.

Most EU Member States have legislation which defines the practice of FGM as an offence, either as a specific criminal act or as an act of bodily harm or injury. Similarly, child protection laws and measures exist in all EU Member States. Effective implementation of both criminal law and child protection laws relating to FGM is obstructed by the lack of knowledge and attitudes of both professionals and communities confronted with FGM. Both professionals and communities have an influence on the process of law enforcement including reporting cases and finding evidence. Other factors that block implementation are the extraterritorial application of criminal law (when the crime has been committed outside the state's territory), the secrecy surrounding the practice within communities, the reluctance of girls to formally implicate parents and the reluctance of professionals to follow through on complaints and concerns.

POTENTIAL FOR ACTION AT EU LEVEL

To facilitate the exchange of information and best practice and to shape a common EU approach to child protection policies, EU level cooperation is necessary. This cooperation should include Member State judiciaries as well as other competent authorities such as the police, social services, health services and school administrations. Additionally, the EU should facilitate cooperation and coordination between organisations and professional staff working in the EU and in countries of origin, to protect girls who may be at risk of mutilation when travelling abroad. The coordinated EU level work to promote the rights of women and girls is outlined in specific strategy documents: the **Roadmap for equality between women and men** that aims to drive the agenda on gender equality forward and the **EU Strategy on the Rights of the Child**. Further, the **Stockholm Programme** is the five year work programme for EU cooperation on justice and home affairs that mentions the need to protect women from FGM. A Stockholm Action Plan will be put in place to operationalise this programme. Additional EU instruments that can be used to protect women and girls include **Europol** and **Eurojust** that facilitate cooperation between competent authorities in EU Member States, and the **Daphne Programme** that forms part of the General Programme "Fundamental Rights and Justice" with the aim to combat violence against children and women.

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"We need now to see leadership from the EU institutions – we cannot do this on our own and as long as we are working independently at grassroots level in separate EU Member States, we do not have the resources or the networks to truly make an impact. I know we can succeed in eradicating FGM if we make a collaborative effort to reach the girls, raise awareness and support communities in abandoning this practice."

Khadia Diallo, President, GAMS Belgium

→ THE END FGM-EUROPEAN CAMPAIGN:

Urges the **European Commission, the Council** and **EU Member States**:
- to address FGM in all new legislative and policy proposals on violence against women and children.

Urges the **European Commission**:
- to address FGM in the Roadmap on equality between women and men and in the Strategy on Children's Rights, as a violation of women's and children's rights
- to continue making Daphne funding available for projects aiming to combat FGM in Europe and to disseminate lessons learned to relevant authorities in Member States
- to include concrete measures and monitoring benchmarks addressing FGM in the Stockholm Action Plan as this harmful practice relates to several dimensions of justice and home affairs cooperation in the EU, including asylum, judiciary and police cooperation
- to include in coming meeting agendas of the European Forum on the Rights of the Child the issue of FGM and the role European Institutions can play in combating the practice within the EU as well as worldwide

Urges the EU institutions to encourage **Europol**:
- to, in accordance with the 2009 European Parliament resolution on FGM, "coordinate a meeting of European police forces with a view to intensifying the measures to combat FGM, tackling the issues related to the low reporting rate and the difficulty of finding evidence and testimonies, and taking effective steps to prosecute offenders"

Urges the **EU institutions** to encourage **Eurojust**:
- to host meetings to facilitate information exchange between competent authorities in Member States on best practices with a view to promoting knowledge and expertise in relation to FGM cases, to promote cooperation, and to promote harmonisation and/or development of common standards in relation to FGM related judicial cases.

KEY DIMENSION # 4: ASYLUM

PROTECTING WOMEN AND GIRLS SEEKING REFUGE

FGM is a form of gender-based violence that inflicts severe harm, both mental and physical, and amounts to persecution. According to the UNHCR Guidance Note on Refugee Claims relating to FGM, FGM constitutes both gender-based and child specific persecution. Claimants are usually the women or girls who fear undergoing FGM and/or the girl's parents who fear persecution for opposing a social norm. They are also in principle protected by the 1951 Geneva Convention according to the UNHCR since their opposition to a social norm discriminating against women creates a fear of persecution. Some EU Member States have recognised FGM as a form of gender based persecution. However some states have a restricted understanding of the grounds to claim asylum stated in the Geneva Convention, thus granting a weaker protection in FGM-related claims. In addition, some Member States ignore the child specific nature of this persecution as children are considered unable to express fear and opposition to the practice. As rules on international protection are increasingly determined at the EU level, it is crucial that the EU common approach to asylum is respectful of international standards. Hence, they should take into account the needs and rights of asylum seekers on the grounds of FGM as established by UNHCR principles.

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POTENTIAL FOR ACTION AT EU LEVEL

The work towards a Common European Asylum System (CEAS) is progressing and four building blocks – the Dublin Regulation, the Reception Conditions Directive, the Qualification Directive and the Asylum Procedures Directive - have been adopted. The work towards CEAS will continue with the view of having second phase instruments adopted by end 2012. The recast of the directives offers a unique opportunity to ensure a strengthened protection for asylum claims relating to FGM in line with the UNHCR Guidance and Guidelines on gender related persecutions. The **qualification directive** contains a clear set of criteria for qualifying either for refugee or subsidiary protection status and sets out what rights are attached to each status. The **procedure directive** ensures that throughout the EU, all procedures in the first instance are subject to the same minimum standards. The reception directive sets out minimum standards for the reception of asylum seekers. Harmonious and consistent transposition and implementation of the directives could be ensured by reference to the UNHRC Guidelines and the Guidance in the text of the directives. Other EU instruments that can be used to ensure a more coherent approach to asylum seekers on grounds of FGM include the **European Asylum Support Office** which is planned to be set up as an EU agency in 2010 to support the CEAS (by organising trainings; identifying good practices; and facilitating information sharing on countries of origin) and the **European Asylum Curriculum** which is a project aiming to produce a vocational training common for employees of the EU Member State Immigration Services.

"I lived in Freetown in Sierra Leone. I had a happy childhood… The only difficult thing I had to face was that my aunts used to come from the village to see my father and tell him it was time for me to join the secret society. That meant that it was time for me to be cut, to be circumcised. My father… didn't want me to go, he said, it's evil. … He protected me and said I didn't have to do it. But then the war came, and I lost my father and mother and my brothers. I was taken by a soldier into the bush, to be his sex-partner. He would rape me whenever he wanted. These soldiers were terrible. I saw many things that no one should have to see. Then, after the war my uncle came from America, looking to find what had happened to us all. I was the only one of my family left in Freetown. I couldn't stay in Freetown because everyone knew I had been taken to the bush by Timboy but I couldn't go back to the village, because I didn't want to be circumcised. I knew I didn't want to do it because but I have heard how it is done – they don't even sterilize the knife and the girls bleed a lot and sometimes they die. The government has tried to stop it, I know, but they had to back down because all the people protested. So if a family member wants to do it there is no one to stop them. So my uncle helped me to get to England. … I am 18 now and I am going to college. I want to be a social worker to help other people.

Esther, Sierra Leonean who fled to the United Kingdom and was recognised as a refugee
[UNHCR Handbook for the Protection of Women and Girls]

→ THE END FGM-EUROPEAN CAMPAIGN:

Urges the **EU institutions** :

- to ensure that the procedure of recast of the qualification, procedure and reception directives give full consideration to the UNHCR Guidelines on gender-based persecution and the Guidance on FGM. Reference to these documents should be included in the text of the recast directives to ensure that they are given full consideration in transposition and implementation of these directives

Urges the **European Commission** as guardian for the treaty:

- to ensure that the legal framework is properly transposed and implemented at national level. In order to ensure this implementation, the Commission should set up a data collection mechanism disaggregated by gender and age, including number of applications and successful claims based on FGM

Urges the **EU institutions** to encourage the **European Asylum Support Office**:

- to include FGM as an integrated dimension in its work, with training and information produced and disseminated among EU Member States

Urges the **EU institutions**:

- to encourage the inclusion of the UNHCR Guidelines on gender persecution and Guidance related to FGM into the **European Asylum Curricula**.

KEY DIMENSION # 5: EU DEVELOPMENT COOPERATION

ENDING FGM – A GLOBAL CHALLENGE

An estimated 100-140 million women living with FGM worldwide have had their right to sexual and reproductive health violated and may not be able to realise their full potential as women, as mothers and wives, as farmers and workers in their society. FGM is a practice that continues to cause tremendous suffering to women and girls worldwide. FGM is also a threat to the achievement of several Millennium Development Goals (MDGs), primarily MDG 3 (Promote gender equality), MDG 4 (Reduce child mortality) and MDG 5 (Improve maternal health). Putting an end to FGM has several dimensions that need to be addressed. There is a need for an enabling environment at the political and legislative level. The health sector must be fully involved in the prevention of FGM as there is a risk of the increased medicalisation of the practice. Teachers and the education sector are strong allies in activities to promote awareness and empowerment of children and youth. The culture sector (media, entertainment) is crucial to disseminate information and to promote an open dialogue on a sensitive issue like FGM. In many developing countries these sectors of government are suffering from a lack of resources – financial resources, human resources and technical expertise. Development cooperation can play a very important role in supporting the in-house capacity at a government level. However, donors are now operating in the new aid architecture that is moving away from donor driven policies to greater local ownership and alignment with partner countries' national strategies and institutions. This move towards budget support, away from targeted interventions, limits the donor's potential to direct development assistance to specific objectives. Promoting human rights and gender equality in development assistance would therefore to a large extent first have to be raised as issues with the partner government. Political dialogue and the following policy dialogue are therefore of great importance. In all approaches, specific action should be taken to engage women and girls from communities where FGM is practiced to promote their empowerment, their ability to claim their rights as well as their decision making position in relation to their community and to the various policy structures that affect their lives. Their active participation should be at the core of all strategies to end FGM.

"We condemn the practice of Female Genital Mutilation which still occurs in a number of countries. This practice causes a great deal of suffering and is a serious threat to the health of women and girls. We are encouraged that some partner countries have already introduced legislation against this harmful practice but we would stress that the Commission continues to take every opportunity to convince other partners to do the same".

Louis Michel, Former EU Commissioner for Development and Humanitarian Aid, International Day of Zero Tolerance against FGM 6 February 2008

POTENTIAL FOR ACTION AT EU LEVEL

While European Commission development assistance has already been given to projects on FGM in third countries, there is a lack of a coherent approach to FGM in EU development cooperation. The EU, in particular the European Commission and the EU Member States, should use its considerable power as a global actor to actively promote the eradication of FGM worldwide and build bridges with African stakeholders in this joint struggle. The EU is well placed to take a lead on combating FGM in development cooperation through the combined EC/EU official development assistance, its membership in the Donors Working Group on FGM, its voice in international fora (OECD Development Assistance Committee, United Nations), and its partnership with regional organisations and third countries.

"The UN Commission on the Status of Women adopted the Resolution Ending Female Genital Mutilation, recognising that female genital mutilation violates, and impairs or nullifies the enjoyment of the human rights of women and girls. The European Union has made quite clear its position on the unacceptability of traditional practices, both within the Union and in third countries. We need to make sure that all countries understand our position, and advocate for these human rights to be respected, including in the context of human rights dialogues and consultations as well as other policy dialogues with third countries".

Benita Ferrero-Waldner, Former EU Commissioner for External Relations and Neighbourhood Policy, International Day of Zero Tolerance against FGM 6 February 2008

→ THE END FGM-EUROPEAN CAMPAIGN:

Urges **the European Commission and the EU Member States:**

- to address the issue of FGM in the framework of the political dialogue with partner countries and regional organisations and discuss how to best implement the commitments taken in international and regional treaties as well as in partner countries' national legislation
- to address the issue of FGM in the policy dialogue with stakeholders relevant to this sensitive issue in the national context. It is imperative that women's civil society organisations and human rights activists already working on ending the practice of FGM be included in these dialogues, together with girls and women directly affected by the practice, community leaders, religious leaders, teachers, health workers and government officials both at local and national level.
- to employ the established guidelines on human rights defenders in relation to the women and men who are threatened when speaking out against the practice
- to mainstream its commitment to combat FGM across several sectors of development assistance, including health, governance, education and culture

Urges **the European Commission**:

- to include in its annual country reviews an assessment of FGM prevalence and efforts to end this practice, and where applicable (i.e. in coordination with other donors and in partnership with third countries) include measures to combat FGM in Country Strategy Papers (CSPs) and in National Indicative Programmes (NIPs)
- to provide grants for macro and micro projects to combat FGM through thematic instruments and programmes
- to design and develop a module on FGM, as part of a wider training programme on the EU's human rights commitments, that includes relevant international, regional and national legal instruments, promotes understanding of its cross-sector dimensions and gives examples of current best practices on promoting abandonment. This module should form part of the core-curriculum for staff at headquarters and at partner country level

END FGM – European Campaign
rue de Trèves, 35
1040 Brussels
Belgium

www.end**fgm**.eu