

# **Platform for Action**

## Towards the Abandonment of Female Genital Mutilation/Cutting (FGM/C)

### **A matter of gender equality**

**The Donors Working Group on Female Genital Mutilation/Cutting**



**We stand together in consensus >**

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# Towards the Abandonment of Female Genital Mutilation/Cutting (FGM/C)

## **We stand together in consensus**

The Donors Working Group on FGM/C (DWG) has, since 2001, brought together key governmental and intergovernmental organizations and foundations committed to supporting the abandonment of FGM/C. Thanks to the sharing and systematic analysis of experiences, we have reached a consensus on a common programmatic approach to support the abandonment of the practice and make a major difference for girls and women worldwide. This Platform for Action summarizes its elements. With relatively modest support and expanded partnerships for the application of this approach, FGM/C can be reduced significantly in the coming decade.

## **We support a common approach**

The common programmatic approach is the result of the in-depth analysis and evaluations of programme experiences supported by national governments and non-governmental organizations working on the ground. The analysis has been informed by social science theory and a human rights perspective and has highlighted what works and why it works. It has shown that a process of positive social transformation can occur when programmes and policies focus on enabling communities to make a coordinated, collective choice to abandon FGM/C.

The revised United Nations interagency statement on Eliminating Female Genital Mutilation benefited from inputs by the DWG and reflects this common approach. Launched in early 2008 by the United Nations Deputy Secretary-General, it calls on governments, international and national organizations, civil society and communities to develop, strengthen and support specific and concrete action directed towards ending FGM/C. The DWG is helping to expand and strengthen partnerships and to increase resources in order to effectively promote this action within and beyond the United Nations.

## **Strategic investment can yield major results**

A relatively modest but strategic investment can lead to large-scale abandonment of FGM/C. Positive social change can begin in a relatively small proportion of the population and quickly spread. Once a 'critical mass' of individuals manifests public support for the abandonment of the practice there are social pressures in motion that lead additional individuals and families to adopt the new norm: change can proceed spontaneously and will be sustained over time.

On this basis, UNICEF has estimated that community-oriented programmes costing about US\$24 million each year over the next 10 years can lead to major reductions in the prevalence of FGM/C in 16 sub-Saharan African countries with high or medium prevalence. The World Health Organization estimates that an additional US\$4 million is needed over six years to support governments and other partners to generate the knowledge needed to set global standards for the care of women who have undergone FGM/C and to improve programme effectiveness.

## **New proof exists on the extent and gravity of female genital mutilation/cutting**

With more and better data, we now estimate that 3 million girls on the African continent (Egypt, Sudan and sub-Saharan Africa) are subjected to the practice each year, 1 million more than previously estimated. In addition, FGM/C has recently been found to be more prevalent than formerly believed in some countries in Asia and the Middle East. Growing migration has also increased the number of girls and women living outside their country of origin who have undergone the practice or who may be a risk. This includes some girls and women living in Australia, Europe and North America.

Today, it is also scientifically proven that FGM/C is harmful both to women and their babies. While it has been known for decades that the practice may cause

severe pain and can result in prolonged bleeding, infection, infertility and even death, a landmark 2006 World Health Organization study provided clear evidence that complications during delivery are significantly more likely to occur among women with FGM/C. The study also found that FGM/C is harmful to babies, leading to an extra 1 to 2 perinatal deaths per 100 deliveries.

### **Female genital mutilation/cutting cannot be tackled in isolation**

FGM/C is multidimensional and affects the physical and mental health of girls and women in many ways. It affects girls' schooling and limits their capacity to reach their potential. It can increase the risk of becoming infected with HIV. It is a development issue and a governance issue. Accordingly, ending all forms of FGM/C is crucial to the success of the Millennium Development Goals, especially those related to gender equality, universal primary education, maternal health, child mortality and HIV/AIDS. Fundamentally the practice is a violation of human rights, and more specifically of child rights, and needs to be dealt with in ways that address its underlying causes.


As a manifestation of gender inequality, FGM/C is deeply entrenched in social, economic and political structures. Mothers and other family members organize the cutting of their daughters even though they may be aware that it can bring physical and psychological harm to the girls. They consider it part of what they must do to raise a girl properly and prepare her for adulthood and marriage. From their perspective, not conforming to this obligation would bring greater harm, and would result in shame and social exclusion. This type of behaviour is in line with what social scientists refer to as a self-enforcing social convention. Changing this type of social convention requires that a significant number of families within a community make a collective and coordinated choice to abandon the practice so that no single girl or family is disadvantaged by the decision.

Programmes that have led to abandonment of FGM/C on a significant scale have been systemic and have stimulated and supported large-scale social transformation where overcoming gender roles and stereotypes and empowering women and girls was of fundamental importance. A coordinated, collective decision to abandon the practice was one result of the process of change but other positive results benefiting children and women have also been documented. Among these are decreases in child marriage and in household violence and increases in the school enrolment of girls and of children with disabilities.

### **Key elements of the common programmatic approach**

#### **Community empowerment activities are essential for positive social change**

Activities that promote empowerment are essential for the type of positive social change that leads to the large-scale abandonment of FGM/C. They need to involve entire communities – girls, boys, women and men – and ultimately entire practicing groups. Empowering education is required to provide new knowledge and skills on a variety of issues in a way that can be accepted and applied. Non-directive discourse is required to provide opportunities for community members to discuss the new knowledge, relate it to their situation and consider alternatives to current practices, including FGM/C. These discourses may initially be organized among women, men or across genders and generations, but should ultimately promote a community-wide consensus. The discussions encourage communities to raise issues and define solutions themselves without feeling coerced or judged. The empowerment activities are most effective when they stimulate a discussion of basic community-held values and relate them to human rights principles. They thus promote a shared human rights-based vision as well as commitment and action towards its realization and stimulate a process of positive social change.



### **Major abandonment occurs following a public pledge of the decision to abandon FGM/C**

To bring about large-scale, permanent change it is not sufficient that each person or family change their attitude towards the practice. It is necessary that enough people make their agreement to stop the practice known to others so that those who wish to abandon FGM/C can be assured that they have support from others in the community, will be able to marry their daughters, and will not face shame or exclusion. Indeed, evaluations indicate that major abandonment occurs following a public pledge of the decision to abandon the practice.

### **A supportive environment at national level accelerates the process of change**

The process of social change must go beyond individual communities, to national scale and across national boundaries. Activities need to engage traditional, religious and government leaders, including parliamentarians. Through local and national media and in partnership with strategic allies in government and civil society, activities need to also stimulate and support national dialogue. Efforts should promote the review and reform of policies and legislation by governments, in ways that take into account the existing degree of support for abandonment within society. Where the practice is widespread and there is little information or discussion of the benefits of abandonment, there is a risk that legislation banning FGM/C will either be ineffective or encourage the practice to continue in hiding. In such settings, governments can pave the way for subsequent legislation by communicating their position against the practice and providing convincing reasons for why it should be abandoned. At the national level it is also necessary to develop holistic child protection frameworks that bring together legislative, welfare and social services, police and justice systems and basic service providers with local leaders and civil society. Action is also needed to secure health care and social and psychological support for girls and women who have already undergone FGM/C.

### **The common approach supports achievement of international commitments**

There are a host of international instruments that reflect the commitments of states to end harmful practices, including FGM/C. They highlight that FGM/C is a violation of the human rights of girls and women and has grave consequences for them. They also reflect an understanding that FGM/C is a manifestation of discrimination against girls and women and point to the need for addressing gender inequalities.

Key instruments include relevant articles of the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child. The commitments are reiterated in the plans of action from the 1994 International Conference on Population and Development, the 1995 Fourth World Conference on Women and the 2002 United Nations General Assembly Special Session on Children. In the African Charter on the Rights and Welfare of the Child and the Protocol on the Rights of Women in Africa, also called the 'Maputo Protocol' and part of the African Charter on Human and Peoples' Rights, African states further commit to take all appropriate measures to eliminate harmful social and cultural practices.

The calls to increase commitment to abandon the practice continue. In 2008, the United Nations Economic and Social Council and the World Health Assembly issued resolutions fully devoted to promoting action for ending FGM/C.

Today, empowered by the new knowledge and growing consensus on the common programmatic approach, we can be more effective in scaling up abandonment efforts. With strengthened partnership and increased resources, we can extend support to communities worldwide to enable them to abandon FGM/C within a generation and turn international commitments into reality.

## Join the globally coordinated effort to end female genital mutilation/cutting


A number of governmental technical and development cooperation agencies, UN organizations, intergovernmental organizations and private foundations have already demonstrated commitment to the common approach and to the Donors Working Group and more do so each year. They include:

- Austria – Austrian Foreign Ministry
- Germany – Federal Ministry for Economic Development (BMZ), Gesellschaft für Technische Zusammenarbeit (GTZ), Kreditanstalt für Wiederaufbau (KfW)
- Ireland – Irish Aid
- Italy – Direzione Generale Cooperazione allo Sviluppo of the Ministry of Foreign Affairs
- Netherlands – Ministry of Foreign Affairs
- Norway – Ministry of Foreign Affairs, Norwegian Agency for Development Cooperation (NORAD)
- Sweden – Swedish International Development Cooperation Agency (SIDA)
- United Kingdom – Department for International Development (DFID)
- United States – United States Agency for International Development (USAID)
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- Office of the High Commissioner for Human Rights (OHCHR)
- United Nations Children’s Fund (UNICEF)
- United Nations Development Fund for Women (UNIFEM)
- United Nations Development Programme (UNDP)
- United Nations Economic Commission for Africa (UNECA)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United Nations Population Fund (UNFPA)
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Volunteers (UNV)
- World Health Organization (WHO)
- International Organization for Migration (IOM)
- European Commission (EC)
- World Bank
- United Nations Foundation (UNF)
- Wallace Global Fund

### You can participate in many ways, for example:

- Join the Donor Working Group on FGM/C in supporting the implementation of the common programmatic approach for the abandonment of female genital mutilation/cutting, built on decades of programme experience and research.
- Contribute resources towards plans of action at local, national or international levels that are consistent with the common programmatic approach.
- Support the DWG Secretariat to help the partnership to expand and to sustain the momentum.

Should your organization wish to learn more about or become part of the partnership initiative promoted by the Donors Working Group on FGM/C, please go to [www.fgm-cdonor.org](http://www.fgm-cdonor.org)



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