

**INTER-AFRICAN COMMITTEE (IAC) on Traditional Practices
Affecting the Health of Women and Children**

**REPORT OF THE INTERNATIONAL CONFERENCE ON
"ZERO TOLERANCE TO FGM"**

4 - 6 FEBRUARY 2003, ADDIS ABABA, ETHIOPIA

INTER-AFRICAN COMMITTEE

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PHOTOGRAPH

Group photograph of participants at the International Conference on Zero Tolerance to FGM

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Introduction

The issue of Female Genital Mutilation (FGM) is as old as tradition and culture and has been condoned in varying degrees in many countries of the world. The years gone by have registered concerted attempts to bring to the fore the evils associated with the practice with some tremendous success and efforts to eradicate the practice has been ongoing. International instruments, legislation and conventions have been passed and signed by various countries as a way forward in bringing FGM and other Harmful Traditional Practices (HTPs) to world attention as a form of discrimination and act of violence against women and girls. At the same time, various strategies have been adopted by IAC, and its national committees and affiliates aimed at sensitizing the populace at the national, regional and international levels on the need to eliminate the practice of FGM. Conformable efforts have also been made by other NGOs and stakeholders to complement the work of IAC but despite these bold and courageous steps, millions of women and girls still continue to endure negative traditional practices with more who still stand at risk of being mutilated.

In recognition of the magnitude of the problem, IAC has been at the forefront in the fight to eradicate FGM/HTPs and promote beneficial ones. It has through research studies, consultations, and collaboration with several stakeholders evolved multifaceted approaches and strategies aimed at ameliorating the lives of women and girls by advocating for the elimination of FGM/HTPs. While considerable effort was being expended at the national and regional levels to tackle FGM, migrants of African origin had gone ahead to introduce FGM in their host European countries. This magnified the scope of the fight and raised to an unprecedented level global concern for the elimination of FGM.

International focus on the problem of FGM engendered collaboration with relevant organizations such as the NGO Commission on the Status of Women, which has served as the pivot for NGO Working Group on Traditional Practices since 1977. The effort of this group paved way for the inclusion of FGM in the agenda of the UN Working Group on Slavery and Slavery-like Practices. In line with this, FGM was endorsed as gross violation of the reproductive and human rights of women and girl-children and efforts has since been made to eliminate the practice. The consequences of FGM are not just harmful but grave. Thus, world attention was turned to FGM and confluent steps were taken to address the problem with a view to finding ways of eliminating the practice. It brought in its wake conferences, seminars, symposia and workshops at the national, regional and international levels. Lobbying, advocacy and collaboration played significant roles in bringing into world focus the gravity of the problem of FGM.

In the same vein, countries have taken active part in instituting legislation against the practice of FGM. The African Union in furtherance of its mandate has put forward the African Charter on Human and People's Right to strengthen the resolve to eradicate all forms of harmful traditional practices. The need to harness these successes into one

hard-hitting approach informed the judgement of IAC to put together the International Conference on Zero Tolerance to FGM.

Based on the laudable vision of making the world a safer place for women and girls to take responsibility for the protection of the body, IAC considered that it was right to raise the level of the fight by joining all efforts to free women and girls shackled by tradition. The International Conference on Zero Tolerance to FGM was designed as a new initiative aimed at taking the fight for the eradication of FGM to a new height. It doubled as a melting pot for the sharing of experiences, updating priorities and finding a common course in a more co-ordinated manner for accelerating the eradication of FGM. The initiative of finding an African solution to an inherently African problem provided the necessary step needed to engage and win the support of the international community in caging a ravaging problem, which inescapably had global links.

IAC sees the clarion call for eradication of FGM as one that thrives under the Universal Declaration of Human Rights. It holds in high esteem the process of collaboration as invaluable in achieving collective ownership of a solution to the problem of FGM. It believes that joint actions are needed to ensure sustainability in the eradication of FGM. Therefore, the Common Agenda for Action on Zero Tolerance to FGM adopted at the conference remains an important document to be implemented. It formed the basis for the appeal to African Heads of States and Governments to adopt Zero Tolerance to FGM and laid the foundation for liaising with top African personalities to join in the fight to eradicate this gruesome traditional practice.

NGOs, UN agencies, governments, Human rights groups and various stakeholders are considered vital partners of IAC in promoting the ideals expressed in the document, enhancing co-operation and facilitating compliance. IAC intends to consolidate on the gains made by strengthening collaboration and mutually reinforcing joint efforts necessary for fulfilling the onerous task.

The declaration of February 6 as the International Day of Zero Tolerance to FGM marks a milestone in the fight to eliminate FGM and takes us closer to our destination. It is a positive step based on commitment that is expected to bring us closer to the end of FGM and the breaking of a new dawn of inalienable right for women and girls as our tradition and culture take their rightful place.

Acknowledgement

The Inter-African committee (IAC) extends its gratitude to all those who worked tirelessly to provide invaluable technical and logistics support towards the successful hosting of the International Conference on Zero Tolerance to FGM held on 4 - 6 February 2003 in Addis Ababa, Ethiopia.

Our appreciation go to the National Committees and Affiliates who have kept the faith, worked tremendously and participated fully at the conference. We treasure the great role played by the First Ladies of Burkina Faso, Guinea, Mali, and Nigeria at the conference to further the call for the eradication of FGM and ensure success. We are grateful to ECA/ACGD, CIDA, FINNIDA, Pathfinder International, Ethiopia, Save the Children, Norway, Save the Children, Sweden, UNFPA, UNICEF, and WHO/AFRO for their assistance and genuine support.

We thank all our donors and partners for their contribution in making the conference an all round success. We appreciate your kind gesture, which strengthened collaboration and enhanced the outcome of the conference.

Acronyms

ACGD	African Center for Gender Development
AEO	Alternative Employment Opportunity
AIDOs	Associazione Italiana Donne (Italian Association for Women in Development)
AIDS	Acquired Immuno-Deficiency Syndrome
ATR	African Traditional Religion
AU	African Union
CBO	Community Based Organization
CBRHA	Community Based Reproductive Health Agents
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women
CIDA	Canada International Development Agency
CSSDCA	Security, Stability, Development and Cooperation in Africa
ECA	Economic Commission for Africa
ECOSOC	Economic, Social and Cultural Council
EM	Eastern Mediterranean
EU	European Union
FC	Female Circumcision
FINNIDA	Finnish International Development Agency
FP	Family Planning
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
GAMS	Group of Women for the abolition of Sexual Mutilation
GTZ	German Technical Cooperation
HIV	Human Immune Virus
HTPs	Harmful Traditional Practices
IAC	Inter-African Committee
IEC	Information Education and Communication
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
IPU	International Parliamentary Union
KAP	Knowledge, Attitude and Practice
NCs	National Committees
NEPAD	New Partnership for Africa's Development
NGOs	Non-Governmental Organizations
OAU	Organization of African Unity
OIF	Organisation Internationale de la Francophonie
PRA	Participatory Rural Appraisal
RH	Reproductive Health
STD	Sexually Transmitted Diseases
TBAs	Traditional Birth Attendants
TOT	Training of Trainers
UNIDO	United Nations Industrial Development Organization

UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UNWA	United Nations Women Association
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WHO/AFRO	World Health Organization/ African Regional Office
WHO/EMRO	World Health Organization/Eastern Mediterranean Regional Office

CHAPTER 1

ADOPTED DECLARATION OF "ZERO TOLERANCE TO FGM" ON THE AFRICAN CONTINENT

Excellencies
Honourable Ministers
Wives of Heads of States
Honourable Guests of the Inter-African Committee
Donor Agencies
Honourable Participants

The last three days have seen us deliberating on the issue of FGM and other harmful traditional practices affecting the health of women and children in the continent. We have shared experiences, best practices and various strategies of national committees as well as the intervention areas of our collaborators within the international community. It is quite clear now that a lot of energy has been put into the campaign against FGM since the early 1930 to date.

It is also heartening to note that harmful traditional practices in general and female Genital Mutilation in particular, are receiving gradual regional and international focus. Among these are the initiatives of the international community's joint statement to declare a common position to fight FGM. At the regional level, we have the ECA and AU giving us support and the human rights of women being taken on board on the elimination of FGM, in the continent and within the framework of the African Charter.

At the regional level we have the establishment of our national committees that are involved at the community level to fight FGM. I congratulate all of us for the efforts made by different actors to eliminate the practice of FGM.

However, IAC has come to a stage where a paradigm shift would move the gains we have made so far by having a common agenda which will provide a common framework to intensify and collaborate our activities at the different levels while respecting our diversities. In the light of this, IAC has decided to declare 6th February of every year the day of Zero Tolerance to FGM. The zero tolerance forum will be an initiative which will bring all our efforts to celebrate, reflect and deliberate on FGM and to renew our commitment to liberate African women from cultural and traditional belief systems that are inimical to the sexual and reproductive rights of women in the continent. We are together in this with our sisters and brothers in Diaspora whose efforts we wish to recognize.

Our roles as wives of heads of states on the African Continent will be to give all our support and influence our husbands, brothers and other strategic allies to adopt a "Zero Tolerance to FGM". We as wives of heads of states in the continent, wish to express our appreciation to the IAC for being the pioneers of Zero Tolerance to FGM and would like to, on behalf of all wives of all Heads of States on the African continent;

- Call on all member states to adopt "Zero Tolerance to FGM."

- Provide the political, economic and social environment to our national committees to enable them work effectively;
- Urge our member states to provide funding for the IAC and its national committees to fulfill the objective of Zero Tolerance to FGM
- Encourage donors to give much attention to funding the national committees to realize the objectives of their activities, which will eventually lead to the realization of "Zero Tolerance to FGM."

I, Chief (Mrs.) Stella Obasanjo, First Lady of the Federal Republic of Nigeria, on behalf of all the First Ladies of Africa, hereby append my signature on this Declaration on this day, 6th February, 2003, as the **"International Day of Zero Tolerance to FGM."**

Once again, I say a big thank you to all those who in one way or the other have made this initiative a success.

Signed on this day February 6th, 2003 in Addis Ababa, Ethiopia.

Chief (Mrs.) Stella Obasanjo
First Lady of the Federal Republic of Nigeria.

**ADOPTED: APPEAL BY IAC TO AFRICAN HEADS OF STATE ON
"ZERO TOLERANCE TO FGM."**

Excellencies
Honourable Ministers
Wives of Heads of State

On behalf of the participants of the international conference on "Zero Tolerance to FGM" holding in Addis Ababa, Ethiopia from 4th - 6th February 2003, we wish to welcome the setting up of the African Union and the adoption of New Partnership for Africa's Development (NEPAD) by our African Leaders for the development of Africa.

While NEPAD is concerned with economic and social issues, we the participants of the IAC representing 28 African countries, wish to appeal on behalf of women and children of Africa on the following issues:

- Elimination of traditional practices such as Female Genital Mutilation (FGM), early marriage, widow inheritance among other harmful practices affecting the health of women and children of the African continent;
- Enhancement of the status of women, socially, economically and politically;
- Build in measures that will promote the status of women with regards to their sexual and reproductive health and rights

We wish to express our appreciation to the 14 African countries who have demonstrated the political will by adopting anti-FGM legislation.

We express our gratitude to the UN agencies and the international community for facilitating the process towards the elimination of FGM and other harmful traditional practices (HTPs).

We are also aware that some African countries have not legislated against these practices. However, we wish to acknowledge that activities are going on and progress is being made by the national Committees of the Inter-African Committee on Harmful Traditional Practices and other related bodies.

Since women constitute over 50% of the African population, their concerns should take prominence. Therefore, we call on the NEPAD to promote political, economic and social progress of women since women's health is central to development.

We also wish to reiterate the need for commitment of our leaders to eradicate all forms of HTPs and adopt "Zero Tolerance to FGM."

ADOPTED: A COMMON AGENDA FOR ACTION ON ZERO TOLERANCE TO FGM

WOMEN HAVE BEEN VICTIMS of traditionally condoned forms of violence worldwide; throughout human history. A closer look at the situation of African women and girls reveals that they are still systematically subjected to practices such as genital mutilation, early and forced marriage, un-spaced child bearing, in the name of tradition. The full-scale harm certain traditional practices cause, across the lives of millions of women have yet to be explored.

Despite the gravity of the problem and the urgency it deserves, it still has not received sufficient attention from policy makers.

Estimates by the World Health Organization (WHO) and other reliable sources advance the figure of **120 million** as having been subjected to the practice of Female Genital Mutilation (FGM) in Africa. **Every year 2 million girls are at risk of being mutilated!**

It is known, or should be, that the health consequences of FGM have devastating effects on the health of the victims:

- Haemorrhages,
- Infections (septicaemia.),
- Tetanus,
- Keloid formation, leading to multiple consequences,
- Incontinence both due to damage to the urinary tract and anal tract at the time of excision or infibulation (often leading to the social exclusion of the victim),
- Risk of HIV/AIDS transmission is an added danger, through the elementary tools used,
- Lack of hygiene, and
- The psychological dimensions of such physical violence have yet to be scientifically documented.

In general, national development efforts and initiatives for peace are hampered by the marginalization of women due to long upheld patriarchal values and practices. Women are isolated from decision-making including those that affect themselves and their bodily integrity. They are discouraged from reading, learning and interpreting religious books in order not to discover and confirm the true teachings with regards to their status and the status of their health. Women have submitted to false teachings and interpretations, which demand heavy sacrifice on their part for the benefit of men.

Female genital mutilation has long survived due to religious misconception. The patriarchal system has succeeded in attributing a negative image of the female body to such a degree that women themselves have internalized the value of self-negation and self-devalorisation.

This state of affairs has to be changed and change is possible and achievable. Culture is not static but dynamic. A tradition worthy of respect is one that upholds the principles of justice, equal status and equal treatment for men, women, boys and girls. A practice like FGM cannot and should not be tolerated in this day and age when human kind is aspiring to reach the wider universe. A united outreach to the grassroots could alleviate the pain and suffering of those living under the yoke of age-old traditional values. It is incumbent upon all of us to fight against inhuman and degrading treatment.

CULTURE IS NOT STATIC: ENCOURAGING EVOLUTION AND VISIBLE PARADIGM SHIFT.

It is heartening to note that harmful traditional practices in general and female genital mutilation in particular, are receiving gradual national, regional and international focus. Notables among the growing positive developments are:

INTERNATIONAL LEVEL:

1977 - The setting up of the NGO Working Group on female circumcision, under the umbrella of the Committee on the Status of Women Palais des Nations, in Geneva.

1979 - The WHO initiative, the Khartoum Seminar on Traditional Practices Affecting The Health of Women and Children and the Outcome Recommendations.

1983 - The Sub-Commission on Prevention of Discrimination and Protection of Minorities considers the issue as slavery like practice.

1984 - The establishment of the Inter-African Committee on Harmful Traditional Practices Affecting the Health of Women and Children and its 28 National Committees as a serious African commitment to deal with the issue in a sensitive manner.

1984 - The setting-up of the U.N. Working Group on Traditional Practices Affecting the Health of Women and Children, composed of experts designated by the Sub-Commission on Prevention of Discrimination and Protection of Minorities, UNICEF, UNESCO, WHO and representatives of concerned NGOs. After three sessions in Geneva between 1985 and 1986, the report of the Working Group (E/CN.4/1986/42) was submitted to the Commission on Human rights at its forty-second session in 1986.

1988 - The Sub-Commission appointed Mrs. Halima Embarek Warzazi as Special Rapporteur on Traditional Practices.

1990 - The adoption of the Convention on the Rights of the Child in which Article 24.3 stipulates the need for protecting the children from prejudicial practices.

1993 - The Vienna Conference on Human Rights recognized FGM as a form of violence against women.

1994 - ICPD considers FGM and other such harmful traditional practices as a risk to reproductive health.

1994 - The Commission on the Status of Women treats FGM as a form of violence and includes it into its agenda.

1998 - The General Assembly adopted Resolution A/RES/53/117 calling on governments, U.N. bodies, and NGOs to address the issue of traditional or customary practices. The Resolutions calls on States to: "intensify efforts to raise awareness of and to mobilize international and national public opinion concerning the harmful effects of traditional or customary practices affecting the health of women and girls, including female genital mutilation".

1998 - A joint WHO/UNICEF/UNFPA statement declares a common position to fight FGM.

REGIONAL LEVEL:

1986 - The African Charter on Human and Peoples' Rights reads: "States shall ensure the elimination of every discrimination against women and also ensure the protection of the rights of women and the child as stipulated in International Declarations and Conventions".

1986 - The African Charter on the Rights and Welfare of the Child also protects children from harmful traditional practices.

1986- ECA gave recognition to IAC's objectives and signed a protocol of agreement. ECA provides IAC facilities for the functions of its Headquarters.

1994 - The OAU gave IAC a consultative status in recognition of its work against harmful traditional practices.

1997 - The Addis Ababa Declaration adopted at a Symposium for Legislators organized by IAC in collaboration with OAU and ECA.

1997 - The Dakar Declaration issued at the end of the IAC's 4th Regional Conference/General Assembly.

1998 - The Banjul Declaration following a Symposium for religious leaders and Medical Personnel.

1999 - The Ouagadougou Declaration following a Conference of the West African Economic and Monetary Union (UEMOA).

2000 - African Youth Declaration on Harmful Traditional Practices following IAC's First African Youth Forum in Addis Ababa, Ethiopia.

These positive developments confirm gradual recognition of the problem of harmful traditional practices by different sectors of society. More efforts need to be invested and more resources should be mobilized to intensify the campaign in a strategic and coordinated manner. The commitment and full involvement of governments are indispensable in this endeavour. The achievement of the objective "Zero Tolerance to FGM" calls for the adoption and implementation of **A COMMON AGENDA FOR ACTION.**

ZERO TOLERANCE TO FGM

SHORT TERM OBJECTIVES

- Adopt a Common Agenda for Action
- Identify priority programmes for intervention
- Agree on modalities for cooperation.

LONG TERM OBJECTIVES

- "Zero Tolerance to FGM"
- Decrease prevalence to FGM and other HTP's
- Eradication of FGM

PROPOSED ACTIVITIES

1. OPERATIONAL RESEARCH

The importance of operational research has long been recognized as an important action to be taken in order to understand the extent and nature of the problem of FGM as well as to design effective interventions with measurable impacts.

IAC held a workshop on operational research inviting African researchers and sociologists in 1996 in Addis Ababa. As an outcome of this initiative guidelines for operational research have been developed.

Measures to be taken:

- Set up a team of researchers: WHO/UNICEF/UNFPA/ECA/IAC. The collaboration of all agencies especially WHO is essential in this endeavour. Universities and medical schools should be invited to join.
- Examine existing guidelines and tools with the aim of making them user friendly.
- Agree on as standardized research protocol.
- Strengthen actions on collecting baseline data where it has not already been done.
- Prioritize areas needing research.
- Share tasks.

Implementing Agencies: IAC/ECA ACGD/WHO/UNICEF/UNFPA

Collaborating Agencies: World Bank, UNDP, DIFIP, DANIDA, NORAD, Government of Netherlands and other EU members etc.

2. PRODUCTION OF APPROPRIATE INFORMATION AND EDUCATIONAL MATERIALS

- Compilation, evaluation and update of existing materials including films for use.

- Production of up to date materials based on research findings and needs of target groups to be reached.
- Update website and establish new ones.

Implementing Agencies: Ministries of Information, Education, WHO, UNICEF, UNFPA, WORLD BANK and IAC National Committees and other NGOs.

3. TRAINING AND INFORMATION CAMPAIGN

- Sensitization of general public
- Workshops for different target groups i.e. youth, religious and traditional leaders, women groups, excisors, policy makers, media personnel, health workers, jurists etc.
- Media spots
- Village mobilization
- Reorientation of Health Workers

Implementing Agencies: IAC National Committees and other NGOs, in collaboration with the Ministries of Health, Information, Education, Social Affairs, WHO, UNICEF, UNFPA, WORLD BANK, UNDP, etc.

4. SPECIAL PROGRAMME FOR RELIGIOUS LEADERS

- Symposium for religious leaders
- Distribution of declarations by religious leaders, information materials
- Use of mosques and churches or continuing public information to discourage the practice of FGM.

Implementing Agencies: The IAC National Committees in collaboration with the Ministries of Religious Affairs and Religious Leaders, Women's Organizations and others.

5. YOUTH PARTICIPATION

- Establish national and regional youth networks.
- Set-up a youth website on FGM.
- Organize national activities, sports, drama, school, and radio or mini media.
- Publish youth bulletin

Implementing Agencies: the IAC National Committees, YWCA, YMCA, and Ministries of Education, Youth and Sports.

Collaborating Agencies: WHO, UNFPA, UNICEF, UNESCO, National Associations.

6. TARGETING MEDIA PERSONNEL

- Information/training of journalists, and media personnel.

Implementing Agencies: Ministry of Information, Association of journalists and media personnel.

Collaborating Agencies: UNESCO, Association of International journalists, IAC/NCs

7. REORIENTATION OF HEALTH PROFESSIONALS, DOCTORS, NURSES, MIDWIVES, TBAs

Implementing Agencies: Ministry of Health, WHO, IAC National Committees and other NGOs.

8. AEO PROJECT

- Sensitization of Women/excisers.
- Building their capacity to sensitize their communities.
- Providing them with alternative income generating activities.

Implementing Agencies: IAC/NCs

Collaborating Agencies: donors, embassies, and governments.

9. LEGISLATIVE MEASURES

Legislative measures can be instrumental in accomplishing the full eradication of FGM and other harmful traditional practices. Through legal measures, governments can guide and institutionalize changes in attitudes regarding harmful traditional practices and enable women to enjoy fully the integrity of their body. The principles of gender equality and the protection of women and girls from discrimination are stipulated in the different international conventions and instruments including:

- The Universal Declaration on Human Rights (Article 5)
- The International Convention on Civil and Political Rights (Article 7)
- The Convention on the Elimination of Discrimination against Women
- The Convention on the Rights of the Child (Article 24.3)

Governments are parties to these instruments and should be pressurized to legislate against FGM and other harmful traditional practices. Where such legislation exists, the IAC National Committees together with interested NGOs, youth groups, religious leaders should form a monitoring team to ensure application. Where such protection does not exist, the team should lobby and serve as a pressure group to encourage governments to commit themselves.

Parliamentarians should be called upon to promote the eradication of FGM and other practices by promoting a viable legal measure emanating from international conventions.

The collaboration of Parliamentarians should be underscored and ensured.

The adoption of a regional instrument would confirm the commitment of governments for the elimination of FGM. African governments should be encouraged to adopt the Draft Protocol to The African Charter on Human and People's Rights on The Rights of Women in Africa.

At the international level IAC, other NGOs, WHO, UNICEF, UNFPA, UNIFEM, WORLD BANK and UNDP should encourage governments to adopt a clear policy and to put in place mechanisms for implementation.

Implementation Agencies: Parliamentarians, Ministry of Justice, Associations of Lawyers, IAC National Committees and other NGOs.

10. AN INTEGRATED APPROACH

Information related to the eradication of FGM should be integrated into the following existing programmes:

- Programmes for health promotion
- Plans for reproductive health Programmes for child survival and protection and development, school animation
- Medical schools, training of midwives, nurses and TBAs.

Implementing Agencies: Ministry of Health, Education and Women's Affairs, WHO, UNICEF, UNFPA, UNDP.

Monitoring body: IAC National Committees and other NGOs

11. ECONOMIC COMMISSION FOR AFRICA (ECA)

The long-standing policy of ECA and its commitment for the development of African women deserves great appreciation. IAC is grateful for the support and encouragement it receives from ECA/ACGD.

The African Center for Gender and Development (ACGD) should establish a plan to assist governments and voluntary agencies in order to strengthen their efforts to eliminate harmful traditional practices. We call on ACGD to develop:

- National training in successful methods and techniques to combat harmful practices.
- Research and collection of information, harmonizing data and developing indicators to measure the impact of activities on gender equality.
- Develop training manuals for lobbying.
- Set-up a revolving fund to assist cooperative and/or individual activities (entrepreneurship) among women, as lack of this economic factor tends to cause the maintenance of many of the harmful practices.
- Support national bodies in their efforts to create their own revolving funds.

- Set up an African Resource Task Force, composed of experienced persons who have successfully worked against harmful traditional practices; this would allow members of the Task Force in one part of the region to serve in another area where so requested.

12. WHO

The WHO should provide the technical assistance in research, production of materials for training, monitoring, production of indicators, encouraging governments to integrate harmful traditional practices in their National Plan for Health.

13. UNICEF

UNICEF should strengthen its programme on the eradication of FGM by providing support to NGOs as well as governments. It should monitor and ensure the application of the Convention on the Rights of the Child. In this regard, Article 24.3 should be given special attention.

14. UNFPA

The UNFPA should intensify its campaign against FGM and other HTPs in collaboration with IAC National Committees and other NGOs. This issue should be incorporated fully in programmes for enhancing reproductive health as agreed in the ICPD. UNFPA should help in the production of appropriate educational information materials.

15. UNDP

UNDP is called upon to show more involvement in the campaign with a clear policy guideline. It is well positioned to influence government policies and programmes as well as to give capacity to NGOs.

16. AFRICAN UNION (AU)

IAC is grateful to the AU for the commitment it has shown and the support it provides to IAC in the fight against FGM. It is a welcome sign that Africa is uniting to deal appropriately with poverty, ill health, democracy and human rights.

NEPAD (New Partnership for Africa's Development), the new initiative clearly states the important role women can play in the field of development, peace keeping and democracy. Recognizing the fact that harmful traditional practices such as FGM cause ill health, life long pain and even death, we call on the AU to continue focusing on this issue and to give it visibility in its new initiative and to include it in the programme of the Gender Unit. We call on the AU to adopt the Draft Protocol to The African Charter On Human And Peoples' Rights On The Rights of Women in Africa, and to put in place a monitoring body to ensure the application of this instrument.

17. EUROPE AND THE DIASPORA

The migration of people has introduced FGM in other parts of the world especially Europe, Canada, Australia and the United States. Migration implies leaving ones country, familiar environment, families and friends to settle in a new setting. Immigrants carry with them their internalized values and preserve these for maintaining their identity and the identity of their children. FGM is practiced in these countries by Africans for these same reasons. However, children have to be protected according to the law of the land and the mutilation of girls has to be stopped.

ACTIONS

- Education and information of immigration officers.
- Information to parents on the law, which protects girls from FGM.
- Continued education and information on the harmful effects of FGM and other practices.
- Production and dissemination of information.
- Giving capacity to community leaders, in order for them to communicate with the immigrants for the protection of their children.
- Formation of youth clubs for peer education and information.
- Building linkages between the immigrants, associations working with them and IAC/National Committees. This will enhance exchange of information, expertise and experience.

Implementing Agencies: European networks, IAC Affiliates, Government Immigration Officers.

CONCLUSION

The fight against FGM calls for a concerted and coordinated approach. Periodic consultation, exchange of information, can be mutually reinforcing.

IAC together with its partners should organize such periodic consultations and exchanges of information.

IAC should enhance its role of initiating activities through its National Committees, monitoring and evaluation. Its role of advocacy and lobbying should be strengthened to influence policy at the national, regional and international levels.

As the largest African Network with proven records, donors, partners, governments should join hands with it and give it capacity to enhance and extend its campaign against harmful traditional practices.

We hope to achieve the objective of "Zero Tolerance to FGM" by adopting **A COMMON PROGRAMME FOR ACTION** and by joining forces to implement it.

PHOTOGRAPH

CHAPTER II

ACCOUNT OF PROCEEDINGS

1. The International Conference on "Zero Tolerance to FGM" was hosted by IAC at the United Nations Conference Center in Addis Ababa, Ethiopia from 4 - 6 February 2003 and had in attendance:

2. The First Lady of Burkina Faso and IAC Goodwill Ambassador, H.E. Mme Chantal Compaoré, the First Lady of Guinea Conakry, H.E. Henriette Conté, the First Lady of Mali, H.E. Mrs. Touré Labo Traoré and the First Lady of Nigeria, H.E. Chief (Mrs.) Stella Obasanjo. The occasion also had in attendance the President of IAC, Mrs. Berhane Ras-Work, Representatives of the African Union, ECA, WHO, UNFPA, UNICEF, UNIDO, UNWA, and OIF with the Honourable Minister of Health of the Federal Democratic Republic of Ethiopia, Dr. Kebede Tadesse giving the opening statement. Other dignitaries of the Federal Democratic Republic of Ethiopia were the State Minister, Women Affairs Sector, Office of the Prime Minister, H.E Mrs. Gifti Abasiya, State Minister, Ministry of Mines, H.E Mrs. Sinknesh Ejigu and Vice-Chairperson, Women's Affairs Standing Committee, House of People's Representative, Dr. Ethiopia Beyene. Also present were the Nigerian Ambassador to Ethiopia, Amb. John Shinkaiye, members of the diplomatic corps, Minister for Social Work/Action of Burkina Faso, Mme Mariam Lamizana, Deputy Speaker, Parliament of Uganda and member of IPU, Hon. Rebecca Kadaga, representatives of IPU, Mag. Petra Bayr, Ms. Marion Roe and Mrs. Karin Anderson, 23 IAC National Committees, and over 200 observers from Africa, Austria, Belgium, Canada, France, Geneva, Germany, Japan, the Netherlands, Norway, Sweden and the United States of America.

3. The conference enjoyed the presence of NGOs such as Equality Now, Pathfinder International and voluntary organizations such as the Ethiopian Red Cross and several donor agencies.

4. The three-day meeting was devoted to sharing of experiences, presentation of papers and rubbing minds on forging a common front for declaring February 6 as International Day of "Zero Tolerance to FGM."

OPENING CEREMONY

5. The international conference opened with the registration of participants. The participants filled the relevant forms and secured their identity cards.

6. It opened officially at 9.45 a.m. with the first ladies of Burkina Faso, Guinea Conakry, Mali and Nigeria on the high table. Also on the high table were the President of IAC, Representatives of African Union, ECA, WHO, UNFPA, UNICEF, the Honourable Minister of Health of the Federal Democratic Republic of Ethiopia and representative of the government, Dr. Kebede Tadesse.

7. The opening ceremony witnessed the colourful rendition of songs by an Ethiopian youth dance troupe to welcome the delegates to the conference.

8. Special thanks were offered to IAC and its national committees by the various speakers for their unrelenting effort in the fight to eradicate FGM and for choosing to draw global attention to the problem by organizing the international forum on "Zero Tolerance to FGM." Glowing tribute was paid to the work done so far and the need to show more commitment and greater coordination based on the gains made to ensure that FGM and other HTPs are eradicated.

SUMMARY OF WELCOME SPEECH, KEYNOTE ADDRESSES AND STATEMENTS

9. The President of IAC, Mrs. Berhane Ras-Work expressed her appreciation to all present for sparing their time to be at the conference. She thanked particularly the first ladies, the government of Ethiopia, Key UN agencies and ECA and other stakeholders. She traced the effort of IAC in the fight to eradicate FGM and called on spirited individuals to do all they can to see to the eradication of FGM and other harmful traditional practices.

10. She remarked that part of the objectives of the conference was to find a common denominator to address the magnitude of the problem and the willingness to brace up to the challenge and fight the malaise. The conference, she hoped would help accelerate the campaign to end FGM in a more coordinated manner within the framework of the new African Union. She mentioned that this was a purposeful call for new approaches aimed at enlisting the support of governments and other stakeholders to free women from the rituals that mutilate their body and imprison their potential. The conference, she opined, should end with the call for the declaration of an "International Day of Zero Tolerance to FGM."

11. She called on the African union as the custodian of Africa's development and unity to ensure the eradication of FGM by fashioning programs that would enhance and advance the status of African women as partners in the progress of Africa and the World and wished everyone a fruitful deliberation.

12. In his opening remarks, the UNICEF representative declared that UNICEF views FGM as a persistent violation of the declaration on Human rights which calls explicitly for concerted efforts and strategies to eradicate it. He traced the activities of UNICEF in Guinea, Egypt, Chad, Guinea, Sudan, Ethiopia and Eritrea in the last decade and the fresh challenges in the fight against FGM. He recognized the involvement of youths in the task of eradicating FGM.

13. To achieve the set goal of elimination of FGM by 2010, he postulated a change in national policies, involvement of youths, empowerment of women and girls, involvement of religious leaders, political leaders, police officers, and improving the quality of service offered. He called for the reintegration of victims in addition to having modern reporting and monitoring techniques.

14. He advised that FGM should not be seen as the business of government and NGOs only but that of the entire society with the involvement of development agencies. He reiterated that UNICEF is committed to the eradication of FGM.

15. UNFPA representative Mr. Saad Raheem Sheikh pointed out that UNFPA has been actively representing the needs of women and gender issues globally in different countries and contexts through a holistic approach. As a result of this, he mentioned a position shift by UNFPA in going for the term FGC instead of FGM on the grounds that UNFPA views FGM as culturally insensitive neither correct nor appropriate.

16. He reemphasized the fact that this was not a mere change in terminology but a shift that would bring all stakeholders attention and focus to respecting cultures, religions and values of societies while helping them to modernize. In this context, he again stated that FGC clearly singles out the actual practice or act that affects women's health rather than passing value judgement. Adopting the term FGC, he noted, was important in UNFPA's effort to ensure that interventions were non-prescriptive, non-incriminating and non-judgmental.

17. He traced the intervention program of UNFPA in Uganda in 1995, which created significant impact. The intervention approaches were replicated in Benin, Burkina Faso, Guinea and Mali. He mentioned the significant support given to government institutions, NGOs, Forum for African and Arab Parliamentarians and African Women Parliamentarians to advocate for issues of Reproductive Health and FGC.

18. UNFPA, he pointed out supports and participates in the East African FGC Task Force consisting of various international and national organizations and East African governments in the fight to eradicate FGC by the year 2015 through sensitization, empowerment of women and male involvement. Advocacy, he noted is enhanced by the work of Ms. Waris Dirie, UNFPA's Special Ambassador for the Elimination of FGC based on her ability to speak against the practice having undergone FGC. He made a clarion call for partnership as the key word for all stakeholders in the pursuit of sustainability in the effort to eradicate FGC.

19. The representative of WHO reaffirmed the commitment of WHO in the fight to eradicate FGM. He emphasized the fact that traditional practices are closely linked to the living conditions of the people and culture and that taboos and beliefs clearly affect health. FGM, he noted still remains a sensitive issue where the reproductive rights of women have over time been compromised. He stated that FGM was an ancient tradition not endorsed by any religion.

20. He gave credit to the first meeting held in Khartoum in 1979 as the first for the exchange of information on FGM that has laid the path for subsequent work in the effort to prevent and control FGM. He recalled the joint statement by WHO in 1997 as a unanimous decision taken to fight FGM and raised the need for sustainability of actions in the fight to eradicate FGM.

21. Building on the experiences garnered from capacity building workshop in Egypt to assess the extent of work done, he pointed out that a manual to help in the eradication of FGM would soon be published. He called for increased commitment on the part of decision-makers, education of the populace, and involvement of men as necessary ingredients required for eliminating FGM. He praised the work of IAC and called for a joint effort in the eradication campaign.

22. The representative of ECA, Mrs. Josephine Ouedrago stressed the need to define the cultural issues that arise in the fight against FGM. Tracing the progress made by women in the political arena, she gave sensitive facts and figures reflecting the true position of women, which, she noted, was far from being encouraging. The indicators of women health index, she pointed out were equally less encouraging judging by the high rate of maternal mortality which has led to poor development of African women.

23. HIV/AIDS and Poverty, she stressed, continue to devastate and compound the women problems in Africa. However, within the last decade, she mentioned that there has been a gradual decline in the incidence of FGM among African women. In spite of this, she urged leaders to do more and give due consideration to cultural parameters to check millions of young girls and women being dehumanized in the name of culture, tradition and religion.

24. Africa she emphasized has to resolve the problem of development and look closely at the convention on the elimination of discrimination. She gave credit to the work of the national committees and looked forward to the declaration of February 6 as the International Day of Zero Tolerance to FGM. She urged this day to be an open door for harmful cultural activities to be addressed in line with the relevant conventions.

25. The message of the Secretary-General of Organization Internationale de la Francophonie (OIF) was read on his behalf. In his message, he emphasized that FGM has devastating psychological and social impacts on its victims and constitutes serious problem at the personal and international levels. He recounted the journey of OIF from 1994 in Dakar to date in the fight against FGM and the need to work based on the Platform of Action.

26. The OIF, he stated has been actively involved in the programmes of women and the active participation of women in the decision-making and other key issues. OIF he indicated was at the forefront of the preparation of resolution 11 of the Conference on Women to which Mauritania, Burkina Faso, and Senegal were all party to. In December 1998, OIF took the initiative of convening a Francophone meeting where Heads of States of Francophone countries, women in Power and development were in attendance. At the UN extra ordinary session, he asserted that OIF was present during the review on equality and gender.

27. He mentioned that OIF constitutes the main implementer for Francophone women and would continue to do its best to ensure that women have the desired atmosphere for development.

28. In her message, the UN Special Representative on Traditional Practices, Mrs. Halima Warzazi recognized the conference as an important landmark signifying the progress made over the years in the campaigns to eradicate FGM but noted that much work still needed to be done.

29. She applauded the work of IAC in bringing to the fore the negative effects of FGM and called for more commitment on the part of governments in Africa and the international community in offering support to IAC's work at the grassroots.

30. Mag. Petra Bayr read the keynote address of Mag. Barbara Prammer, Member of Austrian Parliament and IAC's EU Ambassador. In her address, Mag. Barbara Prammer recognized the work done by IAC and remarked that the presence of first ladies at the conference indicated that IAC had in place the necessary structures to enhance the campaign against FGM and solve the problem. She pointed out that international instruments created needed to have commitment to demystify FGM at the traditional level. Tradition, she argued, should not be an excuse for punishment and called for changes.

31. The address called for a common front /approach at the global level by choosing to change, providing education and information and directly involving men, religious leaders and changing the unending cycle of indifference. She noted that women have the right to decide their lives on the basis of partnership for self-sufficiency on the economic front. She advised that the campaign of change should take along Africans in the Diaspora to forestall the situation where they still subject their daughters to FGM bearing in mind that Austria has passed a law against FGM.

32. She expressed that she sees the declaration of International Day of Zero Tolerance to FGM as a day for renewing commitment, focusing on the problem, reviewing programmes and forging a common front. The journey, she pointed out, is long and needed patience, time, and education and promised to be by the side of IAC each step of the way to the solution. She called on all to show commitment in handling the common decision.

33. H.E. Henriette Conté, the First Lady of Guinea expressed the fact that the conference was to address the major concern of the negative problem of FGM and the need to harmonize actions to draw attention of the world to the problem. She gave a detailed account of the extent of the work in Guinea since 1999 which has led to excisers laying down their knives, abandoning the practice and embracing alternative income generating activities.

34. She expressed delight that the constitution of the country is firm against the practice and metes out appropriate punishment to offenders. She voiced the need to

mobilize all in order to eradicate the practice and reaffirmed her commitment to continue the fight with the full support of her husband.

35. The representative of the AU expressed the need to make the practice of FGM a thing of the past. He gave a detailed account of the role played by the OAU (now AU) since the 1980's on issues that affect women in close collaboration with IAC, which has observer status in the African Union.

36. He took time to explain the difference between the OAU and the new AU. He mentioned that AU is a successor of OAU with goals that are informed by the experiences of OAU. He mentioned that the AU was created to be different in order to meet the challenges of the new millenium and cope with the emerging challenges of the civil society, women and youths.

37. He remarked that the new AU is gender sensitive and this important point is highlighted in the constitutive act which recognizes gender mainstreaming to assist women in advocacy, policy, monitoring, capacity building, networking at the rural and urban settings. The twofold approach, he pointed out target women in the more disadvantaged position to bring them at par with the others and with men.

38. He mentioned the issue of NEPAD and the need to create synergies in the union for high efficiency and interest with the partners in the international community and called for the active participation of the civil society to deal with all forms of discrimination against women. He expressed hope on the outcome of the conference declaring the International Day of Zero Tolerance to FGM leading on to new strategies to curb other harmful practices and work closely for a just and egalitarian society.

39. The First Lady of Nigeria, H.E. Chief Stella Obasanjo remarked that the conference offered the opportunity to discuss, share experiences and expose the problems on the touchy issue of FGM. She gave recognition to the enormous work done by IAC since 1984 in setting an agenda at the continental level for the eradication of the problem.

40. She said that traditional practices like FGM for whatever reasons undermined the health of women and interests and with the increasing threat of HIV/AIDS, the risk is far too much to allow the practice to continue. She added that people should come to the knowledge of the uselessness of FGM, mobilize the civil society, enlighten communities, schools, churches, Mosques, Public Health institutions etc. to join the crusade for the elimination of FGM. She expressed the hope that the conference would devise effective measures to combat FGM and looked forward to having February 6 declared as the "International Day of Zero Tolerance to FGM."

41. In her keynote address, the First Lady of Sudan, H.E. Fatima El-Bashir recognized that Sudan was a pioneer in the fight against FGM and traced it to the early 1930's with NGOs and the government now taking active steps to eradicate FGM. The issue of FGM, she stressed has been included in the curriculum with the Ministry of Health initiating a strategic plan and the Federal Ministry of welfare proposing legislation against FGM.

42. She poured encomiums on SNTCP for the great work done against FGM in Sudan alongside other NGOs and stakeholders that has brought significant result from the severe forms of FGM to mild forms and the approaches made to eradicate it. She implored all to join hands to end FGM and hoped the declaration of the day would be fruitful.

43. The First Lady of Burkina Faso, H.E. Mme. Chantal Compaoré and Goodwill Ambassador of IAC acknowledged the work done by IAC, which has contributed to significant reduction in the incidence of FGM. She was of the opinion that the international conference on "Zero Tolerance to FGM was a synergy for an internal work to speed up the process of eradication in view of the negative consequences of FGM.

44. She called on all key players to redouble their efforts, mobilize and enlist the support and commitment of government and other stakeholders in the eradication campaign. She submitted that advocacy had been taken up at the African level to mobilize efforts to eradicate FGM and end violence to women and abuse of their rights and the successes achieved needs to be complimented with more work.

45. She mentioned that poor interpretation of religion has led to the continuation of the practice and stressed the need to have everyone fully involved with considerable awareness. The need to see the eradication of FGM as an international task through the international Day of Zero Tolerance to FGM was emphasized in order to seek more commitment and lay a concrete path to eradicate FGM.

46. In his opening statement, the representative of the Federal Republic of Ethiopia, the Minister of Health, Dr. Kebede Tadesse welcomed everyone and commended IAC for choosing Addis Ababa as the venue for the declaration of the International Day of Zero Tolerance to FGM. He remarked that this was coming at an appropriate time when the ministerial conference of the AU was holding in the same venue. He reiterated that the government of Ethiopia was fully committed to gender equality and has addressed this issue in the last 10 years in line with women's reproductive health.

47. He pointed out that the important tasks have to be undertaken by the government, NGOs and civil societies to ensure the eradication of FGM through coordinated approaches and expressed the hope that experiences shared during the conference would make bold the eradication campaign. He extended the felicitations of the government to all participants, wished everyone a fruitful discussion and urged them to make time to enjoy the warm nature of Ethiopians.

CHAPTER III

AGENDA AND ORGANIZATION OF WORK

ELECTION OF CONFERENCE BUREAU

48. The following were unanimously elected conference officers:

Chairperson: Gifti Abasiya, Hon. Minister of Women Affairs, (Ethiopia)

Vice-Chairperson: Mme Mariam Lamizana, Hon. Minister of Social Work/Action, (Burkina Faso).

Rapporteur (English): Linda Osarenren (Nigeria)

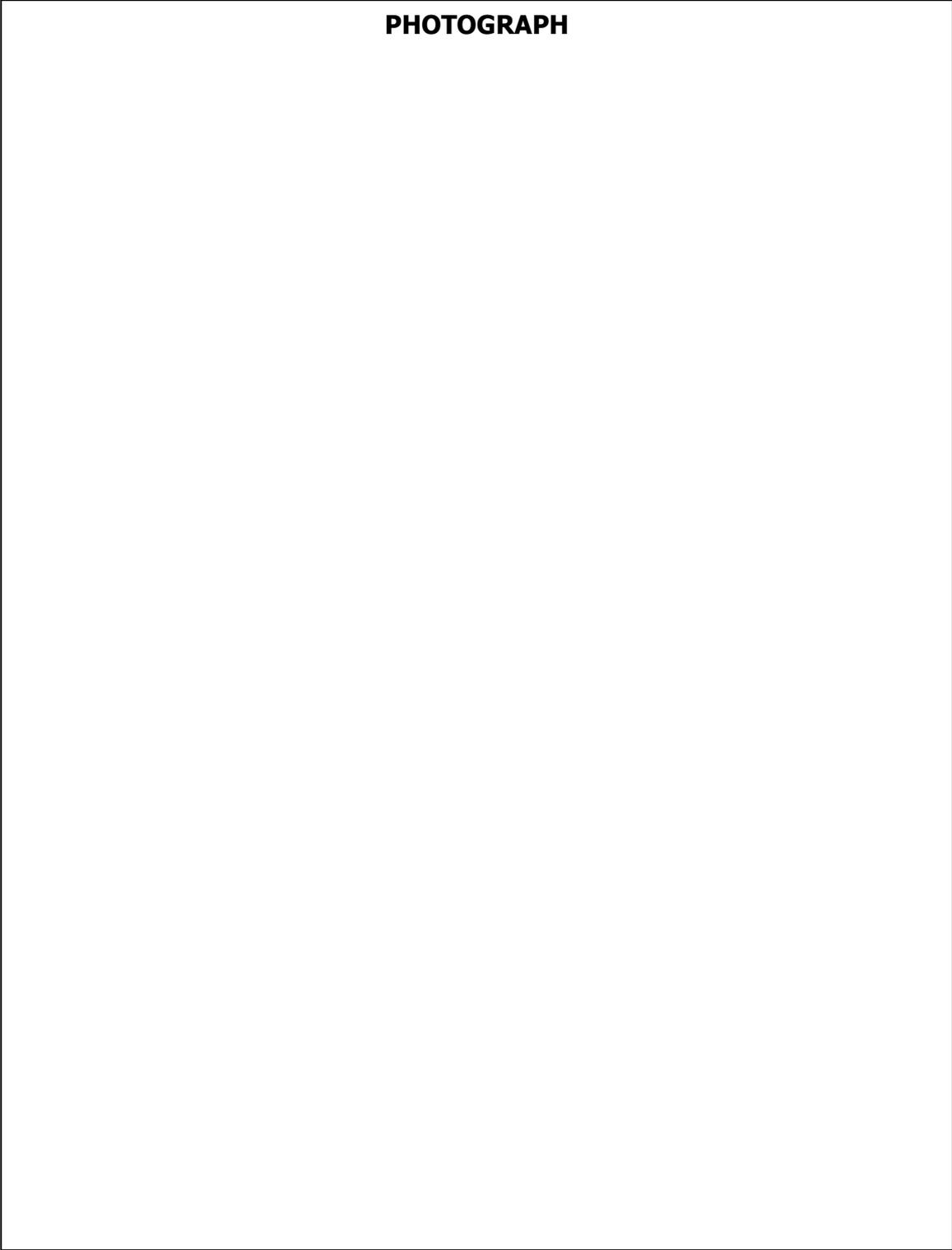
Rapporteur (French): Dr. Mariam Alladoumgué (Chad)

49. The chairperson thanked everyone for the opportunity given to her and the bureau to serve and promised to do her best in guiding the discussions. She remarked that the task at hand was an undaunted one that called for the participation of everyone within the ambits of time in arriving at sound decisions. She presented the draft provisional agenda to the participants for comments, amendments and adoption.

ADOPTION OF THE DRAFT PROVISIONAL AGENDA

50. On presentation of the provisional draft agenda, slight amendments were made. The draft provisional agenda was unanimously adopted.

PHOTOGRAPH



CHAPTER IV

PRESENTATION OF PAPERS

SUMMARY ON SHARING BEST PRACTICES - AEO PROJECTS

GUINEA

51. Guinea reported that it was fully involved in the fight against FGM having received full recognition by the Ministry of Women Affairs. It recorded that it has successfully had a legislation against FGM. The NC considers the reconversion of excisers as important in order to keep them away from the practice and has functional AEO projects in place. As a result of this, many excisers have abandoned the practice of FGM and have taken up training in marketing offered by the NC with funds secured from donors for that purpose.

KENYA

52. Kenya NC traced its history on the fight against FGM back to the early 1930s. It gave the demographic figures of the prevalence of FGM carried out in 1998 and the efforts made since then to eradicate the practice. It emphasized that a law has been instituted to check FGM on children up to the age of 18.

53. Sensitization and education of women and girls was embarked upon to make them fully aware of the problem of FGM in the two KNTCP chapters of Nairobi and West Pokot and training offered to young girls in tie and dye of local fabrics. Ten excisers were identified and trained in West Pokot on AEO projects. The project involved giving cows to the ex-excisers with the first calf being theirs and the second being that of the KNCTP and in that alternate order for subsequent calves. Strict follow-up was carried out to ensure that these former excisers did not slide back to excision. The AEO project was adjudged very successful with more and more excisers stopping the practice and offering to join the AEO project. The NC stated that it was grateful to IAC for the financial and material support offered to it for carrying out AEO projects.

54. The NC also encouraged self-help projects among the women by granting them loans and stressing the proper management of the funds.

55. The challenges facing the NC involved strengthening the capacity of the chapters and replicating the successes in all the areas of Kenya where FGM is carried out. Rescue centers for victims of FGM needed to be expanded.

MALI

56. The NC reported that it was committed to the defense of women rights in Mali. It has embarked on sensitization and so many of the excisers have dropped their knives and have benefited from the AEO projects supervised by the NC. About 50 excisers are

now involved in dress making while others are involved in agricultural projects such as poultry with the eggs and chicken being sold to generate income. The training was offered at the headquarters of the NC where 10 women received funds for the poultry project. Follow-up has helped to establish the workability of the project and to ensure that they never go back to excision.

57. Messages from religious leaders that condemned FGM based on its harmful effects led to 100 excisers dropping their knives and opting for AEO. The training involved education and commercial training activities, which are regularly assessed. AMSOPT has opened up training on the reconversion of excisers as a vital area in the fight to eradicate FGM.

NIGER

58. The NC has placed considerable emphasis on the reconversion of excisers. In 2000, the NC reported that a TOT workshop was conducted for six excisers who were identified from key areas where FGM was carried out. The TOT workshop later led to excisers abandoning FGM and they were made to undergo training after signing due contract with the NC not to go back to the practice. It noted however that complete abandonment of the practice proved difficult.

59. The challenge facing the NC remains the fact that most of the excisers are in the riverine areas where access is quite difficult. The NC based in Niamey requested for a vehicle to enable it gain access to those areas where the excisers are and enjoy the protection of the community and also to reach out to the youths there.

NIGERIA

60. The Nigerian NC reported tremendous success in the area of AEO Projects especially in the South South and South East sections of the country where the prevalence of FGM is put at 45% - 50%. It indicated that AEO projects have been completed with the support of DFID in Edo State for 10 excisers in ice cream/ yogurt making in 2000 and that the beneficiaries were doing well having come from families of excisers. Proper records have been kept and a revolving loan made available.

61. It also pointed out that 20 excisers were successfully trained in Akwa Ibom State on different income generating projects and financial assistance was given to them at the end of the training to start the business.

62. It reported that it has enjoyed considerable support from the IAC, ILO and Federal Ministry of Health in the training of 10 excisers from 7 states on soap making with seed money given to the participants at the end of the training as take off grant.

OVERCOMING CHALLENGES: DISCUSSION

CAMEROON

63. The Cameroon NC reported that the main objective of the AEO programme remains to discourage the practice of FGM by empowering the ex-circumcisers with alternative means of generating income as well as using them as change agents and role models. On the aspect of overcoming challenges, it viewed the issue of income generation as the main challenge to carrying out key projects.

64. The main source of income for the execution of key projects has been from the IAC and was barely enough for the key activities planned. The NC thanked IAC for the support it has enjoyed over the years. On AEO projects, the NC allows the excisers to choose the sort of project they would want to go into such as palm oil making, and garri processing with machines for grinding the cassava. Lack of local funding has contributed to drastic reduction in the activities of the NC leaving a big question mark on the sustainability of the projects.

65. However credit management and marketing of the goods has been imparted to the excisers. It was also noticed that most of them preferred to be bosses. Former practitioners during the dull moments in the marketing of palm oil revert to excision. The need to involve the government was highlighted. Lack of monitoring also posed a problem and the need to train excisers on reproductive health was stressed.

ETHIOPIA

66. NCTPE indicated that there has been a big shift of emphasis to the training of excisers as advocates of change and significant change of behaviour has been recorded. The conference was held spell bound when an exciser who recently abandoned FGM was presented at the conference to buttress the fact that noteworthy steps have been taken to effect a change in behaviour. It called for the need to look into the behavioural aspects to measure impact of the work done in the field.

67. The excisers who have abandoned FGM are employed by NCTPE as community based change agents. The NC solicited for assistance to the ex-excisers to be employed elsewhere where economic activities cannot be put together for them.

SUDAN

68. SNCTP gave an account of the latest development in the east and west of Sudan where natural disasters have led to the displacement of people and the introduction of FGM. It noted however, that FGM was not practiced in southern Sudan. The NC used the participatory group discussion approach to drive home the effects of FGM and other HTPs, and sensitization on HIV/AIDS was carried out. 10 excisers were trained for income generating activities and accounting with 2 being able to read and write. Selling dry fish, wood and charcoal with revolving capital was successful with the participants

earning about 3000 Sudanese pounds. These were bold steps for the excisers to stop excision however; the women complained that their husbands were taking the money they made from them.

69. In response to this, SNCTP with the help of community leaders provided the women with a marketing center with a permanent shop for the women. The shop is to be upgraded to bring other items like rice for sale and the money kept with the coordinator to check being taken away by the husbands.

70. Attempts made to open a bank account for the women failed because they complained about exorbitant bank charges, which would reduce their earning. Women openly campaign against FGM and work hard towards the eradication of FGM. The SNCTP thanked the government of the Netherlands, IAC and other donors for their assistance to SNCTP.

CHANGING ATTITUDE OF RELIGIOUS AND COMMUNITY LEADERS

BURKINA FASO

71. The NC reported that it receives tremendous support from the government to eradicate FGM. It mentioned that a meeting was held for community leaders where sensitization on FGM was carried out and the community leaders accepted to take part in the fight to eradicate FGM. A similar workshop with 30 members from 30 provinces was held to formulate a plan of action. The NC mentioned that there has been considerable change in behavior in the practice as people are becoming more aware of the harmful effects of FGM.

72. Sensitization was conducted for the police. The government has equally passed a law - penal code, which stipulates fines and imprisonment of six months to five years for offenders including medical personnel, excisers, their corroborators and accomplices. The implementation of the sensitization covered law officers, magistrates, judges, their peers and the intervention in the fight to eradicate FGM. The strategy was to involve the armed forces, visiting them at home and popularizing the law. This was quite successful as over 120 people were reconverted. The community agents played an important role in clarifying issues of the law and creating understanding.

73. The NC reported that the project enjoys tremendous support and has made significant progress. It has a telephone number **00 226 31 15 76** for permanent contact where report on FGM could be made to the NC and intervention would be readily provided. Since the establishment of the law, the courts have acted favourably with arrests of defaulters and prosecution. This, it noted has opened doors to the armed forces being against FGM and making the law known to all and sundry. This legal procedure, the NC pointed out, was made possible with the help of UNICEF.

ETHIOPIA

74. A brief history of NCTPE was offered and the work carried out in the society highlighted. Using a multi-faceted approach, the NC disclosed that information was shared with the civil society, NGOs and the government in the fight to eradicate FGM. The need to empower the communities, create gender focal points, and reach out to the traditional and community leaders became necessary. Change agents were charged with the responsibility of reporting defaulters.

75. A strong campaign was launched against FGM 250 kilometers south of Addis Ababa where girls undergo FGM 2 - 4 weeks before marriage. With the support of UNICEF, youths were sensitized and were able to oppose the practice. A trainee got married to a girl who was not mutilated and this opened a new chapter as more men are now marrying un mutilated girls.

76. NCTPE reported that in April 2002, "an FGM day" was organized in a woreda where 47 traditional leaders condemned FGM and opposed the practice openly and 40 girls were rescued from abduction. NCTPE also made interventions in awareness creation with significant reports from the zonal offices indicating that about 1000 girls have been married without undergoing FGM. NCTPE marks November 15 as "an FGM day" by mobilizing action against the practice.

77. On the FGM day, 15th November, another woreda recorded two religious leaders who refused to mutilate their daughters before marriage and served as role models for the others. They equally condemned the practice as one that has no religious basis for its continuation.

78. Equally, under the law of the Federal Democratic Republic of Ethiopia, abductors are to be punished with 4 - 15 years' imprisonment. These are positive indicators in the fight to eradicate FGM.

GAMBIA

79. GAMCOTRAP indicated that Gambia with about 90% of its population being Moslems sees FGM as a religious injunction. As far back as the late 80's, it was a taboo to discuss FGM. This was the period of darkness until the early 90s when it became a matter of public debate and of course, the beginning of problems.

80. Between 1997 and 2000, the NC recounted that it enjoyed the support of IAC and was able to organize a conference on FGM for Religious leaders. Although the conference witnessed some resistance from the religious leaders, it marked the starting point for change of attitude as different scholars from Islamic universities broadened the knowledge of the participants on the fact that FGM was not a religious instruction. Women were keen on finding out if it was written in the Koran and were relieved to know that the Koran did not subscribe to it.

81. The Imam of Mecca stated explicitly at the conference that FGM was not a religious instruction and that as a matter of fact, FGM was not carried out in Saudi Arabia. This further strengthened the resolve of women to fight for the eradication of the practice with the full support given by IAC.

82. The challenge, GAMCOTRAP noted was to grant women access to the Koran to help bring the practice to an end. The fact that women are having access to the Koran has helped to open the Pandora's box and with the political will, the NC believes the situation would experience great improvement in the eradication campaign.

DISCUSSANTS

BENIN

83. Benin remarked that being a kingdom and operating a democracy involved having the active participation of traditional leaders in the decision-making process. The survey study conducted in 1993 on FGM showed clearly the areas where the practice was carried out which led to sensitization programmes being conducted in the affected areas in collaboration with the government of Denmark. The sensitization created a lot of awareness on the harmful effects of the practice and brought to the fore the fact that traditional and religious leaders at the center of the practice were ready to do everything to stop the practice.

84. A Law was drafted and with the support of the youths, religious and traditional leaders, it came into force in February 2002. The President of Benin is also at the forefront of the fight against FGM and child trafficking and has given great impetus in positive terms towards the eradication of FGM. In the same vein, the government of Benin has set aside 2001 - 2006 to fight against FGM in the areas where the practice is prevalent.

85. The NGOs on the ground have a lot to do in the eradication campaign in the new phase of the struggle through seminars among others to ensure that women are no longer excised. The Ministry of Women Affairs has equally done many campaigns towards the eradication of FGM. The NC has in addition trained people through the support of WHO to create awareness and knowledge of the practice through publicity materials such as brochures and T-shirts to help stop the practice. People found to be carrying out FGM are reprimanded and punished while close contact is being strengthened with religious leaders.

CHAD

86. Chad indicated it has received considerable support in the fight against FGM. FGM was viewed as a religious obligation and was a taboo to be discussed openly. The practice of FGM was quite widespread and differed from one religion to the other and from one place to the other with the prevalence being higher at the rural areas than the urban areas.

87. The decline of this practice has been hastened by the introduction of legislation and the punishment for the offenders in Chad. The work of donor agencies in helping to see to the eradication of the practice through collaboration was considered vital and remained necessary for surmounting the problem of FGM.

TOGO

88. CIAF Togo expressed its appreciation to IAC for the support it has offered the NC in the fight to eradicate FGM. The NC revealed that it has carried out sensitization campaigns for religious and community leaders. Accepting the views of the NC and with their support, a law has been promulgated in the central region prohibiting the practice of FGM.

89. It was mentioned that although there is a law prohibiting the practice of FGM, it has not been easy implementing the law. It noted that success however has been recorded where an exciser who tried to excise a girl has been sentenced to twelve years imprisonment.

GENERAL DISCUSSION

BURKINA FASO

90. It was reported that 60% cases of FGM have been recorded in the country with success in the activities carried out for its eradication. A workshop that was held in the south west of the country provided a convenient atmosphere for getting closer to the people and gave people a chance to proffer solutions to the problem and establishing an alternative to excision.

91. Staying in constant touch with excisers who have laid down their knives has helped to check the practice.

GHANA

92. The involvement of youths was seen as being beneficial and was stressed in order to eradicate the practice of FGM. Sensitizing them to form youth clubs, offering peer education and conducting school projects where youths purchased a book for their school library helped to make them active participants in the fight to eradicate FGM.

93. It was also stressed that since most health personnel do not know much about the harmful effects of FGM, sensitizing them was considered paramount. Since infant FGM is practiced, the need to have community health professionals to examine the children and advise mothers against it was seen as being ver effective.

94. It was mentioned that Ghana ranks among the first countries to legislate against FGM and through seminars and workshops a memorandum has been sent to the

Parliament to review the law to take care of accomplices as well as the excisors. The NC confirmed that books written would be distributed to the secondary schools to help in the eradication campaign.

95. The sensitization of traditional leaders, it was reported has created a lot of impact. A traditional leader, Belema 11, Vice-President, Upper West Regional House of Chiefs who attended the conference was given the opportunity to address the participants on the outcome of the sensitization seminar that was conducted by GAWW in 2002. He read out the communiqué issued at the end of the sensitization seminar, which condemned unequivocally the practice of FGM. He mentioned that the seminar had in attendance members of the press, religious leaders as well as community leaders.

96. He emphasized the need to cooperate with the law enforcement agents, educate children in schools and stressed the need to hold parents liable for excision done and punishment meted out as prescribed in the law. The communiqué was very encouraging and was applauded by the participants.

GUINEA

97. The experiences from Guinea pointed exclusively to the laying down of knives by excisors as one worth sharing. The Honourable Minister for Social Affairs, for the Promotion of Female and Childhood, Mrs. Bruce M. Aribot explained that Guinea has promulgated a law prohibiting FGM and the adoption of the law was underway. It was reported that excised girls were being given care by a group of women and the need to organize initiation without excision was considered important for strengthening the age network.

98. The NC recounted the successes made through the use of ex-excisors to talk to other excisors to give up the practice. It suggested that IAC should expand the fight to cover the whole continent. If we adopt Zero Tolerance to FGM, it would mean she stressed, organizing seminars for young girls to make them fully aware of the struggle. She recounted a story where a young girl was not allowed to see the corpse of her mother because she was not circumcised. She called on every country to celebrate the declaration of Zero Tolerance to FGM by initiating concrete actions.

MALI

99. Mali stressed the need to work with the best practices, look closely at them and emphasize a change of the attitude of people in the fight to eradicate FGM. It stressed that the psychological aspects clearly has an overriding edge over every other aspects and needed to be properly addressed through strategies in the national development Plan of Action.

100. She noted that there has been significant change in the attitude of people in Bamako towards FGM. FGM activities have brought awareness and modules on FGM have been included in the educational curriculum in Mali. Singers have also used songs

to send messages on FGM across to the people. Care has also been given to victims to reintegrate them into the community.

UGANDA

101. In her contribution, the Deputy Speaker, Parliament of Uganda, Mrs. Rebecca Kadaga indicated that she had the mandate to speak in every parliament on FGM. She gave an account of the Parliamentary Forum in October 2002 where she raised the issue of FGM.

102. Uganda, she noted regrettably, was yet to legislate against FGM despite the fact that the practice still existed in the country. She promised to do her utmost to ensure that the government takes interest and sufficient steps to make a law against it and sensitize members of the Parliament.

103. She mentioned the issue of nomadic communities from Kenya introducing FGM to some parts of Uganda where the practice was unheard of. She stressed the need for international legislation cutting across borders to help in the eradication of FGM.

104. In addition, the NC pointed out that it has offered AEO to most of the excisers. Girls rescued from FGM have equally been taken to schools and school fees paid with the support of UNICEF and ILO and the parents counseled to help in the reintegration of the girls back home

INVOLVEMENT OF YOUTHS

TANZANIA

105. The use of youths as change agents in areas where FGM exists was stressed especially in Dodoma and Arusha with 9 out of 25 provinces carrying out FGM type 1 and type 2. Somalis who carry out type 3 were the main target for the youth in-and-out of school programme. The need to expand the frontiers of the fight against FGM was considered appropriate.

106. Youths were recruited to go through the villages to use songs, dance, drama, games, and poems to create understanding of the problem of FGM. The fact that the songs were done in the language of the people who are mostly illiterates helped to drive home the message for the eradication of FGM. Girls spoke out openly about the hazard of FGM.

107. The youths very important and since information is power, it is believed that young people can take proper decisions when properly informed. To buttress this fact, series of workshops were organized in several villages where FGM exists and about 1200 youths were trained. One multi-sectoral group was mandated to handle the issue of the constitution and was also see to the opening of a bank account and build up the economic base of the group.

108. The effort of IAC, IWBA and NORAD were complimented for making the training workshops possible.

TOGO

109. The NC reported that the youth have always taken keen interest in the work of the NC by taking active part in the struggle to eliminate FGM. The plague on women has been considerable but the youths play a very important role in the rural and urban areas in the fight against FGM.

110. In the Central region, sensitization was carried out and the awareness of people were whipped up with men and women identified to join in the fight. Some excisers equally abandoned excision. A law against FGM has been presented to the government. In turn, a seminar was organized in the northern part of Togo for the youths and significant success was recorded. Youths have organized a theatre group to enhance communication with 22 participants where the message of IAC on FGM is transmitted. Several youths decided not to go through the practice of FGM while some parents dissociated themselves and their children from FGM.

MAURITANIA

111. The youth as an important social group with more than 50% of the population were identified. The NC recorded the youths as important partners in the fight to eradicate FGM and have contributed immensely to the eradication struggle. The NC encouraged girls to fight against FGM and early marriage with a team to help reconvert the older population.

112. Research, sensitization, training has been carried out to enhance the work. A channel of communication was also established to ensure that the message got across to the young boys and girls.

113. On the prospects, the NC considered it necessary to emphasize the training of the youths for a more committed involvement. The need to reach out to the target group in the different societies became absolutely important and the large number of people reached signified the level of involvement in the project

DISCUSSION

BENIN

114. CIAF Benin recounted the effort made in addressing the issue of youth involvement to include recruiting youths and having 45 youth groups divided in about 8 sections to handle several support programmes such as sports, singing, and dancing to propagate the eradication campaign. The NC also supported the campaign with

publications. The involvement of the youths in sensitization in each influenced the struggle and the message imparted.

115. The NC remarked that the Youth Forum held in 2000 gave the much-needed impetus to the struggle as students in higher institutions of learning were reached. Films produced, models, and cassettes on FGM equally helped to step up the fight among youths and redoubled the effort in the fight to eradicate FGM. Youths have also used the messages on Caps and T-shirts to drum in the need to end the practice.

116. The NC offered its appreciation to IAC and the government of Denmark for the tremendous support given to its programmes.

CHAD

117. The NC reported that it has created a unit for the youths in the framework of its programmes where training in management, preparation of key projects, reproductive health and Human rights have been properly addressed. Two sessions of sensitization for women in colleges with health professionals were held.

118. Sensitization sessions in secondary schools proved successful with training and educational materials prepared for information. In addition, youth clubs were set up and training offered in reproductive health. These programmes, the NC noted, would not have been possible without the support of IAC, UNICEF and the French Cooperation.

MALI

119. AMSOPT youth representative remarked that it was important for women and youths to fight for the eradication of FGM together. In this regard, he stressed that it was necessary to streamline what the role of the youths would be in the Common Agenda for Action on Zero Tolerance to FGM.

120. He pointed out that the NC has taken up training of youths and mobilizing them for sensitization campaigns in schools through sports. They were also trained to serve as peer pressure advocates and armed with the skill to pass on the message against FGM to peers in universities and even their parents. He expressed his delight that the use of the anatomical model provided by the NC to clearly show the negative effects of FGM registered significant success. The youth again called on the international conference to involve the youths more in the joint plan of action in order to have success on Zero Tolerance to FGM.

DISCUSSION/PUBLIC DEBATE

121. A representative from Denmark raised the issue of parents taking their children out of the European countries for circumcision in their home countries. This issue, she stressed, needed to be addressed in the campaign to achieve Zero Tolerance to FGM.

122. In the same vein, a participant from Congo Brazzaville raised the issue of cross border excision and the need to involve the excisers in the campaigns. She recounted the atrocities meted on women and girls by FGM to include haemorrhage and deaths. She showed the photograph of woman who was raped and the clitoris cut and displayed several knives recovered from excisers. She called for an agency for women rights to fight poverty and HIV/AIDS. The declaration of the International Day on Zero Tolerance to FGM, she noted, should be one for the popularization of the campaign.

123. The International conference recorded its high point when an Islamic cleric from Ethiopia, Sheik Mohammed said clearly that the Koran does not recommend mutilation and that it was high time for everyone to stop the practice in Africa and women given their rights. He pointed out that the one million people march in Oromiya region of Ethiopia in collaboration with NCTPE recorded a large turn out with many people abandoning the practice of FGM.

124. Youth involvement in Nigeria was described as the main flash point in the fight to eradicate FGM with 5 youth chapters carrying out their mandate. A training programme for the youths covering FGM, cultism, HIV/AIDS was carried out in 3 states of the federation while two states using drama and music in its youth program carried out sensitization programmes.

125. A participant from Canada with African root disclosed the cases of FGM in Canada and the problems seen at childbirth with women who were mutilated. She mentioned that it posed a major concern among the immigrants and the host country and felt the experiences shared should foster a greater drive to eradicate FGM with the youths serving as the vanguard for sensitization.

126. The difficulty in implementing laws against FGM was voiced by a participant from Senegal. The aspect of labeling FGM as western politics was no longer tenable and needed to be de-emphasized so that religious and traditional leaders come to terms with the Dakar Declaration. A seminar that was organized created a lot of impact in this area. Youths were equally reached and felt convinced that the practice of FGM needed to be stopped.

127. Thirteen years of civil war in Somalia has turned considerable attention from the hazards of FGM to the more important aspect of survival, declared a participant from Somalia. This, she pointed out has created an avenue for FGM to be carried out unabated due to the breakdown of law and order.

128. Although some NGOs are working on FGM with some religious leaders, a shift to the milder form of FGM was quite worrying. As a result, it was disclosed that UNICEF has been working tirelessly with the NGOs on eradicating FGM. A call was made for more support and the need to set up a NC of IAC in Somalia voiced.

129. Two religious leaders, Sheik Mohammed Ahmed Hassan from Sudan and Gusmane Alpha Ba from Mauritania added their voice to the discussion. They both confirmed that FGM was not a Koranic requirement and that since Islam is about mercy, FGM, a merciless act, was contrary to Islam. They both agreed that information on the medical effects of FGM show severe drawbacks, which makes it a gross violation of the reproductive right and Human rights of women. They also pointed out that the rights of women need to be restored with women allowed to work because Islam equally does not stop women from working. The youths, they noted, need to be protected from the evils of FGM and given a prominent role to help protect themselves from FGM.

130. In Burkina Faso, youths in and out of school were trained and clubs setup for sharing experiences. The youths were allowed to visit families and talk to them about the hazards of FGM. The campaign was aimed at reducing the practice as a step towards promoting the physical integrity of the youths. The NC indicated that it has planned to have **May 18 every year as Day of Advocacy.**

131. NCTPE pointed out that a lot can be achieved in experience sharing in order to ensure sustainability. It recognized that no parent would want to harm their children but would be required to understand the consequences of their action through knowledge. It viewed youths as important in the fight to eliminate FGM and should be empowered to speak against the practice in the schools and their communities.

132. A participant from Norway expressed the need to shift focus from the excisers to the families as a way of encouraging them to stop taking their children to the excisers to be mutilated.

CHAPTER V

PRESENTATION OF PAPERS

EXISTING MANUALS

IAC

133. IAC pointed out that a lot of work has been carried out in the area of training, operational research and information. In the fight to eradicate FGM, considerable work has been done in the area of film production. A film on FGM titled, "Fatoumata" was shot with the technical assistance of experts in three locations of Guinea, Mali and Burkina Faso. The French version of the film, IAC reported was ready while work on the English version was in progress.

134. Training guidelines and sensitization programmes were offered in Burkina Faso, Guinea and Mali. Funding was secured for the production of a training manual to help in the elimination of FGM. The training module on FGM was also developed with sufficient information on how people react to FGM. The module discusses methods that should be used when there are complications of FGM and other aspects such as family planning and infertility. The training module has been launched in four French speaking countries and a pretest due soon in four English speaking countries.

UNFPA

135. UNFPA started its presentation by referring to Article 5 of Universal Declaration of Human rights and other important treaties that bother on establishing the fundamental Human rights and called on all parties in the struggle to eradicate FGM to take appropriate measures necessary to eliminate the practice.

136. It highlighted the objective of UNFPA in the African Sub region with lessons learned in countries such as Kenya, Nigeria, Ghana and Ethiopia to address the socio-cultural aspects of the people. The values of these societies, it noted has to be respected and opportunity given to them to realize their potential within the bounds of eradicating those aspects of tradition considered harmful. In this regard, it disclosed that it has worked closely with various stakeholders including African Women Parliamentarians and the East African FGC Task force and made the following input:

- Developed guidelines for reproductive health in 1998
- Supported international and regional meetings for the elimination of FGC by 2015
- Supported a common strategy for the elimination of poverty
- Supported the Ugandan experience in FGC
- Funded formative research work in 12 states in Nigeria
- Supported a training manual in Eritrea
- Assisted in the Eritrea Demographic survey in 2001
- Supported FGC materials and research development

137. It has actively been involved in the decline of FGC in Eritrea with more than 50% of the women indicating interest in seeing that the practice is discontinued. Awareness had equally been raised when it came to taking decisions on whether to carry out FGC or not. This, it noted has even gone beyond knowledge into knowing more about reproductive health and doing away with cultural beliefs which have no relevance but yet held a key place in the lives of the people.

138. The change in terminology from FGM to FGC drew a lot of attention and registered a heated argument. Participants were surprised that at the crucial point of declaring FGM a traditional cankerworm that should be eradicated that UNFPA could come up with the term, FGC. The participants felt it was necessary to call it FGM rather than the new name, FGC because it clearly showed that the female organ is mutilated without any cultural sensitivity attached. They felt calling it FGM was calling a spade a spade. The participants agreed that IAC should stick to the term, FGM and that the decision to address it as FGC should be discarded by the UNFPA.

139. The representative of UNFPA reiterated that it was beyond her to go with the agreed term FGM but offered that she would pass their concerns on to the Advisory Board of UNFPA, which was responsible in the first place for the collective decision to label the practice, FGC.

WHO

140. WHO indicated that complications of FGM are hardly mentioned at health centers and that it was involved in the preparation of a manual that would properly address the problem. The English version of the manual WHO pointed out was ready while the French version was in press.

141. The introduction in the manual deals with community participation in preventing FGM, responsibilities of the females and taking care of pregnancy and delivery and ideas on the training of the key officials.

142. The manual contains four modules and offers guidelines to help those trained and is supported by international conventions against FGM. It also offers principles to help the health professionals refuse to infibulate women and girls. It gives the how to act during complication with sufficient materials for trainers and trainees.

143. WHO also listed books, a film on advocacy, FGM Report of WHO Technical Working Group, and Summary of Regional and International Texts, Counselling Skill Training for Adolescents, the Right Path to Health Education through Religion, Plan of Action to Speed up the Elimination of FGM, Joint Declaration of WHO, UNICEF, and UNFPA and FGM Programmes: What Works and What Doesn't.

**WHO TRAINING MANUALS FOR PREVENTION AND CARE FOR FGM PATIENTS
BY DR. DJAMAL CABRAL, REGIONAL ADVISER, DIVISION OF FAMILY AND
REPRODUCTIVE HEALTH, WHO REGIONAL BUREAU FOR AFRICA**

Slide 1

Division of Family and Reproductive
Health – DRH – OMS/AFRO

International Conference on Zero Tolerance for FGM
Addis Ababa from February 4th – 6th 2003
WHO Training Material for Prevention and Care for FGM patients.

By: Dr. Djamal Cabral
Regional Adviser
Division of Family and Reproductive Health
World Health Organisation/Regional Bureau for Africa

Slide 2

Division of Family and Reproductive
Health (DRH – WHO/AFRO).

Introduction

144. Sexual Female Mutilation complications:

- Physical, psychological and sexual – require care to be conducted with tact and competence by health workers. FGM/cases are seldom declared and examined in full details in programmes of training professionals of health.

145. In order to bridge these short comings, WHO has developed a set of training material integrating prevention of FGM and care for complication cases in the training curricula of nurses and birth attendants.

Slide 3

146. Integration of prevention and care for complication cases related to FGM in training programmes for medical care and obstetric care.

Objective:

147. Capacity building for health professionals in prevention and care for complication care of female genital mutilation.

Slide 4

148. Integration of prevention and care for complication cases related to FGM in training programmes for nursing and obstetric care.

149. The set of training material include:

- A guide for trainers
- Manual for the trainee
- Guiding principles

150. The English version was issued in December 2001.

Slide 5

151. Integration of prevention and care for related complication in training programmes for nursing and obstetric care.

152. Content of trainer guide

- Introduction to FGM,
- Community participation in the prevention of FGM,
- Care for girls and women with FGM related complication cases.
- Care during pregnancy, labour, delivery and post-partum for women with sexual mutilation.

153. The Guide for Trainers is meant for persons in charge of training nurses and birth attendants after formal education and in working places. It will also be of good help for persons in charge of training medical students, medical personnel, health workers, public health professionals and other health care workers.

Module 1:

154. Introduction to Female Genital Mutilation. This is the basic module, which could be integrated in medical and surgery courses and in gynaecological lectures as well as community health and obstetrics in countries where female genital mutilation are prevalent. This module may also be used in workshops and training at work place, for health workers and other interested persons, for sensitisation on FGM.

Module 2:

155. Participation of members of the community in prevention of sexual female mutilation. This module can be integrated in community nursing and obstetric courses in countries where female sexual mutilation are prevalent.

Module 3:

156. Care for girl-children and women with complications related to sexual mutilation. This module can be integrated into courses on childcare, growth and development of human body and in lectures in gynaecology for nurses and birth attendants. Practical competencies can be found in services of child and mother care and in centres of family planning.

157. Competence in counselling can also be applied in youth centres and in schools when counselling services are part of health programmes for the youth. This module could also be used in programmes dealing with STDs and HIV/AIDS in countries where female sexual mutilation are prevalent.

Module 4:

158. Health care during pregnancy, labour, delivery and post-partum for women with sexual mutilation. This module could be integrated in nursing and obstetric lectures. Practical competencies can be found in pre-natal dispensaries, in maternity, labour wards and in dispensaries for post-natal care.

Slide 6

159. Integration of prevention and health care for complication cases relating to female sexual mutilation in training programmes of nursing and obstetric care.

160. Content of the manual of trainees

- Practices of female sexual mutilation and how they are influenced by tradition.
- Work with communities in prevention of female sexual mutilation.
- Identification and health care for female sexual mutilation related complications.
- Health care during pregnancy, labour and post partum for women with female sexual mutilation.

161. The manual is meant mainly for nurses and birth attendants who are having basic training, after school or in working places. It could also be useful for the training of medical students, health workers, professionals of public health and other health workers. The manual comprises the following four modules:

Module 1:

162. This is the basic module of the course. It is an introduction to practices that are regarded as female sexual mutilation and it explains how these practices are influenced by tradition.

Module 2:

163. This module prepares trainees on collaboration with communities in order to prevent female sexual mutilation. It offers different strategies used to make men, women and community leaders participate in prevention activities.

Module 3:

164. This module gives to nurses and birth attendants the needed competencies for identification of complications related to sexual mutilation and health care to girl-children and women with such complication cases.

Module 4:

165. This module prepares the nurses and other health workers dealing with women during pregnancy, labour, delivery and post-partum and explains how to do away with infibulations and take care of complications relating to female sexual mutilation. Every module starts with an introduction to relevant issues, and goes on to explain the general objectives, the basic competencies to be acquired and reference documents to be used. Each module includes several sessions or separate lessons. Pedagogic aids such as videos, books, booklets, etc. are clearly indicated and a complete list of such material in the annex. But they are quoted only inductively and trainees are advised to use all relevant resources, which are locally available. And they give appropriate guidance on the documentation for clinical registration and systems of information.

Slide 7:

166. Integration of prevention and health care for FGM related complications in training programmes for nursing and obstetric care.

167. Content of Guiding Principles:

- Resolutions and international conventions against female sexual mutilation ;
- Legal and ethical principles relating to prevention of female sexual mutilation and health care for girl-children and women with sexual mutilation complications.

168. This is intended to provide guidance for nursing and midwifery practice. FGM is a violation of the basic Human rights of girls and women and various international and

regional instruments have been drawn up to protect these rights. The policy guideline provides clear direction in nursing and midwifery practice in several ways. It:

- Promotes and strengthens the case against medicalisation of FGM;
- Supports and protects health personnel in refusing to close type III (infibulations)
- Empowers nurses and midwives to carry out functions in relation to FGM which are outside their current legal scope of the practice.
- Provides guidance on appropriate documentation on FGM in clinical records and health information systems.

Slide 8:

169. Other supportive training material

Slide 9:

170. A systematic review of health complications of FGM including the sequelae in childbirth.

171. Primary information on the complications of FGM with emphasis on the consequences in delivery and on psychosexual problems.

- Female Genital Mutilation: A Handbook for Frontline Workers.
- Primary information on FGM in a format that can be accessible and of good help for health professionals of the first level, for NGOs and decision makers for the purpose of advocacy and sensitisation with a view to achieving abandonment of the practice.

Slide 10:

172. Other documents and support material.

Slide 11:

173. An advocacy film, available in French and English with testimonies, interviews with medical doctors, midwives, politicians and activists from countries where FGM is prevalent.

174. The film talks about the origins of the practice. It describes the types of mutilation of the female genitalia and the efforts, which are being made to eliminate the practice in countries where it is prevalent. It is quite appropriate for training on modules I and II.

Slide 12:

1. Female Genital Mutilation: An Overview of the Problem.
2. Female Genital Mutilation: Report of WHO Technical Working Group, Geneva, 17-19 of July 1995.

3. Healthcare during Pregnancy, Delivery and Post-partum in Cases of Female Sexual Mutilation. Report of a WHO Technical Consultation, Geneva, 15 -17 July 1997.

Slide 13:

1. Summary of International and Regional Human rights Texts on the Prevention of Violence against Women.
2. Counselling Skills Training in Adolescent Sexuality and Reproductive Health: A Facilitator's Guide.
3. The Right Path to Health: Health Education through Religion: Islamic Ruling and Female Circumcision.

Slide 14:

Others:

175. Support to social science research; support to development programmes; Material Health: For safe pregnancy.

TOOLS FOR IMPACT ASSESSMENT ON THE ERADICATION OF FGM/HTPs BY DR. MORISSANDA KOUYATE

Introduction:

176. Since its creation in 1984, the Inter-African Committee has made great efforts to reach its set goal and objectives. These efforts have been made both at the international level and in the different member countries.

177. The results obtained through eighteen years of aggressive work are spectacular though unexpected at the creation of IAC. They have been possible thanks to the great credibility of IAC, which is an important network, well structured and with valuable experience from the field, coupled with qualified and available human resources with good management of material and financial resources. Among the visible results are:

- Demystification of harmful traditional practices
- World mobilization against HTPs¹/FGM²
- Legislation against HTPs/FGM
- Public renunciation of HTPs/FGM
- Decrease in the prevalence of HTPs/FGM

¹ Harmful Traditional Practices

² Female Genital Mutilation

178. Despite these undeniable results, it appears that the Inter-African Committee has put more efforts into concrete actions than into the assessment of the resulting impacts. As a consequence, our actions have been less visible and often recouped by other organizations. Also, the lack of assessment of the results hampers the improvement of some actions and strategies, which have proved less successful.

179. In order to fill this gap and formalize in a scientific manner all its actions, IAC decided to set up a Scientific Committee with a mandate to reinforce the operational capacities of IAC in the following areas:

- Research
- Training
- Planning and implementation
- Monitoring and evaluation
- Publication and communication

180. Taking into account the huge task of the Scientific Committee, it has been decided to proceed step by step. The first step is the development of indicators. Thus, this document deals with indicators on HTPs in general. However, focus will be given to FGM and the indicators will later, if possible, be applied to other practices.

181. The indicators on FGM needs to take into serious account the specificity of the practices:

- Deep-rooted in culture and tradition
- Difficulty in changing behaviours
- Difficulty in evaluating abstract results.

II. Area of intervention of the Inter-African Committee

182. The area of intervention of IAC is the protection and promotion of women and children's human rights, particularly in relation to their health.

III. Goal of the Inter-African Committee

183. IAC's goal is:

1. Eradication of HTPs (FGM, early marriage, nutritional taboos etc.)
2. Promotion of positive traditional practices.

IV. Strategic Focal Points

184. The Inter-African Committee has identified five strategic points of focus:

1. **Sensitization** (Information, Education, Communication (IEC)/Communication for Behavioural Change (CBC)

2. **Law/Repression/Legislation**
3. **Reconversion of excisers**
4. **Assistance to victims of FGM**
5. **Strengthening the institutional capacities of IAC**

185. The indicators will relate to these five strategic focal points and will mainly deal with the practice of FGM.

186. The impact on other HTPs could be measured through extrapolation of the indicators on FGM.

187. Indicators are instruments for measuring specific activities and their results. Indicators show the quality and pertinence of the choice of strategies, interventions, targets; as such they allow the evaluation of the activity during its implementation in order to make the necessary adjustments. The results thus obtained are the prerequisites leading to the final success. These are called: **Indicators of Process.**

188. Indicators can also measure the change or modification of a situation or behaviour influenced by an intervention aimed at this result. These are called: **Indicators of Impact.**

189. It is obvious that in the fight against HTPs in general and FGM in particular, the impact is a change of behaviour regarding a phenomenon recognized as age-old and deep-rooted.

190. In the particular case of FGM, the ultimate objective should be to save a maximum, if not all, the girl children from this mutilating practice. The most important indicator of impact is therefore the rate of prevalence of the practice. However, this result is difficult to obtain in a short period of time and it is obvious that it will be attained only through a series of successive and subsequent progress within the multiple causes of FGM.

191. It is equally useless to set unrealistic objectives since we know that the environment and conditions vary from one country to another, from one region to another, from one group to another, and therefore results are difficult to obtain.

192. Enthusiasm and optimism are indispensable allies in the fight against HTPs, however, they need to be utilized with precaution when identifying the indicators.

193. **Before proposing the indicators, we wish to stress that the huge work of lobbying, the courage and perseverance of the Inter-African Committee, which have made it possible to fight against HTPs openly, will never be recognized at their true value. While it is impossible to measure judiciously our action, this fact is compensated by the immense moral satisfaction of having contributed to the protection and the harmonious advancement of humanity through its essential components: children and women.**

194. This document is composed of:

- 1 development objective
- 5 strategic focal points
- 5 general objectives
- 22 specific objectives
- 33 indicators.

Development Objective:						
Reduce from 100% to 60% the Prevalence of FGM in the Countries covered by IAC in 20 years (1984 - 2004)						
Strategies	General Objectives	Specific Objectives	Indicators Liable of Objectively being Verified	Nature of Indicators	Means of Verification	Observations
A. Sensitization	I. Sensitize at least 50% of the population on the harmful effects of FGM	1. Sensitize at least 50 % of parents on FGM.	1.1 Percentage (%) of parents having received at least 2 messages about FGM	Indicators of Process (P)	Sampling/ Interviews/ Inquiries	Parents and couples preferably living together
			1.2 Percentage (%) of parents or couples who give up having their daughters or future daughters excised.	Indicators of Impact (I)	Sampling/ Interviews/ Inquiries	Parents and couples preferably living together
		2. Sensitize at least 50% of women on FGM	2.1 Percentage (%) of women having at least 2 messages about FGM.	P	Sampling/ Interviews/ Inquiries	Any source of information
			2.2 Percentage (%) not having excised or not intending to have their daughters excised	I	Sampling/ Interviews/ Inquiries	Including women without children
		3. Sensitize at least 50% of men on FGM.	3.1 Percentage (%) of men having received at least 2 messages about FGM	P	Sampling/ Interviews/ Inquiries	Any source of information
			3.2 Percentage (%) of men not having excised or not intending to have their daughters excised	I	Sampling/ Interviews/ Inquiries	Including men without children

Development Objective:						
Reduce from 100% to 60% the Prevalence of FGM in the Countries covered by IAC in 20 years (1984 - 2004)						
Strategies	General Objectives	Specific Objectives	Indicators Liable of being Objectively Verified	Nature of Indicators	Means of Verification	Observations
A. Sensitization	I. Sensitize at least 50% of the population on the harmful effects of FGM	4. Sensitize at least 50 % of young girls on FGM.	4.1 Percentage (%) of young girls having received at least 2 messages about FGM	Indicators of process (P)	Sampling/ Interviews/ Inquiries	Young girls going to school or not
		5. Sensitize at least 50 % of young boys on FGM.	5.1 Percentage (%) of young boys having received at least 2 messages about FGM.	P	Sampling/ Interviews/ Inquiries	Young boys going to school or not
		6. Sensitize at least 50% of religious leaders on FGM	6.1 Percentage (%) of religious leaders having at least 2 messages about FGM.	P	Sampling/ Interviews/ Inquiries	Make a difference between authentic religious leaders and self -declared or nominated leaders
			6.2 Percentage (%) of religious leaders declaring solemnly that FGM is not a religious prescription.	P	Sampling/ Interviews/ Inquiries	
		7. Sensitize at least 50% of policy leaders on FGM.	7.1 Percentage (%) of policy leaders having received at least 2 messages about FGM	P	Sampling/ Interviews/ Inquiries	Policy makers at all levels
			7.2 Number of official declarations made by the Head of state or the government	P	Sampling/ Interviews/ Inquiries	Take into account the popularity and political weight of the government

Development Objective:						
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Strategies	General Objectives	Specific Objectives	Indicators Liabe of being Objectively Verified	Nature of Indicators	Means of Verification	Observations
A. Sensitization	I. Sensitize at least 50% of the population on the harmful effects of FGM	8. Sensitize at least 50% of traditional leaders on FGM	8.1 Percentage (%) of traditional leaders having received at least 2 messages about FGM	P	Sampling/ Interviews/ Inquiries	Take into consideration social weight of traditional leaders.
			8.2 Percentage (%) of traditional rulers officially declaring themselves against FGM.	P	Sampling/ Interviews/ Inquiries	
		9. Sensitize at least 50% of media professionals on FGM	9.1 Number of radio broadcast against FGM	P	Program planning/ Audio tapes	Broadcasts in native languages should be given priority
			9.2 Number of television broadcast against FGM.	P	Program planning/ Videos and films on FGM	
			9.3 Number of articles on FGM in the press	P	Press cuttings	

Development Objective:						
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Strategies	General Objectives	Specific Objectives	Indicators Liable of being Objectively Verified	Nature of Indicators	Means of Verification	Observations
B. Repression/Prohibition/Anti-FGM laws	II. Bring legislators and legal authorities to prohibit and sanction the practice of FGM in at least 25% of IAC countries	10. initiate the voting and promulgation of a law against FGM in at least 25% of the countries covered by IAC	10.1 law voted and promulgated	P	Public records/ Government records	Oral prohibition by traditional leaders.
		11 spread information about the anti-FGM law among 60% of the population	11.1 Percentage of people being aware of the existence of the anti-FGM law	P	Inquiries/ sampling/ Interviews	Take into account radio coverage in the regions of evaluation
		12. Ensure the enforcement of the anti-FGM law in at least 15% of the countries covered by IAC	12.1 Number of court cases against perpetrators of FGM.	P	Court records	Some lawsuits do not lead to a sentence; they should however also be considered

Development Objective:						
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Strategies	General Objectives	Specific Objectives	Indicators Liable of being Objectively Verified	Nature of Indicators	Means of Verification	Observations
C. Reconversion of Excisers	III. Make at least 30% of the excisers abandon the practice of FGM	13. Sensitize at least 80 % of excisers on the harmful effects of FGM.		P	Sampling/ Interviews/ Inquiries	All sources of information and all kinds of excisers
		14. Convince at least 30 % of the traditional excisers to abandon the practice of FGM.	14.1 Percentage (%) of traditional excisers not having performed FGM since 2 years.	I	Sampling/ Interviews/ Inquiries	Testimonies from the community are valuable to reinforce the information
		15. Convince at least 20% of the excisers to take part in the campaign against FGM.	15.1 Percentage (%) of ex-excisers having attended at least 2 sensitization sessions on FGM.	I	Report on sensitization sessions	
		16. Provide income generating activities to at least 30% of the excisers who have abandoned the practice	16.1. Percentage (%) of ex-excisers conducting an income generating activity and having not preformed FGM since 2 years.	I	Sampling/ Interviews/ Inquiries	The exciser may be integrated in an existing activity
		17. Make health professionals abandon the practice of FGM.	17.1 percentage (%) of excisions performed by a health professional	I	Sampling/ Interviews/ Inquiries Sampling/ Interviews/ Inquiries	Health centers including hospitals and public and private clinics

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Strategies	General Objectives	Specific Objectives	Indicators Liabile of being Objectively Verified	Nature of Indicators	Means of Verification	Observations
D. Assistance to victims of FGM	III. Give assistance to at least 90% of the cases of complications resulting from FGM.	.	17.2 Percentage of health centers having registered no excisions since 2 years	I	Sampling/ Interviews/ Inquiries	Health centers including hospitals and public and private clinics
		18. Train at least 2 agents in each health center to deal with complications resulting from FGM.	18.1 Percentage (%) of health centers having at least 2 agents capable of dealing with complications resulting from FGM.	I	Reports on training/ Interviews	Health centers including hospitals and public and private clinics
		19. Inform at least 50% of the population about the availability of services dealing with complications resulting from FGM.	19.1 Percentage (%) of the population being aware of the availability of services dealing with complications resulting from FGM.	P	Sampling/ Interviews/ Inquiries	All types of complications
		20. Supply a stock of medicine to 100% of the health centers having at least 2 agents trained to deal with complications resulting from FGM	20.1. Percentage (%) of health centers having at least 2 trained agents with a stock of medicine to deal with complications resulting from FGM.	I	Stock of medicine and record of administration.	The stock should be renewed through a system of recovering of cost
		21. Spread the activities of National Committees to the whole territory of the country.	21.1 Percentage (%) of regions and sub-regions with IAC sub-committees.	I	Field visits. List of members of IAC sub- committees	National specificity should be taken into account

Development Objective:						
Reduce from 100% to 60% the Prevalence of FGM in the Countries covered by IAC in 20 years (1984 - 2004)						
Strategies	General Objectives	Specific Objectives	Indicators Liable of being Objectively Verified	Nature of Indicators	Means of Verification	Observations
E. Strengthening Institutional Capacities of IAC.	IV. Make all IAC National Committees operational.	22. Provide to IAC National Committees' capacities in research, planning, implementation, evaluation and resource mobilization.	22.1 Number of research projects implemented	P	Research reports /publications	including research carried out with other partners
			22.2 Number of projects planned, implemented and evaluated.	P	Project reports	Including jointly implemented projects.
			22.3 Percentage (%) of funds mobilized by the National Committee.	P	Grant protocol/notifications of transfers of funds	Local and international sources

TOOLS FOR IMPACT ASSESSMENT AND DATA COLLECTION PROCESS BY MRS. ISATOU TOURAY

SUMMARY

195. On Impact Assessment and Data Collection Process Methods, Mrs. Touray started off by defining target and areas of emphasis by IAC. The target mentioned was the civil society as actors for sustained campaigns with the area of emphasis being to promote, enhance and work closely with decision-makers to make informed choices on the way forward in the campaign to eliminate FGM and other HTPs. In this regard, she stressed that it was important to ensure that tools used are culturally responsive, sustainable and capable of enabling developmental priorities.

196. She mentioned that tools are instruments of measurement to arrive at a positive/negative outcome and proffered reasons why tools are used. The tools listed were questionnaire, focus group, discussions, drama, song, dance, poems, stories, mime, newspaper cuttings, and statements. Participatory Rural Appraisal (PRA), she noted, involved using local people's knowledge and skills, learning about local conditions, identifying local development problems and responding well to them. She pointed out the empirical investigation method using qualitative and quantitative means. She gave an in-depth description of the PRA as a tool for learning from experiences borne out of success and failure for doing better in the future. She described it as exploratory, dealing with topical issues, and offering monitoring and evaluation.

197. In applying this model, she stressed the need to develop self-confidence, show respect and empathy and listen to the local people. The principles to be followed include learning rapidly and progressively, offsetting biases, triangulating - crosschecking and obtaining a balanced perspective and optimizing. In using PRA, she emphasized the fact that it goes beyond documenting people needs and perspectives to create equal opportunity. She cited the advantages to include efficiency, effectiveness and increase awareness and understanding of key issues.

198. She credited IAC with using the PRA as the principal tool in its activities. The PRA, she stressed, involved empowering communities, promoting participatory process, enhancing action capacity and maintaining close working relationship. She emphasized that PRA went beyond conventional approaches of reviewing documents and interviews but also served as an informal channel of gaining information. The expected results being to carry out sustainable campaign on the eradication of FGM and developing collective responses to protect women and girls.

199. She offered the rationale for using PRA, principles and its dynamics. She rounded up the presentation by pointing out the distinction between the conventional method and the participatory methods.

DISCUSSION

200. The need to specify the indicators was raised instead of unifying them and the rationale for choosing 50% measure of the indicator was demanded. The kind of impact indicators - process and impact indicators addressed in the document were to be elaborated on.

201. In his response Dr. Kouyate pointed out that the indicators have been specified rather than unified. On the issue of 50%, he indicated that it was a matter of choice and that IAC had chosen to use 50% and that indicators could also be listed for other areas of intervention. He mentioned that it was of utmost importance to take a specific objective to measure a particular impact and that the document deals specifically with each area of intervention both in general and specific terms by assigning general objectives and specific objectives. He reassured the participants that the document was all embracing and has accommodated the aspects of impact and process indicators.

202. There was the clarion call for a systematic survey to help in assessing the indicators in the form of a baseline survey. The viability of data collected needed to be taken into serious consideration. The time frame between implementation and assessment was to be considered.

203. Since IAC has reached the age of maturity, the need to run a level of qualitative and quantitative research was stressed. This was also to take into consideration Africans in the Diaspora and see how indicators could be developed to take care of their situation as it involves FGM.

204. The growing need to work closely with target groups where considerable success has been achieved was stressed especially with religious leaders, AEO projects, community leaders, youths and the excisers.

205. Capacity building was to be carefully looked into as a very important aspect in the eradication campaign and properly put in discourse in the document. There was equally the call for the separation of training, those to be trained and information with appropriate guidelines for training and strategy for information in the document. It was posited that youths in and out of school should be taken care of in the document.

206. The need to look closely at the success of AEO projects and what would happen if we have over one thousand excisers giving up their trade and demanding to be put on AEO project at about the same time. Checking to make sure they do not slide back into the practice of FGM was considered important.

207. Dr. Kouyate reassured the participants that the views expressed would be taken into consideration and accommodated in the document in furtherance of the eradication campaign to actualize "Zero Tolerance to FGM."

THE DRAFT PROTOCOL TO THE AFRICAN CHARTER ON HUMAN AND PEOPLES' RIGHTS ON THE RIGHTS OF WOMEN IN AFRICA BY MRS YETUNDE TERIBA.

208. This presentation as an opportunity to share experiences, with several faces here that have been working tirelessly to ensure that the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa remain one that will meet the Human rights needs of the women of Africa.

209. The African Charter on Human and Peoples' Rights that was adopted by OAU Heads of State and Government in 1981 is a unique instrument for the protection and promotion of human rights in Africa. It has since been observed that the instrument was inadequate to protect the rights of women. This led to the drafting of a Protocol to the African Charter on Human and Peoples' Rights of Women in Africa.

210. The Protocol is the only instrument specific to the rights of women in Africa; as CEDAW is at the global level. The instrument, as you would have observed, is more African specific than the CEDAW, for obvious reasons.

211. In the process towards the adoption of the Protocol, two meeting of Government Experts and one meeting of Ministers responsible for Women's Affairs and for Justice were envisaged to be held before its submission to the then OAU Council of Ministers, now called the Executive Council, for noting. Thereafter, the Protocol would be submitted for adoption to the Assembly of Heads of State and Government.

212. The first Experts Meeting on the Protocol was held from 12 - 16 November 2001, here in Addis Ababa where some paragraphs were bracketed. The OAU, now the AU, has since been trying to convene the second meeting of Experts to be followed by that of the Ministers. These meetings had to be postponed because of lack of positive response from Member States.

213. In a way, the postponements have led to some positive moves, as several key stakeholders have had time to thoroughly debate the document in its present form. They have formed a more common front in the approach aimed at ensuring that the final Draft will adequately protect the rights and welfare of African women in all spheres of life. However, there is still a lot to be done. I see this in 3 phases:

Phase 1:

214. As the AU now has new dates for the meeting, that is, 24 - 26_March for the Experts and 27 - 28 for the Ministerial, it is time for women's rights networks and other stakeholders in the civil society to finalize the harmonization of their viewpoints on issues of contention amongst women, and thereby down play these issues. They need to mobilize themselves at the regional and continental levels in order to influence the content of the Protocol. In doing this, it is important to ensure that country representatives to these meetings are the right persons - gender sensitive representatives. There is a need to ensure that the persons to be sent are conversant

with the issues. You may also wish to target countries that have influence at regional and continental levels, for sensitization. Usually, whatever is decided upon at this phase determines what the final Draft Protocol will be. So this, to me is the most important phase.

Phase 2:

215. This is after the adoption of the Protocol by the Assembly of Heads of State and Government. The work involved here is to ensure that Member states sign and ratify the Protocol so that it can come into force. This is where the role of civil society is very crucial.

Phase 3:

216. There has to be great mobilization around the document to ensure its implementation. African NGOs must work hand in hand: lobbying Human Rights Commissions at national levels; mobilizing various key stakeholders, especially winning the support of the civil society; and building on the advocacy, lobbying, negotiation and networking capacities of the key stakeholders involved in the action at various levels. Therefore, without re-inventing the wheel, we have to realize that a lot of work has already been done on how to utilize the Protocol to ensure that women's right is actually Human Right.

SOME DILEMMA OF THE AFRICAN WITHIN THE AFRICAN CHARTER BY REBECCA KADAGA, DEPUTY SPEAKER, PARLIAMENT OF UGANDA

SUMMARY

217. Hon. Rebecca Kadaga brought to the fore what she termed as some dilemma within the African Charter. She pointed out that children are regarded as minors born to respect everyone and not to question decisions. Using Article 18, 18.2, 27.1 and 27.2 of the charter, she drove home the point that there is the need to strike a balance and preserve the harmonies of families by resolving the dilemma.

218. Children, she agreed, are expected to obey their parents at all times but how do they kick against the decision to be mutilated? What would happen to the child that says, "NO?" The answer to these questions, she emphasized was necessary for settling the dilemma buried in the context of the African Charter.

219. She pointed out that any tradition that is harmful should be discouraged and seen as act of discrimination and gross violation of human right. She cited Article 21.2 and Article 31 (a) of the African Charter to buttress her point.

220. She called for the need to strengthen African values and seek a different level of empowerment for the voiceless that fall within the 0 - 17 years of age. The African Charter, she emphasized should be a social guardian to help children and called for a

second look at the charter. She voiced her preparedness to work towards helping women and children.

DISCUSSION/PUBLIC DEBATE

221. The need to sensitize people on the document of the African charter and equally bring it to the knowledge of the youths was stressed. *Equality Now* expressed regret that the need to make certain changes in the Draft protocol has not been possible owing to frequent postponements. It mentioned the need to strengthen the draft, which it considers as falling short in what it should be with some incoherence in the text. It also indicated that it has put in place key suggestions for improving the document. It called for considerable time for the review of the entire document by member states with the help of experts. It warned that the document if accepted as it is, would lower standards.

222. Sensitization of women on the African Protocol was stressed while the technical process of reviewing the document was on in order for them to have a key role in the preparation of the document with inventory of what is realizable on the African continent.

223. In complementing the discussion, *Amnesty International* indicated that we needed to explore ways of helping the child to say, "NO" and yet still be within the ambits of the law. It called for meaningful inputs towards the finalization of the document.

224. Reacting to the discussion, Mali indicated that although IAC was involved in the preparation of the document, it was however dissatisfied with the way the draft was prepared especially Article 5, which it considered weak. Lobbying, it stressed ought to be carried out in order to ensure success.

225. UNICEF suggested the importance of looking at other conventions and the setting up of an expert group to look at the document before it is finalized in order to make the protocol valuable.

226. In her contribution, Mrs. Teriba pointed out that Article 5 as incorporated in the protocol would require women speaking with one voice for possible changes to be effected. She stressed that it was not too late to make that invaluable input. She applauded the work done by *Equality Now* and others for possible inclusion in the document. She remarked that it remained important to see the document that deals with children as such and not putting women in their place. She mentioned that ECOSOC would play a significant role of helping civil societies in the new setting of the African Union. Efforts, she opined should be concentrated on coming up with a perfect document.

JOINT ACTION TO ERADICATE FGM BY IAC PRESENTED BY DR. MORISSANDA KOUYATE.

SUMMARY

227. Dr. Kouyate presented the conceptual framework of the Joint Action to Eradicate FGM as one that is built around vision, commitment and actions. On the short term, he mentioned the common programme of action to be, identifying programme priorities and modalities for cooperation while the long-term targets centered on the reduction in the prevalence/eradication of FGM.

ACTIVITIES

228. The activities centered on operational research and required:

- Support of various stakeholders, UN, government agencies, IAC and other NGOs.
- Equipping multidisciplinary areas
- Standardization of the instruments

EXTENSIVE INFORMATION DISSEMINATION

229. Information dissemination would target decision-makers, religious leaders, traditional leaders, youths, excisers, communication professionals and the respective communities (men and women) in order to create awareness and fashion out ways of eradicating FGM.

SPECIAL PROGRAMMES

230. The joint action has the special programme targeting adolescents to create awareness of FGM and its complications through the creation of a youth network, fostering education through the internet, publication of a bulletin and organization of activities such as sports.

PROGRAMME FOR RELIGIOUS LEADERS

231. This aspect focused on having symposia for religious leaders to engender a declaration by the religious leaders against FGM. Programmes would be organized in Churches and Mosques to further strengthen the drive to eradicate FGM and use religious leaders as change agents.

PROGRAMME FOR TRADITIONAL LEADERS

232. This would involve information and actions that would reinforce useful tradition, exchange of experiences with traditional leaders and participation of traditional leaders in decisions against FGM.

PROGRAMME FOR PROFESSIONALS

233. Training and sensitization activities would be carried out for professionals and other communication professionals including journalists.

ALTERNATIVE EMPLOYMENT OPPORTUNITY

234. Re-conversion of excisers would continue to play a prominent role in the activities to eradicate FGM. The excisers would be encouraged to take to alternative employment as a viable option for having them abandon the practice of FGM. They would be given the necessary support and would also serve as change agents in the community.

ENFORCEMENT OF LEGISLATION

235. There would be the growing determination to ensure that legislation passed at the national, regional and international levels are enforced and seen to be operating within the limits expected under the law. Parliamentarians would be reached through advocacy to forge ahead with concrete laws to help in the fight.

PARTNERS

236. Networking with partners and collaboration would be heightened in the eradication campaign. The main partners include ECA, UNDP, UNICEF, World Bank, WHO, UNFPA, AU, Governments, NGOs within and outside Africa, National Committees and Affiliates and other organizations and stakeholders. Each partner would be expected to play key roles in the eradication of FGM.

DISCUSSION

237. Some participants expressed the need to incorporate other harmful practices in the Joint Action to Eradicate FGM document. The spirit and action of the document was accepted as a viable vision that was time bound with a benchmark for monitoring activities carried out at the national levels. However, it was suggested that an international mechanism should be put in place for tracking progress at that level.

238. It was also agreed that for the youths to be actively involved in the campaign to eradicate FGM, sound programmes ought to be in place for their participation. Peer education would be necessary to build on.

239. There was the call for more work in the area of sensitization with emphasis on the parliamentarians campaigning for effective legislation to be promulgated to help hasten the eradication campaign. Changing the paradigm and approaches to focus more on what the partners can possibly do was stressed.

240. The issue of operational research was seen as one that should not be left to the initiative of the NCs without proper guidelines. The direct working with partners and evaluation by IAC and partners/donors need to be carried out to properly assess their performance in the eradication campaign.

241. It was suggested that key issues in the national plan of action should be reviewed and the positive past updated to take care of future plans in the implementation of the Common Agenda for Action. The need to have the First Ladies and the Ambassadors of Goodwill play significant part in the joint action was expressed. In addition, it was opined that the joint action document be made available to governments, religious and traditional leaders and professionals to enhance its implementation.

242. Parliamentarians present at the conference spoke with one voice on constantly using every avenue that they have to drive home the eradication of FGM and that the parliamentary conference coming up in April wouldn't be an exception. Laws passed against FGM in the different countries, they stressed, would go a long way to harnessing the will of the people towards eradication of FGM and other HTPs. They indicated that the Women Parliamentary Union in Abidjan, Secretary General of IPU, regional parliaments, ECOWAS etc. could be of great assistance in the eradication campaign.

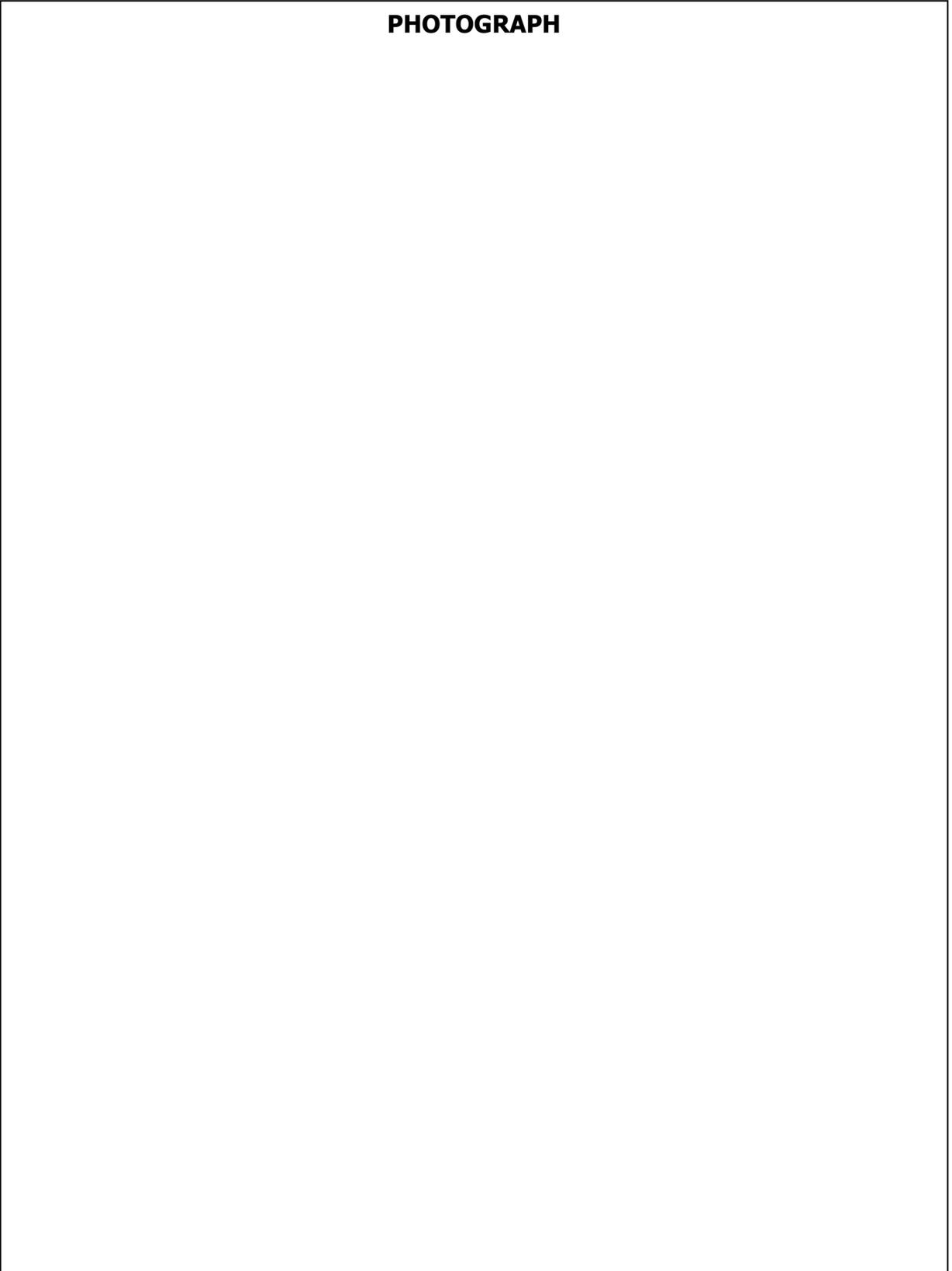
243. They also suggested soliciting the help of top government and world-renowned personalities like Nelson Mandela, Graça Machel, women ministers and heads of states to take the eradication campaign to the highest level. It was also suggested that the President of IAC should initiate visits to leaders of the AU. The need to hold firm to the Common Agenda for Action and work in consonance with its stated objectives was strongly expressed.

244. A website for giving the necessary information on FGM and regional treaties and legislation passed to help boost the eradication campaign was expressed. The desire to have a symbol for "Zero Tolerance to FGM" such as that of AIDS was suggested. It was agreed that this would be looked into because it would make great sense for the campaign and would greatly touch the lives of others that would otherwise have had no information about it.

245. African Embassies abroad were to be contacted and briefed on the Zero Tolerance to FGM as an invaluable step towards taking care of the problem of FGM in the Diaspora in the first instance and secondly, working towards eradicating the practice. In this regard, it was suggested that UNICEF through its work in the Middle East countries could take up the eradication campaign there.

246. In his reaction, Dr. Kouyate said he was delighted with the contributions made and that these key issues would be reflected in the final document to be produced. He informed the participants that a special committee would be set up to handle the issues right at the end of the conference.

PHOTOGRAPH



CHAPTER VI

THE WAY FORWARD: JOINT ACTION TO ERADICATE FGM AND OTHER HTPs

EXCERPT FROM MESSAGE OF CAROLYN HANNAN OF THE UNITED NATIONS, OFFICE OF THE SPECIAL ADVISER ON GENDER ISSUES AND ADVANCEMENT OF WOMEN

247. I would like to congratulate the inter-African Committee on its initiative to hold an international conference on FGM and other harmful traditional practices. Over the past twenty years, FGM and other harmful practices emerged as an issue and priority for action at the international level. Governments, civil society and international organizations, including the United Nations recognize the magnitude and variety of these harmful practices, particularly in Africa.

248. The General Assembly and the Commission on the Status of Women continue to bring the reality of FGM and other harmful practices to the light of day, to search for ways to confront the roots of these practices and to challenge the underlying societal values and structures. Our Division for the Advancement of Women prepares biannual reports on traditional and customary practices affecting the health of women and girls.

249. Against this background, your initiative is most timely and the Office of the Special Adviser on Gender Issues and Division for the Advancement of Women fully support it. In particular, we fully subscribe to the emphasis placed on the participation of both governments and international organizations in the planned International Conference. We shall be contacting our colleagues in the Economic Commission for Africa, asking them to assist the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in organizing the conference.

250. Once again, I welcome the initiative of the Inter-African Committee in its efforts to eradicate FGM and other harmful practices.

UNICEF CALLS ON GOVERNMENTS TO FULFILL PLEDGE TO END FEMALE GENITAL MUTILATION

'International Day of Zero Tolerance to FGM Is Springboard for Action'

251. Troubled by figures indicating that between 100 million and 130 million women suffered FGM or cutting as girls, UNICEF insist that governments must abide by the commitments they made at the UN Special Session on Children and move immediately to end the disturbing phenomenon by 2010.

252. "The 100 million women who endured female genital mutilation or cutting as young girls are living proof that the world has failed to protect them," said Carol Bellamy, Executive Director of UNICEF.

253. "Every year, an estimated 2 million girls are at risk of genital cutting and mutilation. This practice is not only a violation of every child's rights, it is physically harmful and has serious consequences for a girl's health," Bellamy added. "This is why governments and communities alike must take immediate action to put an end to this practice. There is no better time to start taking action than today, the very first International Day of Zero Tolerance of FGM."

254. Bellamy noted that six of the eight major goals adopted by all Member States of the United Nations in 2000 - known as the *Millennium Development Goals* - pertain to children. She said that ending all forms of FGM is crucial to the success of two of the goals: improving maternal health and promoting gender equality.

255. UNICEF is committed to eliminating all forms of FGM. Its work focuses on building a protective environment for children that safeguards them from abuse and exploitation. UNICEF believes that eight core requirements are key to the elimination of FGM or cutting. These include:

- Attitudes, traditions, customs and beliefs need to change so that parents and communities are aware of the dangers of FGM/C and that girls who do not endure the practice are not discriminated against. The commitment of religious leaders is instrumental in this endeavour.
- Governments need to openly demonstrate commitment to ending FGM/C. Doing so will require the ratification of relevant international instruments.
- Laws prohibiting FGM/C needs to be implemented and reliably enforced.
- The practice of FGM/C needs to be openly confronted by national media and civil society groups.
- Children and adolescents need to be informed about the risks of FGM/C.
- Teachers, health and social workers and others who interact with young people need to be able to counter all forms of FGM/C.
- Health and social services need to be able to respond to the severe consequences of FGM/C, including life-threatening injuries and birth complications.

- Monitoring the prevalence and nature of FGM/C is an essential first step to addressing it.

256. "Genital mutilation and cutting and other forms of violence against girls occur on daily basis across the globe - in Africa, South and East Asia and in parts of Europe, North America and Australia," Bellamy stated. "This is why we call on world leaders to stand by their commitment and end the practice by 2010. These girls deserve nothing less."

257. While political leadership is critical for ending the practice, the work of civil societies is equally significant. In this vein, UNICEF said it welcomes the international NGO initiative called "Stop FGM," which was launched at the European Parliament in December 2002.

FEMALE GENITAL MUTILATION BY PATRICK TORUSSON EUROPEAN COMMISSION - DAPHNÉ PROGRAMME

258. Female genital mutilation is an ignominious violation in children and women's rights and is a disastrous breach to their physical and mental health.

259. It is important that Member States and indeed the European Union as a whole should keep addressing the issue. Let me refer here to various works carried out recently within the scope of the Daphné programme. It shows that the number of girls and women victims or at risk of being victims amount to around 270,000 in the Union. The most concerned countries are France, Italy, the United Kingdom and Germany.

260. Moreover, almost 50 percent of health care providers have been confronted with FGM complications and most of them - over 90 per cent - would never perform a Female Genital Mutilation procedure. Yet, the British Medical Association estimates the number in the UK to reach 3000 procedures every year.

261. In light of these figures, it is interesting to note that specific laws prohibiting all or some forms of the practice exist in eight European countries (Austria, Belgium, Denmark, Norway, the Netherlands, Sweden, Switzerland and the United Kingdom). Other European countries have only general laws prohibiting serious bodily injury without making specific reference to FGM.

262. As to the countries with specific laws, Sweden introduced already in 1982 legislation by prohibiting health professionals from performing the operation. The United Kingdom outlawed the practice in 1985 by passing the Prohibition of Female Circumcision Act. Norway followed the example of these countries in 1998. In this context, it is important to note that the European Institutions and the international community have recognized FGM as a profound violation of the human rights of women. (Beijing and the Convention against all Forms of Discrimination against Women).

263. More recently, in 2001, the European Parliament approved a resolution on this phenomenon and in 2002, the Commission initiated a Regulation (of the EP and the Council) on aid for policies and actions on reproductive and sexual health and rights in the developing countries that explicitly mentions the fight against Female Genital Mutilation as an action that can be financially supported by the European Commission.

264. The Commission is convinced that simply denouncing FGM and condemning those who perpetrate it would not bring about the necessary change. FGM will only disappear if people, including women, become

convinced that they could give up the practice without giving up the meaningful aspects of their culture. Multifaceted strategies are needed, including legislation and those directed at the education of health and social workers. The dissemination of appropriate information emphasizing the dangerous health consequences is another important tool.

265. Any legislative measures, however, to combat FGM are not within the competence of the EU, and neither are provisions for the de-infibulation to be performed under proper medical conditions.

266. However, the European Commission has been active in the past few years.

267. For example, the Daphné programme has put the fight against Female Genital Mutilation as a priority for two consecutive years. Today, it has funded 10 projects on this specific subject, of which 6 are for a 2-year duration, which leads us to expect that the actions will tackle the subject in debts. These actions represent a European funding of more than 1.6 M€.

268. I am particularly pleased that the Daphné programme could be used to combat this phenomenon, because this means that grassroots level organizations can collaborate with each other, and also with the academic world and the authorities, to tackle this problem on the field and, most of the time, with the direct involvement of the victims.

269. These actions are multi-disciplinary and wide-ranging. Let me quote three examples:

1). In 2000, at the occasion of the International Day organized on 29 November 2000 by the European Parliament, a Daphné project officially set up a "European Network for the Prevention of FGM". Since then, this network has been very active. They developed a database with educational material and one with resource people. Also, they set up a Framework for training of health professionals on FGM and a Framework for developing guidelines for caring of women with FGM. This year, again with the help of the Daphné funding, they are now evaluating the impact of existing legislation in 5 Member States with regards to FGM. The different legal approaches and the respective judicial outcomes will be investigated. A harmonized European legal strategy towards this practice will be formulated.

2). Another project, involving 17 partners is currently mapping precisely FGM in 10 countries and developing prevention tools. They also produced a guide to FGM for journalists and professionals.

3). The last example is a group of 19 organizations in 6 countries, is defining and experimenting testing strategies in order to prevent FGM among immigrant communities, based on experience achieved in northern Europe. Specific material dedicated to victims or potential victims is also

being developed in appropriate languages (Somali, Arabic, and Amharic in addition to English and French).

270. The most important added value of these projects is that they all work directly with the concerned population and therefore can have a direct impact.

271. But this should just be the beginning of a more comprehensive approach, which must encompass a whole range of policy fields. Let me outline the three axes of such an approach:

- At the political level, we need a clear commitment to combating the practice of FGM on the grounds that it is a crime and violates the fundamental Human rights of women. For the last two decades, women's organizations have called for the recognition of gender-based violations of Human rights to be recognized as a legitimate reason for granting asylum. In this respect, the Council Directive on the minimum standards for qualifying third country nationals as refugee states that the risk of FGM is recognized as a ground of persecution.

272. But you will agree with me that everything possible must be tried to prevent the practice in the first place. Therefore, we need to work closely with our development cooperation partners and the NGOs, which work in the field. We may also consider making aid to recipient countries contingent on their commitment to fight the practice of FGM via legislation and education:

- Within the European Union, Member States must start to collaborate and find a common framework in which to address the issue. The figures mentioned earlier tell us that there is a need for specific legislation. Health care providers and educators need to get a clear message from policy-makers that such practice cannot continue. In addition, they need to be sensitized to the whole range of dangers - from psychological to physical - that such a practice produces. They need to be trained to counsel the immigrants who ask for the procedure to be performed.
- Finally, society as a whole need to be made aware of the dimension of the problem and its repercussions for the individual women who have this procedure performed. We tend to think this is not our problem here in Europe, but given the numbers I quoted above, we have to act according to our values and our commitments to human rights and the inviolability of the human body.

WHO

273. Traditional practices of a society are closely linked with living conditions of the people and with their beliefs/traditions. While some practices are beneficial to women, others are negative and harmful in nature. In almost every country of the world, the

reproductive role of women is associated with traditional taboos and myths. Many of which have harmful effects on the lives and health of women, (e.g. FGM). **Women must take the initiative for abolition and control of female circumcision themselves from within the societies that practice it.**

274. WHO estimates that in 2000, there are between 100 - 132 million girls and women who have been subjected to FGM. A further 2 million are at risk of this dreadful practice every year.

275. Unfortunately, this evil custom is still practiced in some countries in the Eastern Mediterranean Region with wide variations in terms of its prevalence and severity.

How Islam Views Female Circumcision.

276. It is sad to say that pre-Islamic practices to which women are subjected to in some countries of the eastern Mediterranean (EM) Region are falsely attributed to Islam, or to Hadith (a saying or action ascribed or approved by the Prophet). The following proves the contrary:

- The Quran makes no mention, whether explicit or implicit of female circumcision.
- It is a form of altering God's creation; therefore it is condemned by God
- It is judged as Hadith markedly lacking in authenticity. The Prophet said: "I urge you to take good care of women"; and "Do not harm yourself or others."
- In many Muslim countries, e.g. Saudi Arabia, all the Gulf countries, Syria, Lebanon and many others, the practice of FGM does not exist.

277. Health Complications

- Pain - psychological effect
- Infection and bleeding
- Severe bleeding leads to hospitalization and can result in long-term anemia.
- The infection may spread internally to the reproductive tract: uterus, fallopian tubes and ovaries, causing chronic infection and infertility
- Adverse effects on the urinary system, may cause a urinary fistula
- Infibulation means that every time a woman delivers, she has to have surgery; in remote areas she will die.

278. What approaches did WHO/EMRO take to eliminate FGM in the Region?

- In 1979, the Regional Office was first to convene in Khartoum, Sudan, a seminar on traditional practices affecting the health of women and children. (Recommendations made to governments to eliminate FGM).

- Since then, The Regional Office maintained close collaboration with Member States in support to national measures to protect women and girls.
- In 1988, an RC resolution EM/RC35/R.9 was passed stating that "women's health must be safeguarded by ensuring the elimination of harmful practices"
- In 1995, the Regional Office produced the document entitled "Islamic Ruling of Male and Female Circumcision"
- Tremendous efforts made by the affected Member States in collaboration with WHO, sister UN agencies, international and non-governmental organizations towards eventual elimination of FGM in the Eastern Mediterranean Region
- In 2000, an inter-country meeting was held in Sharm El Sheikh, Egypt, to strengthen national capacity towards eventual elimination of practices harmful to women in the EM Region (Recommendations were made)

279. What is the situation regarding FGM in the affected EM countries?

- There is wide variation in the prevalence and severity of the practice
- There is an urgent need for further concerted efforts to eliminate FGM
- Available findings of studies and research show variations in the age at which the practice is performed, in the performers of the procedure, as well as in the geographical distribution within the same country.
- The reasons cited for perpetuation of the practice also vary from country to country, nevertheless, traditional beliefs and religious misconceptions were the major reported reasons.
- The majority of FGM procedures are performed by traditional practitioners such as traditional birth attendants, traditional healers and ear piercers. Only a small proportion is still performed by health providers within the health care system
- Emphasizing the medical immediate and remote complications in information, education and communication programmes had non-internationally encouraged the medicalization of the procedure, hence parents resorting to physicians to avoid these preventable complications.
- FGM was previously performed in health institutions. Now, some countries prohibit the practice in health institutions (e.g. Egypt)
- Decision making on FGM is frequently in the hands of the family elders, mothers and grandmothers

280. Physical health consequences of FGM clearly documented; however, there are still many gaps in our knowledge with regard to the psychosocial and psychosexual consequences of the practice:

- The existing pre-service and in-service training curricula of health care providers do not include adequate information on FGM and its consequences.
- Addressing FGM in a vertical manner does not allow achieving objectives of the related programmes. Possibly, local communities feel threatened in their traditions and customs

281. Recommendations to WHO, UN agencies and international organizations

1. It is recommended that WHO provides support to Member States in their efforts to eliminate FGM, particularly in the areas of policy development, service protocols, IEC material, research and other activities as appropriate.
2. Exchange of lessons learned and success stories among countries inside and outside the Region should be promoted by the Regional Office and other concerned agencies.
3. Funding agencies such as UNFPA, UNICEF, USAID, and others should provide resources to support countries in their efforts to eliminate FGM.
4. Training physicians, other health providers, religious leaders and community leaders about the harmful effects (both physical and psychological) of FGM as agents of change in the community.
5. Integrating material relating to the harmful effects of FGM in school health education.
6. Periodic evaluation of the programme should be carried out.

COMMITMENT OF ETHIOPIAN RED CROSS BY ATO SHIMELIS ADUGNA

282. Thank you for giving the Ethiopian Red Cross the opportunity to participate in this International Conference on Zero Tolerance to FGM and the privilege to speak at this session.

283. The stakeholders of this issue are not women only but humanity as a whole - civil society, all people organizations across sex, age, social standing and governmental and private sector organizations. This has been abundantly clear in our discussions in the last three days among the participants. Therefore, we have to make the attainment of Zero Tolerance to FGM everybody's business.

284. Some might feel that men are the culprits of FGM. This, however is futile as no man in his right sense - as the son of a mother, the husband of a wife, the brother of a sister and the father of a daughter would be but a protagonist of FGM. I, for one and indeed the organization I, represent, the Ethiopian Red Cross, are with IAC and its lofty objectives.

285. I would like to express my appreciation and admiration to these ladies of courage and vision and their colleagues who initiated IAC and nursed it to maturity to be a force

to fight against FGM. **Let us all feel the pain and suffering involved in FGM and join hands to stop it.**

286. Taking the Common Agenda for Action on Zero Tolerance to FGM, let us find a niche as individuals and organizations to work for the total eradication of FGM. Taking my own organization and the Red Cross and Red Crescent Movement, let me indicate what this means. The Ethiopian Red Cross has 100,000 volunteers who have campaigned for polio, measles, and meningitis with other stakeholders. We will work together with various stakeholders in advocacy, information and education using our army of volunteers. We will carry the message of Zero Tolerance to FGM to our Federation so that the message of is heard and work until victory in partnership with IAC is achieved.

287. When we adopt the Common Agenda for Action on Zero Tolerance to FGM, we are declaring war on this scourge. The battle is ahead and it must be fought and fought by all of us and with all our might, skill and resources.

288. We have seen and heard many declarations and commitments, let us make sure that our commitment is translated into action and let not our declaration mock us.

THE ROLE OF PATHFINDER INTERNATIONAL, ETHIOPIA

289. Pathfinder International is a US based NGO operating out of the city of Boston. Pathfinder's main area of work is in Reproductive Health and Family Planning including the prevention and control of HIV/AIDS. As you can see therefore, Pathfinder works mainly in the health field, and specially in the health concerns of women, including work to eradicate harmful traditional practices that have impact on the reproductive health of women, and this includes FGC.

290. Pathfinder operates in 28 countries in the world in which ten (10) are in Africa. Pathfinders work throughout the world is supported mainly by the United States Agency for International Development (USAID), and it is also supported by the Packard Foundation and the Gates Foundation.

291. The National Policy on Ethiopian Women of 1993 addressed the condition of Ethiopian women as affected by traditional practices as follows: "...That Ethiopian women are victims of circumcision; and other harmful practices..." We also know that these practices contribute to women dying while in labor. Such harmful customs and practices must be eliminated, for they stand in the way of progress and endanger lives. They should not be allowed to perpetuate. Both men and women have to be made aware of these harmful practices at all available forums, especially in the classroom."

292. Under the strategy for implementing the National Policy on Ethiopian Women, the policy document states; "...The Government, with cooperation from the peoples of Ethiopia, shall facilitate conditions conducive to informing and educating the concerned

communities about such harmful practices as circumcision and the marriage of young girls before they reach puberty..."

293. FGM, which was once viewed as a private, intimate and hidden concern is therefore now acknowledged as a women's right issue and, therefore, a Human rights violation if and when it is administered on a woman; and is consequently considered as a priority reproductive health problem.

294. Pathfinder International has a long history (over 40 years) of dealing with Reproductive Health issues. The organization has made significant contributions towards increasing the availability of high quality FP/RH and HIV/AIDS prevention services. Its long-term involvement in Ethiopia began in 1995 where it introduced Community Based Reproductive Health program and other modalities of service provision. Over the last seven years, Pathfinder International had a minimal intervention in educating communities to reduce the effects of harmful traditional practices on the reproductive health of women. However, with renewed financial support from the United States Agency for International Development (USAID), Pathfinder has been given the mandate and responsibility to incorporate the reduction of the effects of harmful traditional practices, chief among which is FGM on the reproductive health of women in Ethiopia.

295. For this reason, Pathfinder International, Ethiopia has formed a partnership to utilize the experiences and expertise of the NCTPE in order to help it work towards the eradication of FGM and other harmful traditional practices such as early marriage and marriage by abduction.

296. Likewise, USAID and Packard Foundation have also provided financial resources to Pathfinder to work towards supporting and enhancing the struggle of women to gain equal rights and voice not only in the economic sector, but also in the health sector, but more importantly in the struggle to eliminate the harmful traditional practices that aggravate their reproductive health.

297. Pathfinder recognizes that FGM causes reproductive tract infections and is also known to prolong labor on women and is the cause for stillbirths and labor related maternal deaths. FGM also causes severe cases of hemorrhage on pregnant women, thus causing death. Furthermore, FGM increases chances of women being infected with HIV/AIDS, while the trauma and psychological scar it leaves on women is known only to many that have gone through the painful experience.

298. Pathfinder believes that women are the center of life. We believe that a healthy woman is central to the health of the family. Empirical evidence suggests that most of the ailments of women and deaths come from infections and illnesses related to their reproductive systems.

299. Pathfinder therefore supports the eradication of FGC on two main grounds. First, it is because FGC severely affects the reproductive health of women, which is our main

concern. But secondly, it is also because Pathfinder believes FGC violates the basic Human rights of women - of the right to keep their body parts the way the creator has made it to be and to enjoy the pleasures of sex which is human and natural.

300. In recognition of the harmful effects of FGM, Pathfinder will undertake serious effort to tackle the problem over the coming five years. Pathfinder International, Ethiopia, has therefore come to an agreement with the National Committee on Traditional Practices of Ethiopia (NCTPE) to take a leading role in the delivery of information and education for behavioral change using different media channels and involving community members, traditional and religious leaders, youth, the school communities and women groups. Since FGM is very much linked with women's reproductive health, Pathfinder has given major emphasis to address FGM concerns at community level interventions. Efforts would therefore be made to educate and convert circumcisers to Community Based Reproductive Health Agents (CBRHAs) and community health educators.

301. Likewise, Pathfinder will work very closely with grassroots women's associations in the four focus project areas of Oromia, Amhara, Tigray and the Southern Nations, Nationalities and Peoples Regions and with The Women's Affairs Standing Committee at the House of Peoples Representatives and the Ethiopian Women Lawyers Association in its effort to fight against FGM and other HTPs affecting women's reproductive health and women's basic rights, and to gain legal and policy support towards the elimination of such practices.

302. Pathfinder International, therefore declares and reaffirm its partnership with the Inter-African Committee on Traditional Practices in general, and NCTPE in particular, to systematically persuade and educate the various Ethiopian ethnic groups and communities on the harmful effects of Female Genital Cutting in particular and other harmful traditional practices in general.

303. For National Committees or chapters of IAC who may be interested to work with Pathfinder when you return to your countries, I would like to inform you that Pathfinder operates in Ghana, Nigeria, Egypt, Ethiopia, Kenya, Tanzania, Uganda, Botswana, Mozambique, Zambia and the Republic of South Africa.

304. For those national committees in different parts of the continent, I doff my hat to you all for taking on the tough challenge of changing habits and attitudes of people which in most cases have no logic or any scientific basis but changing habits and attitudes is a difficult task. Like the sisters from the Gambia, you all have to continue to struggle with determination even when your lives are threatened. I also heard over the BBC just yesterday the voice of a young boy in Burkina Faso, during a campaign speech for the Young Parliamentarians of the country, stating that he stands for the rights of children including the fight against early marriage and FGC. Some of you are indeed doing a wonderful job. Keep up the struggle and good work. As they used to say in Cote d'Ivoire "Decouragement n'est pas Ivorriene" - meaning

'discouragement is not the character of the Ivorian.' I say to you today 'Discouragement is not a character of the African woman". Together we have to vow to our people that we shall and will stop the practice of FGC.

305. I challenge all of you to educate your extended families, your friends, your co-workers, members of your social associations, the youth in schools in your communities, your friends in parliaments and governments of your respective countries. One person at a time. One group at another event. And the word will spread like wild fire.

306. I therefore conclude by stating that Pathfinder-Ethiopia supports and agrees to partnership with all the stakeholders in this conference in standing by the motto of "Zero Tolerance to FGM". And we do this, not in words alone but by our tangible programmes in Ethiopia so far and over the next five years.

307. We will continue with our advocacy work at all government levels to support laws and regulations to be promulgated against FGC and other harmful traditional practices. We will support women's groups to protect the rights of women. We will educate the public on the harm those traditional practices pose on the health and lives of women. We will educate the youth. We will find resources to support girl education for we know an educated woman will educate the family and the nation. We will educate and convert the circumcisers to become community health advisors. In doing so, we will solicit the support of community and religious leaders and we will seek financial and material support to enhance the capacity of grassroots and Community Based Organizations (CBOs) to educate every family and community. We declare ourselves as worthy partner of the IAC and the National Committee on Harmful Traditional Practices of Ethiopia.

UNDP INPUT

Madame Chairperson,
Ladies and Gentlemen,

308. I am delighted to have the opportunity to exchange views, experiences and opinions with you on this important issue of FGM.

309. UNDP advocates for change and connects countries to knowledge, experience and resources to help people build a better life. We are working with all African countries on their own solutions to global and national development challenges. Our focus is helping countries build and share solutions to the challenges of democratic governance, poverty reduction, crisis prevention and recovery, energy and environment, ICT and HIV/AIDS. Gender is considered as a crosscutting issue, which should be mainstreamed in every programme and projects.

310. At this moment in Ethiopia our activities are not particularly focusing on the issue of FGM. However, FGM is closely related to the issues of HIV/AIDS, good governance, and gender equality that are major areas of our intervention. In Ethiopia our HIV/AIDS

programme adopts holistic approach to combat this epidemic. In this programme, the areas of intervention include the following:

- Advocacy and Policy Dialogue
- Capacity strengthening of leadership at all levels including political leaders, and civil society organizations such as NGOs, CBOs, religious organizations, women's groups, youth, research institutions, etc. for better social mobilization
- Human rights protection for those people living with HIV/AIDS
- Capacity strengthening of mass media

311. Gender issues and concerns have been mainstreamed and incorporated fully into each component and all projects have been and will be closely monitored to assure that planned activities to address gender inequality and gender gap have been implemented properly and adequately. This is because of the understanding that the existing gender inequality puts much higher risks to HIV infection on women.

312. We clearly understand that to achieve our objective, which is to limit the spread of HIV/AIDS and to mitigate its impact, we need to work for the eradication of this harmful practice as well. FGM is mostly performed by untrained persons such as traditional birth attendants under unhygienic conditions and using unsterilized tools. Also, mutilated reproductive organ becomes quite susceptible to any sexually transmitted diseases including HIV/AIDS.

313. Since the start of this programme we have been successfully working with Government, civil society organizations as well as private sector organizations throughout the nation. We are using a well-defined methodology to sensitize a community on the issues of HIV/AIDS and gender. By now we have conducted several workshops targeting a rural community. The results are quite amazing. At the end of a series of the sensitization workshops even in very remote communities, which are usually more conservative and patriarchal, women start expressing their concerns and opinions in front of men. This is quite unusual in a rural community in Ethiopia. In the workshop in SNNPR, women expressed their concern about traditional practices such as wife inheritance and bride sharing. Although the long-lasting practices cannot be abandoned immediately, discussing an issue openly is a first step leading to the eradication of these practices.

314. Our HIV/AIDS programme will continue at least until the year 2006, the last year of the present UNDP Country Cooperation Framework 2. In the framework of this programme we will more tactfully incorporate the issue related to FGM and facilitate the discussion in the community.

315. Our second possible intervention to the eradication of FGM will be through the good governance programme. We are working on gender awareness raising of parliamentarians, law enforcement agencies such as police officers, judges,

prosecutors, etc. because the Ethiopian government is in a process of outlawing this tragic practice, UNDP would like to support this movement to get a momentum.

316. The third possible intervention is to coordinate and harmonize the efforts made by all the stakeholders including Government offices, UN agencies, international communities and civil society organizations together with our sister agencies.

317. Again, I would like to reiterate that UNDP is very much committed to gender equality, advancement of women and empowerment of women. Also, we are quite aware that without the complete eradication of FGM, the gender equality cannot be achieved. Therefore, UNDP has no reservation to support the commitment of IAC and other sister organizations on "Zero Tolerance to FGM" with all of our possible means.

UNFPA SUPPORT, EXPERIENCES AND LESSONS LEARNED BY MARGARET N. THUO

1.0 INTRODUCTION

318. The World Health Organization (WHO) defines Female Genital Mutilation (FGM) as the partial or total removal of or injury to the external female genitalia (WHO 1995). The WHO has four classifications namely: Type I, the excision of the prepuce with or without excision of part or the whole clitoris, Type II, the excision of the prepuce and clitoris together with partial or total excision of the labia minora, Type III, the excision of the part of all the external genitalia and stitching/narrowing of the vaginal opening (infibulation) and Type IV, all other forms which may range from pricking, piercing or incision of the clitoris and/or labia, stretching of the clitoris or labia, burning the clitoris or surrounding tissues, introducing corrosive substances into the vagina to cause and/or bleeding or herbs aimed to tighten or narrow the vagina.

319. The WHO estimates that about 120 million women have been subjected to FGM in 28 countries in Africa as well as immigrants in Australia, New Zealand, Canada, Europe and the United States. Devastating physical and psychological health consequences may include among others: haemorrhages, infections, tetanus, scar formation, complications during child-birth and the risk of HIV/AIDS transmission is an added danger due to the crudeness of the tools used, and the lack of hygiene. Immediate and long-term complications arising from FGM explains the reproductive health morbidity encountered later on in the lives of girls and women who have been cut.

320. FGM constitutes one of the major harmful practices, which the International Conference on Population and Development, Programme of Action (ICPD, PoA) strongly urged governments to prohibit and to give support to the efforts of Non Government Organizations (NGOs), Civil Society Organizations (CSOs) and religious institutions to eliminate. FGC also constitute a major violation of reproductive rights and a customary practice, which constitute discrimination against women as well as one of the worst

forms of abuse to girl-children and it is therefore strongly opposed by international conventions and treaties for example the following:

- 1) Universal Declaration of Human rights Article 5 which states that "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment"
- 2) The Convention on the Rights of the Child Article 19 which states that "States shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child"
- 3) Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Article 5a) which states that "States parties shall take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women".

2.0 OBJECTIVES

321. This paper is intended to provide important information on the UNFPA support for the eradication of FGC in Africa Region. The support includes, among others, development of guidelines, training materials and support to various research activities on FGC. The paper then highlights important experiences gained and lessons learned from Ethiopia, Eritrea, Uganda, Kenya, Tanzania, Ghana and Nigeria. Finally, the paper argues that any future endeavours to eradicate FGC should address the social and psychological aspects of FGM in order to have a breakthrough.

3.0 UNFPA WORK ON FEMALE GENITAL CUTTING

322. The UNFPA as an agency that works in very different countries and contexts has decided to adopt the term "*female Genital Cutting*" (FGC). UNFPA addresses FGC in a holistic manner, within its cultural, health, human rights and religious context. In doing so, UNFPA recognizes that while cultural arguments cannot be used to condone harmful practices such as FGC, individuals and communities alike respond well to approaches that enhance their capacities to adapt positive behavioural changes. UNFPA also affirms that human well-being and health are influenced by the way a person is valued, respected and given the choice to decide on the direction of her/his life without discrimination, coercion or neglect of attention. UNFPA works with many stakeholders to eradicate this problem.

323. UNFPA addresses FGC as an integral part of the reproductive health and rights as well as a women empowerment issue. UNFPA also continues to support important projects that consider FGC eradication as central to the improvement of reproductive health of women and girls, gender equity and women empowerment. The projects include the following:

- "*Eradicating Harmful Practices*" *Strengthening Local Capacities for the Prevention of FGC*", executed by AIDOS (the Italian Association for Women in Development),
- Forum of African and Arab Parliamentarians,
- African Women Parliamentarians
- Reproductive Educative and Community Health (REACH) Project in Uganda
- Rural Self Help Integrated, NGO in Ghana
- East African FGC Taskforce which aims to eliminate FGC by the year 2015

3.1 Development of Guidelines

324. In 1998, UNFPA developed a Programme Advisory Note on the *Reproductive Health Effects of Gender-Based Violence, including FGC*. This Advisory Note provides guidance on how to address FGC programmatically in Reproductive Health, Population and Development Strategies, and Advocacy Programmes.

3.2 International and Regional Meetings

325. UNFPA supports sub-regional, regional and international meetings on FGC. For example, UNFPA in collaboration with IPPF organized an International Round Table on Eradicating of FGC at the Community Level, in Cameroon. Also, UNFPA has continued to support the meetings organized by East African Taskforce, which aims to eliminate FGC by the year 2015.

3.3 Development of Training Materials

326. The following are some of the manuals developed with the support of UNFPA which are good resource materials for training:

- a) "Lifelong Pain of being a woman in Ghana.: An Advocacy Booklet on Female Genital Mutilation" 2001
- b) "Female Genital Mutilation: The Cross-Cutting Issues of Education, Religion, Urbanization and Reproductive Health Morbidity in Bolgatanga District of the Upper East Region of Ghana."
- c) Slides of FGC Types and Critical Cases (Ghana)
- d) Video Drama (Ghana)
- e) A Common Training Methodology and Interventions to Curb FGC Mainstreamed in Poverty Eradication and Reproductive health Services (The project covers Benin, Burkina Faso, Guinea and Mali in phase 1)
- f) National Curriculum for Nurses/Midwives in Nigeria
- g) Training Manual on FGC in Eritrea (Underway)

3.4 Research

- a) Uganda Experiences in Eradicating Female Genital Cutting: Report by UNFPA, Uganda, 2000
- b) "Female Genital Mutilation and Reproductive Health Morbidity in Second Cycle Schools in Bolgatanga District, Ghana." Ghana Medical Journal, September 2001, Volume 35 No. 3.
- c) Baseline Survey on Reproductive Health in the Northern and Southern Red Sea Zones, Eritrea, 2001
- d) Eritrea Demographic and Health Survey 2002 (incorporated FGC situation)
- e) Obstetric Morbidity/Sequaele of FGC - ongoing 2003 (supported by UNFPA and WHO)
- f) The recent DHS co-funded by UNFPA now include questions on FGC

4.0 FINDINGS

4.1 Declines in the Trends of FGC

327. There are notable advances in the eradication of FGC. For example, according to the Eritrea Demographic and Health Survey (EDHS, 2002), FGC reduced from 95% in 1995 to 89% in 2002. The decrease is especially notable among younger women aged less than 25 years (73% for girls' aged 15 - 19 and 87.9% for young women aged 20-24). It is also noted that 50% of women want the practice to be discontinued. There is especially hope among young women who want it to be discontinued (60.6% among the 15-19).

328. In Uganda, the sustained support on the eradication of FGC has realized a gradual decline in the numbers of females being cut every year. For instance, an enumeration carried out in Kapchorwa district where FGC is prevalent, recorded 1,100 FGC cases in 1998, 621 cases in 2000, and 633 cases in 2002 (FGC is undertaken every 2 years in Uganda). According to research on UNFPA experiences in Kapchorwa, it was reported that majority of circumcised women support the continuation of FGC in Kapchorwa, it was reported that most school going children objected to cutting. Males in Uganda appear to be gradually losing interest in circumcised women hence the loosening of taboos.

4.2 Knowledge of Complications

329. In the Northern and Southern Red Sea Zobas (Regions) of Eritrea, where prevalence of FGC is very high, available knowledge of FGC seems to have had little effect on their attitudes to change the practice. For example, a baseline survey conducted in two Regions (Zobas) in Eritrea in 2000 with the support of UNFPA, showed both Zobas understood complications of female genital cutting and especially the associated difficulties when having inter course, menstruating, and giving birth. They were also familiar with the recurrent infections and bleeding which results from

FGC. In the Northern Red Sea Zone, 59% of the men and 75% of the women knew of these conditions, yet, 91% of men and 84% of women believed that the practice should continue. Similarly, in the Southern Red Sea Zone, 52% of men and 39% of women had knowledge on problems associated with FGC, yet 94% of men and 97% of women believed that the practice should continue.

4.3 Reproductive Health Problems

330. Research supported by UNFPA in Bolgatanga District, Ghana and undertaken by Professor Kwasi Odoi-Agyarko and Mr. Alhassan Amadu Botong demonstrates that schoolgirls who are cut run **sixteen times** the risk of developing Pelvic Inflammatory Diseases (PID). Girls and women who are cut run five times the risk of having pain and at risk of experiencing pain during sexual intercourse compared with uncircumcised girls and women. When there is excessive bleeding after cutting, the thighs of the girls are bound tightly together for three days. This results in poor drainage of the wound, wound sepsis, urethral obstruction, urinary retention and other long-term complications such as the formation of vulva keloids. About one in ten of the informants interviewed knew of some one who died after the operation from excessive bleeding. The information obtained from various studies also indicates that there is about 10% mortality associated with the practice of FGC.

5.0 LESSONS LEARNED

5.1 Eradication of FGC is seen As Loss of Cultural Identity and Dignity

331. In Kapchorwa District, Uganda, Elders are the custodians of the rules and regulations of Sabinu culture. Thus, they arrange FGC ceremonies and festivities. They also use the occasion to sensitize members of the community and the circumcised girls on the Sabinu culture. They ensure that rituals are properly carried out. Circumcision is seen as a cultural identity and dignity. Effort to eradicate FGC was initiated in 1920 among the Sabinu community but for many years, any campaign against FGC was perceived as outside interference and belittling of the cultural practice as backward and primitive. Therefore, resistance has been excessive among some members to this day.

332. In Bolgatanga District, Ghana, most people have no tangible reason to support the practice except to say that FGC has been their long-standing tradition and it must therefore be maintained.

333. Information gathered from Tanzania indicate that FGC is justified to reduce or eliminate the sensitive tissue of the outer genitalia, particularly the clitoris, in order to quieten the sexual desires in the female, maintain chastity and virginity before marriage and fidelity during marriage, and increase male sexual pleasure. The communities in Tanzania argue that FGC is a form of identification with the cultural heritage, initiation of girls into womanhood, social integration and the maintenance of social cohesion. In addition, the external female genitalia are considered dirty and unsightly and are to be removed to promote hygiene and provide aesthetic appeal.

334. While evaluating the FGC project (undertaken by the National Committee on Traditional practices in Ethiopia) in the Somali Region refugee camps of Ethiopia, UNFPA/CST found that the project was highly valued and supported by members of the community. But even if the members realized for the first time that FGC was not an Islamic obligation, most of them believed that a girl becomes a proper woman through circumcision and preferred to have Type I instead of the Type III which was always practiced before the project was initiated.

5.2 The Fear of Possible Repercussions as a Result of Contravening Customary Laws, Traditional Beliefs and Breaking Oaths, drives many to resist any Effort to eradicate the practice.

335. In Uganda, the research on UNFPA experiences and lessons learned showed that excision of the clitoris and labia are not only meant to cleanse the women of unhygienic parts of the vagina but also to protect them from the ancestral spirits and bad omens of life. The practice of bewitching women who marry before undergoing FGC to keep them from producing babies before circumcision drives many girls and women to support circumcision. There is also the belief that many misfortunes and disasters such as famine, drought and death of domestic animals would result if the customs and norms were not adhered to. In Kapchorwa, Uganda, the FGC ceremonies include inculcation of Sabinu norms, anointing the FGC graduates with milk, crawling on the rough ground until their knees are blistered as a show of bravery and oath taking to continue with the cultural practice.

336. According to the results of a formative research, which was supported by UNFPA in Delta State, Nigeria in 2000, communities believed that a woman must be circumcised during her first pregnancy to prevent the baby from dying. They believed that an infant of an uncircumcised woman would die because the head touches the clitoris. This formative research was the basis for initiating behaviour Change Communication Campaign that is on going. The campaign addressed this issue through an Enter Educate Radio Programme series and in one of them the woman explains her fear that if she is not circumcised, the baby would die. The friend asks, " I thought you were educated, how can you believe such stories?" the woman responds, "It is not a matter of education, it is what my mother-in-law would say; but suppose it is true?"

337. In Tanzania, many people believe that FGC enhances fertility and promotes child survival.

5.3 Eradication of FGC is seen as a threat to the special festivities in the community.

338. In Uganda, circumcision involves a process of community celebration and solidarity in which the status of women and men who have been circumcised is elevated. Circumcision period is a day of dancing with colourful decorations and procession. It is a time when the candidates are allowed to shout obscene utterances

like " You seem to have no genitals," "you are barren," or "come let us have sex." These obscene utterances are intended to reduce embarrassment during circumcision. When cutting process is completed, all people ululate, sing, and dance while the candidates are presented with gifts according to the show of bravery. The circumcision graduates (girls) receive special gifts including sheep, heifer, bull, goats, chicken and cash from relatives. The guests are also given gifts of tobacco as they also shower the circumcised girls with gifts including cash.

5.4 The special high status accorded the circumcised entices many young girls to undergo circumcision.

339. I, Margaret Thuo, was brought up in a typical African village. My grandmother circumcised my mother and later became a Christian. Thus, my mother was educated in a missionary school and married off to a Christian family. Circumcision was one of those traditional customs prohibited for Christians and in fact it was clear to all the children that circumcision is one of those words, which was never mentioned. In our village, those who are Christians and those who practiced African Traditional Religion (ATR) lived together but a path running through the village separated the two groups. Our home was next to the path that demarcated between the Christian homes and those homes that practiced ATR. During the month of December, there was a lot of dancing, shouting and ululating as selected girls were prepared for circumcision. It was at this time that the village was in hullabaloo as they danced along the path and as they passed by our home, they would shout, "you uncircumcised people, home of the uncircumcised" - very derogatory phrase in my tribal language. A few weeks later, I watched the newly circumcised girls and young men walking together and dressed in immaculate white sheeting laughing away as they moved from home to home. They were given a lot of rich food and gifts. They looked clean and fattened. They looked special and I admired them, but knew in my heart, I would not mention circumcision to my mother or my grandmother because I would be severely beaten.

5.5 The fear of having no one to marry and being considered as a girl even after growing up lures many young women to be circumcised.

340. Circumcision of men and women in Uganda constitutes an induction into adulthood and a precondition for marriage. This circumcision provides occasion for the guidance of young people on good hygiene, sexuality and marriage, girls are enticed to conceal information given during the retreat just before circumcision to entice others to brave the circumcision practice. Such information includes the customary practice towards the husband, and the elderly, health practices, how to avoid being the object of witchcraft, and on sexuality including avoiding sex with close relatives. The final stage is being given a new name after which they are declared graduates from girlhood to womanhood - a passport to marriage and participation in societal activities. If circumcised girls fail to marry within two years, they are considered "old." Thus, some of them continue to go to school but many drop off along the way to get married.

341. In Upper East Region, Ghana, FGC is a part of an initiation rite into womanhood. In about 80% of the communities where ethnographic studies have been conducted, young women become sexually active after the initiation into womanhood and this fact has been shown that girls who are cut are more likely to be sexually active and ten times more likely to be pregnant while in school leading to school dropout. Teenage pregnancies and high school dropout rates for girls and young women are highly prevalent in the Upper East Region of Ghana, which is the epi-center of FGC in the country. Also, many young men in this region indicate clearly they cannot marry uncircumcised girls and this scares the young women.

342. In the Upper East Region, Ghana, mother-in-laws traditionally inspect the vulva of the newly married girls and if it is discovered that they are not cut, the operation is arranged. The consent of the girls is not needed because they have no say in decisions that have come from the elderly.

5.6 The Psychological and social sanctions including harassment discourage many young girls to decide not to be circumcised despite their knowledge on reproductive health implications of circumcision.

343. In Uganda, there are long term implications of failing to get circumcised. These are cultural opposition, rejection, ostracism and superstition and persecution - all aimed at harassing girls to get circumcised. Some of them include:

- a) The uncircumcised girl has no age set. The circumcise girl takes the age set of the husband
- b) The uncircumcised females are not allowed to participate in social, economic and political discussions
- c) They are not allowed to pick grains and other foodstuffs from the granaries because they may bring famine to the land.
- d) They are not allowed to collect cow dung from kraals for smearing house floors because it would bring bad omen and cattle, goats and sheep would die
- e) They are not allowed to serve local brew to elders during traditional ceremonies because it would bring misfortune to elders and they would die sooner than expected.
- f) They are not allowed to fetch water from the well, stream or river before the circumcised ones as this would cause the water in the wells, streams and rivers to dry up.
- g) They are not allowed to grind grains in hand mills or on the grinding stone before the circumcised because it would undermine the authority of the circumcised
- h) They are not allowed to bury their own children because if they do so, the spirits would continue to live after death to haunt their children.
- i) They are not allowed to welcome their own sons or daughters in the evening during the eve of circumcision day because this would create fear among the circumcised candidates

- j) They are not allowed to participate in the burial and last funeral rites of their husbands because this would result in the deaths in the family.
- k) In Ghana and Uganda, the corpse of the uncircumcised woman cannot be removed through the door and therefore the wall has to be knocked down.

344. In Kenya, when FGC project started in Nyabene District, some parents refused to pay the school fees for those girls who refused circumcision. Other girls were chased away from homes. This is an issue that we had not foreseen and therefore did not prepare for.

345. In Uganda, Kapchorwa District when women who are uncircumcised address gatherings, they are often booed, jeered and abandoned by members of the community.

5.7 The financial gain, reputation and respect attached to the work of a circumciser are important and few would willingly let it go.

346. Circumcision is a profession. The circumcisers conduct on-job training. The fast and precise circumcisers have a high status and they attract more candidates and therefore more money. In Ghana, the loss of revenue to the practitioner can be considerable. Thus, FGC is a money- making venture to the practitioners.

6.0 Conclusion

347. A lot of effort and commitment have been undertaken to eradicate FGC. However, it is known from behaviour change communication principles that to have a complete breakthrough, we must help the individual and each community to respond to the following concerns:

- a) What will happen to me if I resist FGC or try to do so?
- b) What do I believe others in my community would do about FGC?
- c) What do I believe others would want me to do about FGC?
- d) What are the risks of undergoing FGC?
- e) What is the threat of refusing to undergo FGC and where can I go for help?
- f) What are the possible personal benefits of not undergoing FGC?
- g) What are the barriers I am likely to face (physical, psychological or financial)?
- h) What ability do I have to resist FGC?

348. In particular, FGC interventions should address the following:

- a) Loss of cultural identity and dignity
- b) The fear of possible repercussions as a result of contravening customary law, traditional beliefs and breaking oaths (witchcraft, death, famine, drought etc.)

- c) The fear of having no one to marry and being considered as a girl even after growing up
- d) Threat to the special festivities in the community and missing beautiful gifts at least once in a life time
- e) The psychological and social sanctions including harassment, loss of school fees, being chased away from home etc.
- f) The financial gain, reputation and respect attached to the work of the circumciser

349. Another important consideration is targeting messages to specific audiences. In many programmes in Africa, we have observed that several important messages are still addressed to the general public. Behaviour Change Communication principles show clearly why such messages would not be effective. Messages should be very specific in responding to the concerns of the specific supporting arguments as well as a call to action - what do we want this group to do?

350. Examples of advocacy target include traditional leadership structures such as council of elders, politicians, policy makers, lawyers associations and religious groups.

351. Examples of target groups for behaviour change communication include men, women, teachers, young men, young women, boys and girls

352. Each of the above groups have different concerns and they need those concerns to be addressed, appropriate support provided and the call to action must be very clear.

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ERADICATING FGM AMONG MIGRANT COMMUNITIES IN FRANCE BY GROUPS OF WOMEN FOR THE ABOLITION OF SEXUAL MUTILATION (GAMS)

353. There are about 35000 girls and teenagers living in France at risk of being mutilated. Most of them are living in and around Paris in the French administered areas situated in the north, west and south of France.

354. Migrant African women date back to 20 - 25 years ago when the first set of African girls arrived. From 1982 till date, education programmes have been undertaken for the concerned communities and medical professionals prepared to integrate FGM in their work.

355. The French government has assisted in sustaining the work of GAMS and other associations through information campaign to check FGM. Yet other media have been used, television, newspapers, and meetings have been organized for health and social workers and migrant population. Maternal and child health teams have organized prevention discussions on FGM.

356. France forbids FGM and considers it a crime. Excisers and parents are judged by a criminal court. Several trials have taken place and every African family is aware of the law. They need to know the reasons behind the ban, the medical consequences and the implications for fundamental Human rights.

357. GAMS recently supported a young Somali woman who left her country with her little daughter to escape infibulation to have a refugee status in France. This marks the first such incident in France.

358. GAMS organized the first European programme to prevent FGM in Europe with the support of European Commission (Daphné programme) in partnership with AIDOS and International Center for Reproductive Health based in Gent, Belgium.

359. The first meeting was in March 28 - 30 2002 to update information and education for prevention of FGM with 10 EU countries in attendance. The Director of Operations, IAC was at the conference. The second meeting was on working with the media and was held in Rome from 12 - 14 December 2002.

360. The GAMS European Project is in progress and has revealed that about 270,000 girls are at risk of FGM in Europe. Two ways of helping to eradicate FGM are law and education.

361. Experience has shown that prevention of FGM must be integrated in the usual prevention programmes for health personnel and social workers with the support of mediators from the concerned communities.

362. The welcoming country must liaise with the migrants to know that FGM is fought in Africa and has no basis in religion. It is discriminatory and must be rejected. By law it

is necessary to overcome. A strong link has to be established with NCs of native countries of the migrants.

363. There is also the need to check other HTPs like early marriage/forced marriage where about 70,000 schoolgirls are at risk. Tradition is largely behind these marriages as well as the pursuit of the necessary papers to enable them live in Europe. Forced marriage and FGM contradict human rights. European status needs to define preventable programmes.

364. The migrants should learn the language of the welcoming country to know their rights in law and also get to know that European Union (EU) does not allow early marriage.

365. GAMS reaffirms its commitment to fully support the Declaration of Zero Tolerance to FGM.

MESSAGES OF SOLIDARITY

366. The Minister for Social Work/Action, Burkina Faso, Mme Mariam Lamizana expressed the fact that Burkina Faso, as a member of the IAC family was committed to the work of IAC. In the fight to eradicate FGM, she promised that she would do her best to uphold the issues raised in the Common Agenda for Action on Zero Tolerance to FGM.

367. She emphasized that national solidarity has been in place in Burkina Faso with a declaration to raise the awareness of people through clearly stated plans. Having declared Zero Tolerance to FGM, she noted that this was a strong commitment that would require all hands on deck to achieve success.

368. The Minister of Social Affairs, Guinea stressed the need to have the recommendation made at the conference one that would stand the test of time on the eradication campaign. She expressed the desire of her government and people to continue to fight for the eradication of FGM based on the declaration made at the conference.

369. USAID reported that FGM remains a global problem with reports of its existence in Africa, America, South America, Asia and Australia. It regards it as a multi-sector issue that cuts across development, politics, gender, human rights and health. It mentioned among others priority areas of FGM/C to include advocacy, collaboration and legislation, capacity building, monitoring and evaluation, scaling up and developing and testing new initiatives.

370. **On inspiration and call for action, a question was posed: Which will be the first country to be announced as FGM free? Why and when? This was expected to create concern and ginger up the participants to earn this record-breaking position.**

371. The need to depend on the dignified message from the religious leaders, youth involvement to the point where through peer education young men marry uncircumcised girls was expressed and education was considered central to having this outcome. USAID explained that under no circumstances would it support the medicalization of FGM.

372. On disadvantages/mitigation of medicalization, it noted that it has to do with controversial vertical interventions and the health risks of medicalization. The conversion strategy aimed at educating excisers and offering them AEO needed to be closely looked into. It mentioned that it was looking forward to hearing the first Africa country announcing that it is FGM free.

373. Mali declared its readiness to enforce partnership to ensure that everything goes on well in maintaining "Zero Tolerance to FGM" and indicated that the presence of the First Lady of Mali at the international conference further reinforced this fact.

374. UNFPA offered that it would continue to support activities related to women and girls. It would continue to work in all continents and listen to the voices of the people in the drive to check poverty, which is the underlying problem of FGM. It would also continue to build partnership and alliance as a necessary step towards eradicating FGM through holistic and multi-pronged approaches. It reaffirmed its recognition of NEPAD in the process of bringing greater development to Africa and urged African countries to support it.

375. UNDP in striving to build a better life in its development drive promised to focus on helping countries achieve the best. Since FGM is also closely related to good governance, it promised to help through advocacy, capacity strengthening and building, Human rights protection and the empowerment of women and would support the commitment of IAC in eradication of FGM.

PHOTOGRAPH

PHOTOGRAPH

CHAPTER VII

CLOSING CEREMONY

376. The Vice-Chairperson, Mrs. Mariam Lamizana presided over the closing ceremony. She welcomed everyone to the closing ceremony, which had the Minister of Health, Federal Democratic Republic of Ethiopia, Dr. Kebede Tadesse the First Lady of Guinea, Mme Henriette Conté and the First Lady of Nigeria, Chief (Mrs.) Stella Obasanjo in attendance. She thanked everyone for the useful deliberations and shared experiences that have all contributed in making the international conference a success. She gave special thanks to the First Ladies for their moral support, which added great impetus and boost to the final decisions.

377. The Vice-Chairperson read out the programme for the closing ceremony.

POEMS

378. Two poems, **I AM A GIRL CHILD** and **WOMEN OF THE WORLD UNITE** were read by Mrs. Mulu Solomon. I AM A GIRL CHILD, dedicated to IAC, addressed the hydra-headed problem of FGM/HTPs encountered by young girls in the society. On the other hand, WOMEN OF THE WORLD UNITE was a plea to women all over the world to rise up and fight against discrimination in whatever form meted out on them.

379. Another poem titled **EXCISION MY ENSLAVEMENT** was read out by Fankeba Marie of CIAF Togo. It represented the lamentations of a young girl following excision and the desire to have her freedom and dignity restored and ultimately saving the future of young girls.

380. These poems received great acknowledgement from the participants because of their relevance to the eradication of FGM.

381. **I AM A GIRL CHILD BY MULU SOLOMON**

I am a girl child
With genital mutilated
 I am unpaid labourer
 Serving the family
 Not sent to school
 But carrying water and wood
 On my way back abducted
I am a girl child
I am a mother of child
Forced to marry and give birth
I hate living on this earth
 I am a girl child
 Who doesn't know childhood

I am a mother and child
 I am a child beaten and raped
 Serving and cooking food
 Considered as no value
 To the country or to you
 I was a child crying with tears
 Without knowing the consequences
 Now, I face the results
 The result of female Genital mutilation
 I suffered the real situation
 Affected my health, hampered my joy
 I wish I were a boy,
 But, why world I wish to be a boy
 While God has given me equal joy
 I cry to stop the harmful culture
 All in all, all in all
 Not to mutilate female genital
 My childhood tears
 My motherhood tears
 Are floods to erode
 Harmful cultures
 I call upon myself
 I call upon my mother
 Sisters and brothers and father
 Government and society
 To tackle with unity
 To condemn and stop
 Early marriage
 Cause of fistula at this age
 To fight and stop harmful culture
 Which is life end torture
 We all have lost
 The benefit of nature
 The right to enjoy love
 The right to reproductive health
 The right to live happily
 And peacefully
 We are all losers
 Let us be together with God's blessing
 And destroy harmful cultures.

382. **WOMEN OF THE WORLD UNITE BY MULU SOLOMON**

Women of the world unite!
 Black or white!
 South or north

East or west

Women in every part of the world
Are marginalized
We face similar problems
Though the degrees varies
From place to place

Thus let us be one
Let us unite
For our cause to fight!

To fight discrimination,
At home, at work
Let us join hands to fight unfairness.
We deserve human rights.

The discriminatory policies
Systems, laws, religions and cultures
Which formed this society
Will end with our struggle and unity.
Let us awake and see the world
Analyze how the system is made
To make us blind
And be submissive
On our own issues
To accept and live discriminated.

Let us mobilize our sisters and brothers
Who think of the truth and fairness
To work towards our goals
To teach others to understand
To help them change their attitudes
We are too much pushed against
the wall
Too much against the ground
And have no way to go or
to escape!
Except to get up and jump!
Jump! against discrimination
Before it passes to generation.

Let us unite and network
Then our voices would be heard
And all questions would be answered!!

God has given the world fully
To share all fairly
 Man made problems are to be fought
 The key to this is one thing
 To unite and
 Involve ourselves in decision-making
 At all levels
 To wipe out our problems

Thus women of the world unite!!
Black or white

383. **EXCISION, MY ENSLAVEMENT BY FANKEBA MARIE, IAC/TOGO.**

- I. Sweet, quiet, without a say,
Powerless and without a murmur,
Here I am.
With bitter thoughts
Of all these years of wickedness
And betrayal, and enslavement,
With bitter feelings about suppression
Here I come, quiet but determined.
- II. I want my freedom
I am coming to take it
I lost it since the dawn of time
And I no longer have it
Yes, and since a long long time
And here I am.
- III. Come to me, my dear
Come back to me
And break all these chains
And give me back my dignity.
- IV. And you, my sister,
What are you waiting for?
Wherever you are,
Come and take it.
Come you who are heavily laden
Get yourself free from this enslavement
And from all this wickedness.
Of Excision!

Come, my sister
Excision is harmful
We must fight it
And take back our dignity
Excision is barbaric and a tyranny.

To my twin sister

When I look at you,
I fail to recognise you
It looks that you have never existed!
You are sad
And you look dead.
Fear still haunts you
There is sadness in your eyes

And death in the depth of your heart.
You were led to the slaughter like cattle,
Like a screaming pig,
With shrieks
You were suppressed
Empty containers
Have been filled with your tears
Pain and blood are coming out of you
Where are you, my sweet Twin sister?
Pain has changed you
You are now the one I never knew
Come now, say what you felt
Allow your pain to go up aloud
If only to save me!
Speak up to change the face of the world
That is how you will save me!
And your smile will appear again
Then you will be the one I knew.
Together, we will cry aloud
Halt to excision.

ADOPTION OF THE CONFERENCE RAPORTEURS REPORT

384. The two Conference Rapporteurs presented the report of the International Conference. Mrs. Linda Osarenren read a part of the three-day report in English while Dr. Mariam Alladoumgué read the remaining part in French. The Rapporteurs report was unanimously adopted.

ADOPTION OF THE COMMON AGENDA FOR ACTION

385. Dr. Morissanda Kouyate read out the **Common Agenda for Action on Zero Tolerance to FGM**. It called on the international community, religious leaders, traditional and community leaders, adolescents, youths, communication professionals to come together and in collaboration with IAC and its partners and other stakeholders fight to eradicate FGM. The Common agenda for Action was in turn unanimously adopted.

APPEAL TO AFRICAN HEADS OF STATES BY IAC

386. The **Appeal of IAC to African Heads of States to Adopt Zero Tolerance to FGM** was read by Mrs. Fatoumata Sire Diakite. The participants accepted the Appeal as a step in the right direction, which required appropriate follow-up to ensure that it received the needed attention. The Appeal was equally adopted.

CLOSING STATEMENT

387. In her closing statements, the President of IAC, Mrs. Berhane Ras-Work remarked that the conference has enlisted political support with the adoption of the Common Agenda for Action and stressed the need for collaboration and partnership following the successful discussions, which she described as enriching. She reiterated the fact that the conference participants have all said, "No" to FGM and are resolutely committed to holding on to the tenets expressed in adopting "Zero Tolerance to FGM" by living up to expectation.

388. She promised that IAC would hold the document as a live document and champion the work in partnership with relevant bodies. In furtherance of this, she mentioned that a committee would be set up right after the conference to see to the implementation of the decisions reached.

389. Mrs. Berhane Ras-Work on behalf of IAC and the people of the Federal Democratic Republic of Ethiopia seized the opportunity to present gifts to the First Ladies of Burkina Faso, Guinea, Mali and Nigeria. She described the gifts as treasures that would keep reminding them of Ethiopia.

390. She also expressed her appreciation to Mrs. Roe, M.P. (United Kingdom) and Mrs. Karen Anderson (Norway) for their work on FGM in IPU.

391. She gave recognition to Mrs. Frauke Heldring for her tireless and selfless service to women and girls in the campaign to eradicate FGM in several countries where she had been in the course of her work - Ghana, Burkina Faso, Ethiopia, Benin and Japan. IAC Benin was given the opportunity to present a gift to Mrs. Heldring on behalf of the NCs and IAC. She was given a decorated banner of IAC logo with a message of thanks for her work.

392. Mrs. Berhane Ras-Work gave due recognition to Mme Mariam Lamizana as a committed, dynamic and effective campaigner against FGM. She mentioned that these outstanding qualities earned her the position of Minister Of Social Work/Action in Burkina Faso and has helped in raising the campaign against FGM to a higher level. She mentioned that in the course of her work, Mariam has won several distinguished prizes. She thanked her for her role as Vice-chairperson during the conference in directing the affairs of the international conference in a meticulous manner. She thanked everyone for the support given to the conference bureau and the useful part they played in making the conference a success.

393. Mme Mariam Lamizana, the Chairperson announced the nomination of H.E. Henriette Conté, the First Lady of Guinea as the Goodwill Ambassador of IAC.

394. H.E. Chief (Mrs.) Stella Obasanjo made the Declaration of the International Day on Zero Tolerance to FGM. In her speech, she recounted the efforts that the three-day meeting had yielded and the need to press forward with the commitment and partnership enjoyed in the conference to forge a more united front to eradicate FGM in the continent together with our sisters and brothers in Diaspora. She made a passionate appeal to the Heads of State of Governments and the African Union to adopt "Zero Tolerance to FGM," provide the political, economic and social environment to NCs, provide funding for IAC and NCs and encourage donors to give attention to funding of NCs. She went ahead to declare February 6 every year as the "International Day of Zero Tolerance to FGM" by appending her signature to the document. It was greeted with a standing ovation.

ANNEXES

ANNEX 1: DRAFT PROVISIONAL AGENDA ON "ZERO TOLERANCE TO FGM."

TUESDAY 4 FEBRUARY

8:30 - 9:00 Registration

9:00 - 11:00 **AGENDA ITEM 1**

Opening ceremony
Welcome speech by President of IAC
Opening Remarks:

UNICEF
UNFPA
WHO
UNDP
World Bank
Organization Internationale de la Francophonie (OIF)

Message from:

The UN Special Rapporteur on Traditional practices, Mrs. Halima E. Warzazi.

Keynote address:

Mag. Petra Bayr, member of Austrian Parliament
Hon. Rebecca Kadaga, Deputy speaker of Parliament of the Republic of Uganda and member of IPU.
Economic Commission for Africa (ECA)
African Union (AU)
H.E Mrs. Henrieta Conte First Lady of Republic of Guinea
H.E. Chief Stella Obasanjo, First Lady of the Federal Republic of Nigeria.

Statement by:

H.E. Mme Chantal Compaore, First Lady of Burkina Faso and Goodwill Ambassador of IAC.
Opening Statement by the Representative of the Government of the Federal Democratic Republic of Ethiopia.

11:00 - 11:30 Coffee Break

11:30 - 12:00 **AGENDA ITEM 2**
Election of Conference Officers

12:00 - 12:30 **AGENDA ITEM 3**

Adoption of Agenda and Programme of work

- 12:30 - 14:00** Lunch Break
- 14:00 - 16:00** **AGENDA ITEM 4**
Sharing Best Practices
- a) AEO Project: National Committees of Niger, Kenya, Guinea, Nigeria and Mali (APDF)
"Overcoming Challenges," Discussants NCs Cameroon, Sudan, Ethiopia.
 - b) Changing attitudes of Religious and Community Leaders: NCs Gambia, Burkina Faso, Ethiopia and Egypt.
Discussants: NCs Chad, Benin and Togo.
- 40 minutes Public Discussion
- 16:00 - 16:30** Coffee Break
- 16:30 - 17:30** c) Involvement of Youth by Togo, Tanzania, Mauritania and Burkina Faso.

WEDNESDAY 5 FEBRUARY

- 8:30 - 9:30** Discussion on the involvement of Youth: Chad, Benin, Mali (AMSOPT)
Public Debate
- 9:30 - 10:00** Tools for Impact Assessment on the eradication of FGM/HTPs by Dr. Morissanda Kouyate, IAC Director of Operation and Mrs. Isatou Touray, secretary General of Gambia NC.
- 10:30 - 11:00** Coffee Break
- 11:00 - 11:30** Existing Manuals
Training
Operational Research
Information
Presentation by IAC, WHO, UNFPA and others.
- 11:30 - 12:30** Discussions and Recommendations
- 12:30 - 14:00** Lunch Break
- 14:00 - 14:30** **AGENDA ITEM 5**

The Draft Protocol to the African Charter on Human and peoples Rights on the Rights of Women in Africa, presentation by:

African Union (AU)
ECA/ACGD
Uganda

14:30 - 15:00 Comments/Discussions

15:00 - 16:00 Working Groups on Strategies for Lobbying, Advocacy and Proposals on Mechanisms for Application.

16:30 - 17:00 Coffee Break

17:00 - 17:40 Group Work continues

THURSDAY 6 FEBRUARY

8:30 - 9:30 Presentation and Adoption of Group Work

9:30 - 9:50

AGENDA ITEM 6

The Way Forward:

Joint Action to Eradicate FGM and other HTPs

- a) Presentation of the Draft Common Agenda for action on "Zero Tolerance to FGM" by
Dr. Morissanda Kouyate
Mrs. Linda Osarenren, IAC Treasurer

9:50 - 10:30

Inputs. Presentation by:

World Bank

UNDP

Organisation Internationale de la Francophonie

10:30 - 11:00

Coffee Break

11:00 - 12:30

The Way Forward:

Presentation and inputs continue

WHO

UNICEF

UNFPA

European Commission

European IAC Group/Section

Pathfinder International Ethiopia Country Office, IAC
and USAID
Other NGOs

12:30 - 14:00

Lunch Break

14:00 - 15:00

The Way Forward:
Presentation by government representatives.

15:00 - 16:00

AGENDA ITEM 7

Adoption of the Common Agenda for action on "Zero
Tolerance to FGM."

16:30 - 17:00

Coffee Break

17:00 - 17:30

Closing Ceremony

ANNEX II: PROGRAMME FOR THE CLOSING CEREMONY

Poem by:

Mrs. Mulu Solomon

Adoption of the Conference Report

Adoption of the Common Agenda for Action
on "Zero Tolerance to FGM."

Appeal of IAC to African Heads of State
to Adopt "Zero Tolerance
to FGM" by:

Mrs. Fatoumata Sire Diakite
Association for the Progress and
Defence of the Rights of Malian
Women.

Statement by:

Mrs. Berhane Ras-Work
President of IAC.

Declaration of February 6 as an
International Day of "Zero
Tolerance to FGM" and closing
Statement by:

H.E. Chief (Mrs.) Stella Obasanjo, First
Lady of the Federal Republic of Nigeria

ANNEX III: WELCOME SPEECH, KEYNOTE ADDRESSES AND STATEMENTS

WELCOME SPEECH BY MRS. BERHANE RAS-WORK, PRESIDENT OF IAC.

Excellencies

Honourable delegates

Distinguished participants and guests

Ladies and Gentlemen

It is with great joy and profound gratitude that I welcome you to this conference on "*Zero Tolerance to FGM.*" It is heart-warming to see that you have responded positively in large number to our call for a renewed and accelerated action to eradicate the gruesome and heinous tradition of female genital mutilation and other such practices.

We are privileged and highly honoured to have among us Excellencies, First Ladies, Ministers, top government officials and distinguished representatives of international and national organizations. We are grateful to you for sparing time from your busy duty schedules to be at this conference. I also welcome with satisfaction members of IAC Group sections in Europe, national committees, NGOs, religious leaders and youths. I am sure that your invaluable experiences and contribution will guide the processes and outcome of this conference.

I would like to thank the Government of the Federal Democratic Republic of Ethiopia, ECA/ACGD and all our donors for helping us make this conference a reality.

Today opens another chapter in the fight against FGM. Although the theme of the conference, "*Zero Tolerance to FGM*" reflects an issue of common concern, we are yet to find the common denominator that would ensure a true appraisal of the gravity of the problem and the willingness to stay with the solutions. Despite the challenging nature of this task, IAC has maintained its strides in empowering communities, promoting participatory process, enhancing national committees capacity and maintaining close working relationship with partners and other stakeholders in the fight to eradicate FGM. It has through appropriate strategies developed collective responses to protect the rights of women and girls and has carried out sustained campaigns towards the eradication of HTPs. On the strength of our uniqueness, oneness and in the spirit of collectivity in offering solutions, this conference is intended to accelerate the campaign in a more co-ordinated way with added energy.

Going down the memory lane, forty years ago, visionary leaders of Africa assembled in this great hall - African Hall to forge the unity of Africa fully aware of our commonly shared history, heritage, tradition, culture and destiny. It is highly significant that by chance, this conference is taking place at this point in time when African leaders are again gathering to consolidate the gains of unity in a new African Union with bold and new initiatives.

The objective of this conference falls within the framework of the new initiatives aimed at furthering the cause of our visionary leaders in securing a more stable and united Africa with a common destiny for peace and development. An intolerable number of women are mutilated, abused, abducted, battered, maimed, bruised and forced into early marriage in the name of tradition. The emphasis lies on joining all efforts to free women and girls in Africa from the yolk of value-based discriminatory practices. Practices such as FGM, early marriage and other degrading and inhuman treatments should not and can not be tolerated in this day and age when the role of women in all spheres of development and peace has been recognized as indispensable. We would be turning the hand of the clock backwards on ourselves if we allow these practices to continue or look on without doing something. The result of such negligence would not vindicate us when history is written.

The theme of our conference and timing reaffirms once again the fact that the destiny of Africa is intimately linked to the condition of its women. What we do affects us individually and collectively. Any initiative to move Africa forward economically, socially and democratically has to take into primary consideration the challenges women face as victims of harmful traditional practices.

Africa has the highest maternal mortality rate and the root causes for this sad reality lie squarely on social attitudes and practices that go unchallenged. A practice like FGM victimizes 2 million young girls every year and with this situation still in our hands, we cannot hope and envisage achieving the objective of any new initiative and development if we allow it to thrive. We need to take up the challenge and together with our partners, forge a common front, give priority and focus on the eradication of FGM, early marriage, abduction, nutritional taboos, repeated and uncontrolled pregnancies, rape etc.

Why do women continue to bear the brunt of harmful traditional practices? Some of the underlying reasons reside in ignorance and the economic vulnerability of women. These reasons should be viewed with great concern in order to check the discrimination and victimization engendered by tradition and arrive at a solution. Women accept in silence the partial sacrifice of their body with all its attendant consequences and paralyzing effects. Women have been hurt for so long and have been victims for too long. We now choose to be victors. Victors in removing the smokescreen of tradition, empowering women not only to protect themselves from cruel practices but also to protect their daughters from gender-based discrimination and strengthening the link in the human rights chain.

There is also the urgent need for the valuation of the female person as a wholesome individual with a body and mind that needs to be harnessed in order to realize her potential. In this regard, the need to examine the position of the *New Partnership for Africa's Development (NEPAD)* on gender-based issues with a view to unearth silent issues such as harmful traditional practices, which are hindrances to development. We

should not allow this issue to slip down between the cracks of government priorities into the abyss of neglect and insensitivity.

This conference is aimed at accelerating the eradication of FGM and other such practices with genuine partnership in a more coordinated manner. We should send out a strong call for the eradication of FGM at the end of this conference. The Common Agenda for Action is developed to serve as a basic document containing priority areas for action to be undertaken with more coordinated approaches. It is our sincere hope that participants will give due attention to this document and examine it from various angles in order to enrich it before its adoption. Your experiences would be most valuable in this endeavor as we set out realistic, achievable and time bound objectives and tasks.

This conference is also a call for new approaches aimed at enlisting the involvement of all governments in the struggle to free women from rituals that mutilate their body and imprison their potential. In furtherance of this pursuit, it is equally a call to declare an *"International Day on Zero Tolerance to FGM."* We must make every effort to ensure that this day remains special, meaningful and eventful. It is your participation and input that will make this day a reality.

We call on the African Union as the custodian of Africa's development and unity to make sure that the eradication of FGM and other practices inimical to growth and development enjoy the priority it deserves in all programs designed to advance the status of African women as partners in the progress of Africa and the world. While we congratulate all organizations and individuals involved in anti-FGM campaigns for the job done so far, we would like to call for partnership and consultation in order to proffer an enduring solution. It is my sincere hope that at the end of the day when the reward for teamwork and the celebration that accompany achievement is made that everyone shall be satisfied.

With these few words, I welcome you once again to this great gathering and thank you sincerely on behalf of our organization for making every effort to be here and for your support and interest in this initiative. I wish you all a fruitful deliberation.

**KEY NOTE ADDRESS BY MRS. SHAHIDA AZFAR, UNICEF REPRESENTATIVE,
EGYPT.**

Madame Chairperson and President of IAC, Mrs. Berhane Ras Work,
Your Excellencies,
Distinguished Guests,
Ladies and Gentlemen

It is a great pleasure and honour for me on behalf of the UNICEF Executive Director, Ms. Carol Bellamy, to thank the Inter-African Committee for bringing us together today to forge a common vision and a way forward for ending FGM/C, one of the most persistent, pervasive and silently endured forms of Human rights violations and which

still affects 2 million girls and women annually. We commend this initiative aiming to re-energize the movement for concerted strategies and action to end FGM/C in the shortest time.

Let me now recall the 2000 end decade review Report of the UN Secretary General, entitled, "We the Children." 'Millions of young lives have been saved, more children than ever go to school, more children are actively involved in decisions concerning their lives and important treaties have been concluded to protect children. However, a brighter future for all has proved elusive and overall gains have fallen short of national obligations and international commitment.'

FGM/C is one of such obligations.

Let me also recall that, during the last decade, the prevalence of FGM/C consistently remained stable at levels above 90 percent in many countries with little improvement over the years. In Egypt for example despite some minor gains it is around 97%, in Guinea Conakry, prevalence is still around 99%, in Mauritania prevalence is 71% overall but between 85 and 99% in the Center and South-Eastern regions, to site a few examples.

The statement of objective that three UN agencies, UNICEF/UNFPA/WHO signed in 1997: "A well designed and well coordinated campaign against the practice (FGM/C), with appropriate level of funding, should bring about a major decline in 10 years and lead to its elimination within three generations"... is still to be fulfilled.

Neither the extraordinary efforts of the inter-African Committee to end FGM/C nor the laws approved and enforced by enlightened and committed Governments, neither the initiatives among communities of dozens of non-governmental organizations, nor the mobilization of civil societies and of individuals from all walks of life were able to put an end to such a practice during the last decade.

However, the situation is not all bleak.

There is already evidence of achievements. For example in Eritrea in 1997, 52% of the population were against the practice, of whom 48% were women and 52% men. In two regions of Chad girls born between 1980 and 1989 were less likely to undergo the practice by around 50% than those born between 1960 and 1969.

Innovative approaches have been developed in several countries which are promising, such as the involvement of religious leaders in Sudan and Egypt, the involvement of young people in Benin and Eritrea, the involvement of communities including in Senegal and Burkina Faso, the adoption of laws in several countries such as Cote d'Ivoire.

We have now been challenged afresh.

The Road map of the UN Secretary General to the implementation of the Millennium Declaration explicitly mentions that female genital mutilation/cutting undermines the realization of Human rights universal achievement.

The outcome document of the UN Special Session on Children, entitled, *"A World Fit for Children"* endorsed by 69 heads of States and Governments, and 190 high level national delegations including young people set a goal to end FGM by the year 2010.

To meet the challenges ahead, it is imperative that partners join their efforts towards a time-bound goal to end FGM/C. We need to mobilize high level political commitment and resource, to achieve results we need to define national policy strategies and action plans as an integral part of economic and social development programmes.

In order to achieve this goal, UNICEF has defined a protective environment concept, which emphasizes:

- 1.** Working with families and communities in order to change, attitudes, traditions, custom and practices, which carry on pattern of gender inequality and discrimination and lead to FGM/C. NGO should continue to play a strong role in this effort.
- 2.** Involving children, adolescents and young people in open debate about ending FGM/C and listening to their voices. Adolescents, especially girls, should be empowered with information, knowledge and life skill to protect themselves and their younger sisters from FGM/C.
- 3.** Engaging civil society, media, parliamentarians, religious and opinion leaders in open discussions and debates on ending FGM/C.
- 4.** Getting full Government's commitment to ending FGM/C: Governments interest in, recognition of, commitment to and capacity for leading actions are essential elements for ending FGM/C. Governments are also accountable for implementing the concluding observations and recommendations made by the UN Committee on the Rights of the Child (CRC) and the Committee on the Elimination of Discrimination against women (CEDAW) regarding FGM/C.
- 5.** Promoting an adequate national legislative framework and its consistent implementation together with an enabling environment to ensure accountability.
- 6.** Building capacity of all development workers including health and social workers, school teachers, police officers, in order to identify and respond to child protection problems such as FGM/C.
- 7.** Improving services for recovery, rehabilitation and reintegration of girls and women who suffer from FGM/C and its lifelong consequences physically, emotionally and psychologically including recurring pains, birth complications and fistula.

8. Monitoring and reporting on FGM/C requires an effective monitoring system as part of the national social statistics mechanism that records the prevalence, incidence and nature of FGM/C abuses and allows for informed strategic responses.

Dear Friends,

Female Genital Mutilation/Cutting is not the "business" of women and NGOs alone as has been for a long time but of the society as a whole and of all development partners. The involvement of men is critical for social changes that will lead to the ending of this unacceptable practice.

UNICEF is committed to elimination of FGM. We are in this together: "Zero Tolerance to FGM"

Thank you for your attention.

**OPENING REMARKS BY MR. SAAD RAHEEM SHEIKH, UNFPA
REPRESENTATIVE**

Madame Chairperson, Excellencies,
Distinguished representatives, ladies and gentlemen

It is indeed a great pleasure for me to represent UNFPA at this important conference on behalf of the executive Director Dr. Thoraya Obaid and the Director of Africa Division, Dr Fama Hane-Ba, who were regrettably unable to attend due to other prior commitments. On their behalf, I would like to express our appreciation to the inter-African Committee for its tireless efforts in putting this important issue of Female genital Cutting as common agenda for discussion.

Incidentally, I have just said Female Genital Cutting and not Female Genital Mutilation. As you may well know, UNFPA has long been addressing women's needs and gender issues globally and we work in different countries and contexts. Throughout our works, it has been our outmost priority to take a holistic approach taking into account the socio-economic and cultural contexts an individual woman is placed in. And that is why, we have decided to adopt the term Female Genital Cutting (FGC), instead of Female Genital Mutilation (FGM). We think the term 'Mutilation' is culturally insensitive and neither correct nor appropriate. No woman who went through FGC should be defined as 'mutilated' by other people like us. No mother in this world should be called a 'mutilator' of her daughter, when she did it from her love and good intention, or had no other choice.

I would like to emphasize that this is not a mere change of terminology. We believe this shift would once again bring to all stakeholders' attention and focus, on the most important and critical component of our challenges: that we must respect the cultures, religions and values of all societies and help them to modernize without loss of dignity

and social identity. We are not in a position to judge or condemn. By addressing FGC instead of FGM, we are singling out the actual practice or acts that are evidently harmful to women's health and should be abandoned eventually, instead of seeking to pass value judgement. Adopting the term FGC was an important part of our effort to make sure that the interventions are non-prescriptive, non-incriminating and non-judgmental.

This is exactly the approach UNFPA took in making the intervention successful in Uganda. The UNFPA Uganda office spearheaded an innovative and culturally sensitive program in 1995. We believed that in order for a socially acceptable change to take place and sustain itself, emphasis has to be put on cultural practices as opposed to cultural values while creating a conducive environment for indigenous groups to lead the change. The most essential part of this programme is that it was designed and implemented, from the very first part of its inception, with the full involvement of the community members. The programme attempted to detach the practice of cutting the genitals of girls and women for the cultural value of initiation, and this concept itself was developed through consultative and persuasive process with the key change agents in the community such as political, clan and religious leaders, elders, women's and youth groups as well as health workers and traditional birth attendants.

An effort was also made to situate FGC in the broader context of reproductive health issues in the community. Health workers and traditional birth attendants were trained to understand and be equipped with correct information and appropriate skills in sexual and reproductive health including maternal health. Through the community mobilization process, once a taboo, FGC was openly discussed and became an issue of public debate involving elders and various key leaders in the community. Members of Parliament in the district set up an advisory board on reproductive health and other development issues to enhance the process of change.

The intervention saw a dramatic result in a short period of time. Before the season for initiation was formally opened a year after, hundreds of girls who were due for circumcision that year indicated their wish and decision to skip the practice. After the season was over, information was collected on the number of girls and women who were circumcised during the season and we found that the number dropped by 36% in 1996 compared to the 1994 baseline figure we had.

Seeing this success in Uganda, we have been replicating the approach with some adjustments according to local contexts, in several countries in Africa. Currently, support is being given to the project executed in Benin, Burkina Faso, Guinea, and Mali, to enhance the technical capacity of government institutions and NGOs to advocate for the elimination of harmful practices. We also support the forum of African and Arab Parliamentarians, including African Women Parliamentarians to advocate for issues of reproductive health and FGC. We have worked with a group of religious leaders to address the issue, where we have become partners in the frontlines of advocacy work against the practice.

UNFPA also participates in and supports the East African FGC taskforce, consisting of various international and national organizations and East African governments. The task force aims to eliminate FGC by the year 2015, by sensitizing populations and empowering women and encouraging male's involvement through the building of capacity of field workers.

Globally, we advocate for the eradication of FGC through advocacy work with Ms. Waris Dirie, UNFPA's Special Ambassador for the Elimination of FGC. Ms. Dirie, a renowned international supermodel, was born in Somalia and underwent FGC at the age of five. Her ability to speak about the practice and the pain she experienced without condemning her cultural background demonstrates the sensitivity and tact with which interventions on these inhuman practices should be made.

Let me not take too much of your precious time. I will only briefly remind ourselves on one point: Partnership. As we already know, although FGC affects women and girls, we must work with all stakeholders. FGC is one manifestation of a people's culture: a culture that has survived and continues to survive today. It survives because there are many stakeholders that support it. The variety of stakeholders may complicate our efforts to address the problem, but that is the reality that creates sustainability. So, our abilities to work with different stakeholders will probably continue to be tested, but that should give rise to even more creativity on our part.

From parents to teachers, to religious leaders and from young girls risk to FGC to young men who have formed no opinion yet about them form important group that we must listen to work with all as allies. All of us therefore need to work more and embark on different perspectives of solving problems for this continent.

I thank you very much for listening to these remarks and I wish you active discussions and a fruitful meeting.

**OPENING REMARKS BY DR. HUSSEIN A. GEZAIRY, REGIONAL DIRECTOR,
WORLD HEALTH ORGANIZATION**

Ladies and Gentlemen,

It gives me great pleasure to attend this international conference on female genital mutilation and other harmful traditional practices. At the outset, I must express my deep sense of gratitude to the Government of Ethiopia for hosting this important activity and to our colleagues from the Inter-African committee on Traditional Practices Affecting the Health of Women and Children for their pivotal role in bringing about this conference.

Ladies and Gentlemen,

The traditional practices of a society are closely linked with the living conditions of the people and with their beliefs and practices. While some traditional practices are

beneficial, others are negative and harmful in nature. In almost every society of the world, the reproductive role of women is associated with traditional taboos and myths, many of which have harmful effects on the lives and health of women.

One traditional practice that has attracted much attention for several decades is the so-called "female genital mutilation." Wherever it has come to the attention of people who do not practice it, female genital mutilation has elicited reactions of horror and condemnation. While this has helped break the silence surrounding the subject, experience shows that their reaction generally blinds outsiders to the complexities of the issue, and may even exacerbate the problem.

The practice of FGM is restricted to a belt that extends across north central Africa and far up to the Nile Valley, through a host of different cultures and societies. It is an ancient African practice that is not endorsed by any religion. For Islam, the Holy Quran makes it clear that any change in God's creation is an atrocity inspired by the devil, while the prophet said: "God cursed those women who mutilate or disfigure the creation of God."

The World Health Organization has worked with its member states to gather information and to generate awareness of the adverse effects of the practice. In 1979, WHO's Regional Office of the Eastern Mediterranean organized a seminar in Khartoum, Sudan on traditional practices affecting the health of women and children. The Khartoum seminar was one of the first interregional and international attempts to exchange information on traditional practices and in particular female circumcision, in countries of the region and to make specific recommendations on measures to be undertaken by the health services to prevent and control this practice. Since then, numerous seminars, workshops, and consultations, organized by the regional office have drawn attention of member States to this issue. In 1995, the Regional office published an important contribution to the field through its health education through religion series. The document was entitled, "Islamic Ruling on Male and Female Circumcision." Prepared by distinguished scholars and scientists, the publication confirmed the non-religious nature of female genital mutilation.

Ladies and Gentlemen,

It is generally agreed that women must take the initiative for abolition and control of female circumcision themselves from within the societies that practice it. Such national and local initiatives will receive complete support of various agencies concerned. A joint statement by WHO/UNICEF/UNFPA in 1997 clearly established the collective condemnation of the practice by these three organizations, as well as their unequivocal opposition to any performing of the operation, under any circumstances, by physicians or other health professionals.

In recent years it has become clear that there is a need for a systematic, evidence-based approach for eliminating practices harmful to women, with specific focus on female genital mutilation. With this in mind, the Regional Office organized in 2000 an

inter-country workshop to strengthen national capacity towards eventual elimination of practices harmful to women in the Eastern Mediterranean Region. The workshop, which was held in Egypt, provided an excellent opportunity for assessing the extent of activities undertaken towards the elimination of FGM in the affected countries of the region, for achieving better understanding of the perceptions and beliefs of communities with regard to FGM, and for identifying feasible and effective approaches toward the elimination of FGM. To support the recommendations of this workshop, the Regional Office, in collaboration with distinguished experts from the international Islamic Center for Population studies and Research of Al-Azhar University in Cairo, Egypt, embarked in late 2001 on development of a training manual: "Towards the Elimination Of Female Genital Mutilation." The manual has been written in accordance with the socio-cultural norms and religious values of the region and in line with the WHO/UNFPA/UNICEF Joint Statement. This manual is expected to be ready for distribution later this year.

Although the pace of change is slow and adherence to the practice remains strong in some societies, we may hope that the phenomenon will soon disappear from the countries where it is still practiced, especially given the increasing commitment of decision-makers, and the increase in health and religious awareness and education among the public, in general and among women, in particular. I would like here to seize this opportunity to praise the work of the Inter-African Committee on Traditional Practices Affecting the Health of women and Children, which we all support.

Ladies and Gentlemen,

I am confident that this conference will succeed in determining appropriate strategies and **A Common Agenda for Action** for eventual elimination of these awful practices, in agreeing on the measures needed to convey correct religious teaching to every father, mother, and daughter, and in convincing all of the need for joint efforts to eliminate all harmful customs arising out of ignorance.

**MESSAGE FROM HALIMA EMBAREK WARZAZI, UN SPECIAL RAPPORTEUR ON
TRADITIONAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND GIRL-
CHILDREN**

Dear participants,

Other commitments are holding me from participating in your conference and I sincerely regret it because your meeting is an event of prime importance as it is the crowning of achievements of 18 years of intensive efforts undertaken especially by the Inter-African Committee and its President, Mrs. Berhane Ras-Work, who has ably sensitized the international community and concerned African Governments.

The fight against harmful traditional practices and in particular against female genital mutilation has achieved significant progress in our dear continent, Africa.

In my position as Special Rapporteur on Traditional Practices Affecting the Health of Women and Girl-children, I feel duty bound to commend a great number of African countries which have accepted to take up their responsibilities towards women and left no stone unturned in order to respond to the appeal of the international community, and have pledged support to the activities of the Inter-African Committee, especially field activities.

Africa has thus given an example of a continent fully aware of the seriousness of harmful traditional practices and anxious to bring them to an end through sensitization, eradication, information, and above all, political will.

Your conference will aim at consolidating the interventions in order to do away with any practice having adverse effect on the physical and moral health of women and girls, as well as on their dignity and security.

I wish the conference full success and, I congratulate one more time, the Inter-African Committee for this new timely initiative.

I also congratulate all governments, NGOs and international organizations that have provided precious support to the fight against these harmful practices, by their material and financial support.

KEY NOTE ADDRESS BY MAG. BARBARA PRAMMER
IAC EU AMBASSADOR

Mme. Chantal Compaoré
First Ladies,
Mrs. Berhane Ras-Work,
Honoured Guests,
Ladies and Gentlemen,

It is an honour and privilege for me to address this high-profiled international conference. I would like to thank Mrs. Berhane Ras-Work and the IAC committee for giving me this opportunity as well as including me as a member of the IAC team, and I consider it a big honour.

The Inter-African Committee has come a long way since Dakar where a few determined African women with the coordination of Mrs. Berhane and some others, also present in this room, decided it was time to act. The presence at this conference of First Ladies, high-profiled government representatives, the UN, international donors and the victims themselves is a clear mark of IAC's hard work and success. Female genital mutilation and other harmful traditional practices are no longer limited to close door conferences. This conference also clearly indicates that the problem needs to be tackled with global cooperation and partnership. Thanks to the lobbying of IAC and NGOs international instruments and structures are in place to fight FGM. What it needs is our sincere commitment.

Honoured Guests,
Ladies and Gentlemen,

FGM has been mystified under the cover of religion and tradition. The latter covers a wide set values which differ from society to society. Each society has values, which always put women at a disadvantage. After all, all of us are living in a patriarchal society. Traditions must no longer be an excuse for oppression. Traditions which bring pain and death, affect the integrity, psychology and health of any individual should be exposed and fought. We need changes and these come only through our effort, cooperation and designing a common approach regardless where we live. We are living in a global village and can no longer say what happens outside of our sphere does not concern us. These changes can come only if we change our values and norms not from outside but from within. These must be based primarily on education, information and economic independence.

The IAC has been since 1984 tackling the issue of FGM in particular cautiously through lobbying, information, training and creating awareness. It has proved to be successful; however, much remains to be done. Firstly, FGM is strongly related to the marriage institution and payment of bride price. Hence, it is essential for us to broaden our campaign to focus on men. Men as husbands, men as fathers, men as power holders,

men as religious leaders should be made aware of the consequences of the problem for their own good. Their involvement and commitment as individuals and power holders will be the most important element of the solution. Their silence, indifference and belief that FGM is a "women's affair" can no longer be accepted or tolerated.

Secondly, the issue of FGM must be treated along with other problems that affect women, especially, health, education and employment. Success in these fields will put women in a position to make their own decision on their life. It is within this context that women from the North should give all their support to realize this reality based on partnership and negotiation. It must be a "joint" venture with the victims/clients playing the dominant and decisive role. Experiences have proved again and a gain that any activity undertaken without the consultation and full participation of the beneficiaries is doomed to failure, especially in sensitive areas such as traditions and customs. All support should be made available to ongoing grassroots level activities focusing on enabling women to become self-sufficient. Entry points of education, health, income-generating activities need to be broadened and strengthened.

At the European level, the problem of FGM has recently become a matter of concern as some immigrants have brought it along with them. For them it is tradition but for Europeans it is a violation of human rights and child abuse. Considering the nature and magnitude of the problem the EU has passed a resolution on FGM in 2001. Some countries, the latest being Austria, have passed laws against FGM. There are local NGOs in most of the countries addressing the problem within their own communities. The EU DAPHNE Programme funds NGOs addressing the problem of child, young people and women including FGM in Europe. The importance of the activities in Europe is relatively smaller compared to the problems faced in Africa. I believe if there is change of values and norms in Africa regarding FGM, the problem will solve itself in Europe. Our objective should be to kill the problem at its origin. Then it will no longer serve as a tradition tying the individual to his original community. *Africans are the only ones to provide the right solution.* Therefore, it is essential that the UN, international, bilateral donors promote their direct communication with IAC. This effort has already started by a meeting of the IAC with the EU in 2001. This initial contact will be refined and continue as soon as possible. All efforts will be made that the IAC and EU will work jointly as partners to the advantage of both sides.

Honoured Guests,
Ladies and Gentlemen,

Declaration of an International Day of "Zero Tolerance to FGM" is an outcome of years of sacrifice by the IAC, the victims and NGOs. It should be supported full heartedly and we need it. It will be a day on which we renew our commitments annually. It will be a day on which we focus our attention to the problem reminding ourselves of its consequences. It will be a day on which all engaged in the fight will review their successes and problems and plan their next move. It will be a day on which we remind policy makers, politicians and community leaders that they need to do more.

Honoured Guests,
Ladies and Gentlemen,

We have a long way to go. We are dealing with tradition and culture, poverty as well, which require patience, time, intensive education and information. We should be proud, thanks to the IAC, we have a very strong foundation at the grassroots level. Let us strengthen and promote this foundation with all our efforts until all harmful traditions are practices of the past. I want to confirm at this point that my colleagues and I will always be at the side of Mrs. Berhane and the IAC to fortify the foundation laid by each of the national committees. It is my wish that by the end of this conference that we leave with a stronger determination and commitment to implement the Common Agenda for Action in the areas of research, training and information and income generating activities.

Thank you very much for your attention.

**KEYNOTE ADDRESS BY MRS. JOSEPHINE OUEDRAGO, DIRECTOR, AFRICAN
CENTER FOR GENDER DEVELOPMENT.**

Excellencies, First Ladies of Africa,
Excellency, the Minister of Health, representing the Government of the Federal Democratic Republic of Ethiopia
Excellencies, Madam Ministers
Excellencies Madam and Mister Ambassadors,
Madams and Misters, the Representatives of the Agencies of the United Nations System,
Ladies and Gentlemen,

Allow me, on behalf of Madam Lalla Ben Barka, Deputy Executive Secretary of the Economic Commission for Africa who could not join us, to welcome their Excellencies, the First Ladies of Africa, as well as the distinguished guests whose presence today in Addis Ababa is a great honour for us.

I wish also, on her behalf, to express our heartfelt appreciation to Mrs. Berhane Ras-Work, the President of the Inter-African Committee on Harmful Traditional Practices Affecting the Health of Women and Girl children, for organizing this conference in which we are called upon to consider an important as well as sensitive problem, because it touches on identity and cultural issues as they relate to the status of the African women.

Madam Chairperson,

Before taking you into the core of the problem itself, let me brief you on the situation of African women today. You are all aware that in 2004, that is next year, the African Platform of Action for women also known, as the Dakar Platform will be ten years old.

We will then have to make an assessment of what has been achieved in the implementation of that platform, as well as the Beijing platform.

A quick panoramic glance enables us, as a starting point, to note that within one decade, African women have obviously, even though partially conquered the political arena. Although the world average of the percentage of women members of parliaments is still low (13%) as compared to the objective of 30% set up in Beijing for 2005, we can feel encouraged by the average of 9% in Africa. But even as modest as it is, that rate recorded at regional level should not lead us to overlook or to underestimate the efforts of a number of countries of our continent, to increase the rate of women representation. I am talking especially of South Africa, where women had 24% of the parliament seats as far back as 1994 and 30% in 1999.

Namibia is also an encouraging example to be followed. In local government assemblies, women had captured 41% of the seats in 1996.

Generally speaking, in SADC countries, women hold 15% of decision-making positions and they are contemplating to hold 30% in 2005. Djibouti has just become the talk of the day by adopting a law, which makes it compulsory to have a quota of 10% for women in the legislative organs of the country.

In cabinets, African women are today heading ministerial departments which used to be male preserves, like foreign affairs, and finance just to name a few.

The rate of school registration of girls is on the rise, almost all over Africa. The principle of equality between sexes is being unequivocally stipulated in most national constitutions.

However, indicators are less encouraging, if not subjects of concern, as it relates to the sector of health for example (suffice it to look at the alarming rates of maternal mortality); or even the sector of access of women to basic economic resources, or again the sector of professional training, or the sector of information, etc.

HIV/AIDS, on its part, continues to devastate with rates of prevalence openly higher among women than among men. Concerning poverty, that other plague or scourge let me remind you that women represent 70% of the poorest population in Africa.

Madam Chairperson,

It seems to be more and more difficult today to dissociate the status of women and their level of evolution from the general assessment of the achievements and of the failures of development in our entire continent. In this respect, it may suffice to consider social and economic data and the challenges which led Heads of State to endow themselves with a new framework of direction and strategic action, known under the name of New Partnership for Africa's Development (NEPAD).

However, when it comes to development strategies or to fight against poverty, our leaders do not give enough consideration to parameters, which touch on the very identity and social status of individuals, be it boys or girls, women or men. But these socio-cultural parameters point to the landmarks which sociologists and anthropologists have identified as the launching pads which enable us to interact with our partners, and also to be recognized as members of socially and culturally defined groups, hence their importance in any development project.

The issue around which we are gathered today finds itself in that context which is quite fundamental for life as it is for the equilibrium of each individual person. We must recognize that, in Africa, that aspect is still overwhelmingly dominated by customs, traditions and religion. It is true that we would be brushing aside our own African identity if we would start denying our noblest customs and traditions.

But at the same time, and certainly because we want to avoid putting things in perspective, millions of human lives are being endangered daily, in the name of tradition. Hundreds of thousands of girl-children are being denied schooling only to be forced into marriage always in the name of tradition. Hundreds of women are being expelled from their households in the name of religion. Hundreds of thousands of widows are being disinherited and put to scorn sometime in front of their children in the name of some customs.

Ladies and Gentlemen,

Africa seems to find it difficult to solve its basic development problems than any other continent, perhaps because Africa has not yet been able to find the right way to, or even to build structural inter-dependence between cultural and moral issues on one hand, and the stakes of economic and social development on the other.

The Convention on the Elimination of All Forms of Discrimination against Women has not yet succeeded to become a text of reference for our leaders, not even the parliamentarians. The protocol to the African Charter of Human and Peoples rights on the Rights of Women is still under consideration. But it should give African women a battery of instruments to establish their rights in different fields. It would however be vain if all these instruments were to be considered in exclusive circles for women only. As long as political and social actors - be they men or women and at all levels, do not make up their minds to reconsider their own cultural and moral perception of the status of women and girl children, they will remain insensitive to well known indicators which clearly display the enormous gap between boys and girls, men and women, in vital fields such as health, education and access to basic resources.

Ladies and Gentlemen,

The issue in the spotlight today before our conference is an age-old practice, but nevertheless a dangerous one, concerning female Genital Mutilation. While recognizing the physical and psychological consequences of this kind of practice, I think we should

consider the problem in all its aspects, keeping in mind that there are yet even more traumatic practices, in Africa as well as in Asia and in the West. Evidence in support of this statement is the existence of sexual exploitation of young girls, pedophilia and forced prostitution unleashed on millions of girls - children and young women, who are thus experiencing practices which shock their psychological health forever and deal a blow to universal conscience.

Madam Chairperson,

The Economic Commission for Africa wishes to pay tribute to the achievements registered in the field of female circumcision, owing to the persistence of activists in National Committees and women associations. We hail the idea of declaring 6th February as "International Day of Zero Tolerance to FGM." Our strong wish is that, every year, on that day, men and women of African countries agree to take stock together of our customs and traditions with a critical and constructive spirit. The 6th of February would thus become an open day on traditions and customs, which are publicly known to be the most harmful in order to find appropriate solutions.

Furthermore, we wish that commemoration of that day to contribute to sensitization of the general public on all the provisions of the Convention on the Elimination of all forms of Discrimination against women (CEDAW) and the national laws concerning respect of basic rights of women and girl children.

Ladies and Gentlemen,

I strongly hope that our conference will leave its mark in the collective consciousness of our Nations, in order to open the way for a less painful future for the girls and women of Africa. I wish you a nice stay and full success in your deliberations,

Thank you for your attention.

**MESSAGE OF H.E. ABDOU DIOUF, SECRETARY-GENERAL OF THE
INTERNATIONAL ORGANIZATION OF FRANCOPHONIE**

Members of the conference,
Representatives of the Government of the Federal Democratic
Republic of Ethiopia,
Excellency, Mrs. Chantal Compaoré, First Lady of Burkina Faso
and Goodwill Ambassador of IAC,
Excellency, Mrs. Henriette Conte, First Lady of the Republic of Guinea,
Excellency, Chief Stella Obasanjo, First Lady of the Republic of Nigeria,
Excellency, Mrs. Toure Labo, First Lady of the Republic of Mali,
Honourable Rebecca Kadaga, Deputy Speaker, Parliament of Uganda and member of
Inter-Parliamentary Union,
Commissioner of the African Union Commission,
Representative of the UN Economic Commission for Africa,

President of IAC,
Distinguished Delegates,
Participants in the present conference,

The International Organization of Francophonie supports you in the fight against traditional practices, which are harmful to the bodily and psychological integrity of women.

By pledging the support of the OIF and all its operational agencies among which there is the Inter-governmental Agency for Francophonie which is your daily partner, I wish to tell you that by so doing, it is only in pursuit of our personal and institutional commitments.

You will recall that personally, it was in Dakar in 1994 where the African Regional Conference was organized, ahead of the 4th UN World Conference on Women in Beijing in 1995.

You are aware, ladies and gentlemen of the interest I took in that regional conference and I want to thank again all the participants in that meeting for having associated the name of the capital city of my country, Senegal, with the important decisions, which were taken in that gathering. You all know that the Declaration and Plan of Action of Dakar is regarded today as an African reference, because of its converging synergies of initiatives, projects and programmes of Africa, on gender and development. You therefore understand my joy to pursue that action with you.

On institutional level, I am pleased to remind you that for a long time now, Francophonie got decisively committed to support the elaboration and implementation of national plans geared at promoting better participation of women, not only in the development process in their respective countries, but also in active and effective participation in decision-making of their countries' policies.

The future of our democracies is at stake and women must be allowed to participate in major decisions concerning the destiny of our peoples, since they are the majority and actually very active. The commitment of Francophonie manifested in important rendezvous:

- In Nouakchott, Mauritania, Francophonie took the lead to organize the experts meeting of all member states in July 1994, to harmonize national plans of action, ahead of the African Regional Conference in Dakar.
- In Dakar, Senegal, on the occasion of the African Regional Concentration, Francophonie gave a valuable support to Senegal, the host country, and to all Francophone delegations. The organization also supplied the needed expertise and thus contributed to the adoption of an African common position for the Beijing platform.
- In Ouagadougou, Burkina Faso, and I am pleased to hail the presence among us of Mrs. Chantal Compaoré, wife of H.E. Blaise Compaoré, the President of Burkina Faso. The 4th Ministerial Conference of Francophonie adopted a

resolution signalling its irreversible commitment to support the cause of women.

- In Cotonou, Benin, on the occasion of their sixth session of their conference, Heads of State and Government of countries sharing the French language adopted resolution 11 related to the follow-up of the 4th World Conference on Women in Beijing which had just wound up.
- In Bucharest, Romania, in 1998, on the occasion of the Fourth Ministerial Conference, the Secretary-General of OIF took steps to convene the first conference of French speaking women. That conference came up with a mid-term assessment of national plans and programmes of French speaking countries, ahead of the follow-up conference of Beijing+5.
- In Monkton, the Canadian province of New-Brunswick, Heads of States of French speaking countries, in their 8th session, decided to hold a Francophone conference on the topic "*Women, Power and Development*", in preparation of the UN special session which had been scheduled for June 2000.
- In the Grand Duchedom of Luxembourg, in February 2000, the 1st Conference of French speaking women was organized on the topic, which had been decided upon in Monkton "Women, Power and Development". I strongly hope that the Declaration and Plan of Action of Luxembourg has been circulated to you.
- Then in New York, on the occasion of the Special Session of the UN General Assembly for the Review of Beijing+5 in June 2000, on the theme "Women in 2000: Gender Equality, Development and Peace for the 21st Century", the delegation of Francophonie actively participated and even organized, thereafter, a conference among French speaking delegations.

The International Organization of Francophonie has therefore been present in all major gatherings relating to the promotion of the cause of women and their participation and empowerment at all levels.

Chairperson,

You did well to invite M. Roger Dehaybe, the Administrator and Managing Director of the Inter-governmental Agency of Francophonie to participate in your deliberations. You did well because this Agency is the main operational arm of Francophonie and the instrument of multilateral co-operation of Francophonie. Mr. Roger Dehaybe regards your proceedings with the highest interest and that is why he has asked Mrs. Fadia Nassif, who is in charge of the programme called "Women and Development" within the Inter-governmental Agency of Francophonie, to attend your conference.

Mrs. Fadia Nassif who is well known to most of you will follow your proceedings and is prepared to give you all the expertise of Francophonie in the field you are dealing with.

I wish you success and I am eager to receive information on your main conclusions and recommendations. Thank you ladies and gentlemen.

**KEY NOTE ADDRESS BY H.E. MRS. HENRIETTE CONTE, FIRST LADY OF THE
REPUBLIC OF GUINEA**

Excellency, the President of the Inter-African Committee,
Excellencies, First Ladies,
Excellency, the interim chairperson of the African Union
Excellency, the Executive Secretary of the Economic Commission for Africa,
Representative of the European Parliament,
Ladies and Gentlemen,
Distinguished Guests,

Allow me first of all to express thanks to the people and the government of Ethiopia for their traditional hospitality, warm and fraternal welcome, which has been accorded to the delegation of Guinea.

I also wish to convey to H.E. the Prime Minister of the Republic of Ethiopia and to Mrs. Zenawi as well as to the other high officials who are gathered here, the congratulations of the people and the government of Guinea for the perfect organization of this meeting.

From this high tribune, I also wish to convey the fraternal and friendly greetings from General Lausana Conté to Prime Minister Meles Zenawi and members of the Inter-African Committee.

Ladies and Gentlemen,

Our gathering is a testimony of major concern, which condemns irrevocably age-long traditions, which are destructive to human beings.

The present conference also reveals the awareness of a continent, even our continent, of the need to harmonize our actions and appeal for the attention of the world, on our effort to give back her dignity to the African Woman.

In the Republic of Guinea, the Co-ordination Unit on Traditional Practices Affecting the Health of Women and Children (CEPTAFE) has been at work since 1989. Under its guidance, a ceremony called "abandonment of the knife" is regularly organized all over Guinea, and excisers who have been informed of the consequences of excision, come up to destroy their tools, and pledge commitment to involve themselves in more healthy and income generating activities.

I wish to point out that the Constitution of the Republic of Guinea protects the right to bodily integrity of citizens, and that the penal code severely punishes excisors.

Ladies and Gentlemen,

The awareness of the urgent reinforcement of our commitment to fight harmful traditional practices and being a woman, has convinced me of the need to get more

involved and mobilise more, in favour of the advent of a happy girl and woman of Africa, who would be free, in harmony with her society and rid of outrageous, cruel and traumatising practices. That is also one of the major concerns of my husband, General Lausana Conté.

I thank you.

STATEMENT OF THE INTERIM CHAIRPERSON OF THE AFRICAN UNION, MR. AMARA ESSY

Chairperson
Madam President of the IAC
Distinguished First Ladies
Honourable and Distinguished Participants
Ladies and Gentlemen

Allow me to congratulate the IAC, on behalf of the African Union and its Interim Chairperson, Mr. Amara Essy, who as you know is unable to be personally present at this meeting. I bring to you his warm greetings and his hope that this meeting will achieve its purpose. He is with us in our joint tireless efforts to eradicate the traditional and emerging harmful practices that are affecting African women and children. I want to seize this opportunity to congratulate the President of the IAC and the National Committees in your endeavour at ensuring that these practices become history.

The OAU, and now the AU has since the 1980s, been working closely with the IAC and is happy to have played a major role in its work and activities, and be part of its success stories. Not only does the IAC have an Observer Status with the AU, we have worked together on several fronts over time. We worked closely to produce the African Declaration on Violence against Women, which was adopted by our Heads of State and Government in 1997. We have jointly drafted an 'OAU Convention on Harmful Practices Affecting the Health of Women and Girls' which has been merged to the Additional Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women. I notice that the discussion on the Protocol is part of your agenda at this meeting.

Chairperson

It is appreciated that several national governments have taken major steps to ensure that women's rights are protected. The silence has been broken; the issue of gender-based violence is now on the local, national and international agenda. There is the CEDAW and Africa is on verge of developing its own home-based instrument, that is, the Protocol earlier referred to. Legal reforms and policies are being developed to create a strong impetus for change. A lot of what should be said has already been said. A lot of research has been carried out. I believe it is now the time to concentrate on the implementation of commitments already made, and ensure the accountability of all.

The AU is therefore excited to be part of this phase of declaring an International Day on Zero Tolerance to FGM and is conscious that this will be another major step in the progress to make the eradication of these practices a reality.

It is within this context that I want to seize this opportunity to intimate you with the prospects and vision of the new African Union. The African Union is our successor organization to the Organization of African Unity (OAU). Its vision and goals are informed by the experiences of the OAU and the latter has served as a crucible for its birth. However, just as a child is different from its mother, I would like to emphasize that the new African Union is not the OAU. It was conceived to be different and certainly will be different.

The African Union was created because the leaders and peoples of Africa came to the conclusion that the OAU needed to be revamped in order to equip it to confront the challenges of development and democracy confronting the continent in the new millennium. The world had changed, the continent had changed but the organizational vehicle at the continental level remained largely the same with methods that needed to be adopted to cope with emerging challenges. It is the commitment to change this situation that fostered the birth of the African Union.

In this regard, the Constitutive Act of the African Union is committed to creating an entirely different and more inclusive organization, one that is "guided by the need to build new partnerships between Governments and all segments of the civil society, including women, youth and the private sector, in order to strengthen the solidarity and cohesion among our peoples".

Chairperson

Regarding women and gender issues, the new Union is also gender sensitive. The Durban Summit decisions regarding gender mainstreaming in the African Union marked an important turning point in the way that women and gender issues will be handled within the African Union. The Constitutive Act of the African Union recognizes gender mainstreaming as a goal of the Union. While the whole Commission is tasked with ensuring that it takes gender into consideration in all its work, the ultimate responsibility for gender mainstreaming within the AU lies with the Chairperson of the Commission.

To assist the Chairperson in this task, the Women, Gender and Development Directorate has been established in the office of the Chairperson to coordinate all AU activities relating to women and gender. The tasks flowing from this mandate include gender mainstreaming; coordination; advocacy; policy; tracking, monitoring and evaluating; gender training and capacity building; research; communication, networking and liaison.

The priorities of the Gender Directorate are determined by the priorities of the African Union as a whole. Programmes with clearly articulated objectives and projected

outcomes, targeting both rural and urban women will be developed with emphasis placed on partnership.

For this reason, the Gender Directorate has a two-fold approach to its work. First, a women-targeted women in development approach which recognizes that women are starting from a more disadvantaged position than men, and, therefore, seeks to remove the obstacles that women suffer in order to empower them so that they can compete on a level of equality with men. Second, a more holistic, encompassing gender in development approach which seeks to ensure that women are part of mainstream activities as equal stakeholders with men. I am sure that you are also aware of the important decision that half of the commissioners of the new Union must be women.

The AU is also evolving new structures such as the Pan African Parliament, the Economic, Social and Cultural Council (ECOSOC), the Peace and Security Council, the Council of the Wise, the Pan African Court of Justice, the Conference on Security, Stability, Development and Cooperation in Africa (CSSDCA) and the New Partnership for Africa's Development (NEPAD) that you have heard much about. The objectives of the CSSDCA and NEPAD programmes are to create synergies in the affairs of the Union, to promote higher performance efficiency and to provide a blueprint for socio-economic development that takes account of the interests and desires of both our populations and our partners in the international community.

For example, the requirement of enlisting the participation of civil society in the AU process through the ECOSOC demands that they be integrated as effective partners instead of being accommodated as simply another institutional component of the Union. Thus, the active participation of civil society in the Union will be crucial.

The AU is fully committed to the eradication of all forms of discrimination against women in all spheres of life because women's full and effective participation in development on a basis of equality is a pre-condition to the achievement of durable peace and sustainable development, and to human progress generally.

In this regard, it is my hope that the outcome of this meeting will lead to the formulation of new strategies to achieve the liberation of African women and children on all fronts, but especially from harmful practices. Consequently, the AU will continue to work closely with its partners for the creation of a more just and egalitarian society for the benefit of all its citizens.

I thank you for your kind attention.

WELCOME ADDRESS BY H.E. CHIEF (MRS) STELLA OBASANJO
FIRST LADY, FEDERAL REPUBLIC OF NIGERIA.

It is indeed a great pleasure for me to be here today, to share experiences and exchange ideas with you on how to address the touchy subject of female genital mutilation (FGM) and other harmful traditional beliefs and practices. Curiously, many of these practices and beliefs tend to undermine the status and interests of women; and, when they apply to men, often have the exact opposite effect of enhancing their social status and promoting their pre-eminence in society.

Thankfully, discerning men and women are now united in this campaign to expose the harmful and unacceptable consequences of these traditional practices. May I therefore seize this chance to express my personal gratitude to the noble men and women of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children for the fantastic work done since 1984, to educate and sensitize our people to the dangers inherent in certain traditional practices and beliefs.

May I also thank the current President of IAC, Madam Berhane Ras-Work for inviting me to this conference, which, I am certain, will set the agenda for a continent-wide framework of action for ending harmful traditional beliefs and practices especially the mutilation of the female genital and reproductive organ.

In keeping with tradition in many African societies, a part of a woman's genital, usually the clitoris, is sliced off before she comes of age, and fully initiated into womanhood. The origin of this practice is often unknown, but successive generations have continued this practice in the belief that it checks promiscuity and enhances fertility and childbirth.

"Female circumcision" which is a fancy term for female genital mutilation, is seen as synonymous with faithfulness in marriage and a sign of chastity in a woman. Conversely, an uncircumcised woman is considered as less likely to be faithful and unsuitable for marriage. This means that even those parents who do not believe in the supposed benefits of the practice have to subject their children to female genital mutilation to ensure their acceptability in the society and improve their chances of marriage.

We now know, however, that circumcision or the lack thereof, has absolutely nothing to do with infidelity. The experience of sexual pleasure is no less desirable for a woman than it is for a man. Indeed, women who have been rendered sexually frigid by female genital mutilation are more likely to want to experiment with other partners, in an elusive search for pleasure. While I would like to leave the details to psychologists and other relationship experts to discuss in the course of this conference, I just wish to state that marriages are more likely to endure where both partners derive mutual pleasure in their intimate physical relationship.

Distinguished ladies and gentlemen, female genital mutilation exposes women to several dangers including the risk of infection from un-sterilized surgical instruments.

Many of these instruments are so crude and inefficient that they often savagely mutilate a woman's body. Imagine the trauma and horror that is the lot of a young woman who learns she has contracted HIV in the course of an unnecessary procedure, the sole purpose for which was to diminish her sexuality.

The risks associated with female genital mutilation are far too many and I believe whatever justifications there might have been for this practice are no longer tenable. What is required now is for our people to come to the knowledge of the uselessness of female circumcision and the associated and unacceptable dangers to a woman.

We must seek to mobilize the support of critical segments and institutions of civil society in our overall effort to enlighten our communities about the harmfulness of female genital mutilation. Schools, churches, mosques, town halls, social and youth clubs and crucially, traditional leaders, should play leading roles in the education and social mobilization of ordinary citizens. Civic bodies and non-governmental organizations should join forces with the public health institutions to push for relevant legislation in each country for the prohibition of this practice.

I trust that this conference will achieve its stated objective of devising effective strategies for the elimination of female genital mutilation in African societies. I look forward to Thursday, 6th February 2003, when we shall lend our support to the declaration of an International day of "Zero Tolerance to Female Genital Mutilation." I thank you all for your attention. Thank you and God bless you all.

**STATEMENT OF MRS. BUTHAYNA IDRIS ADAM ON BEHALF OF H.E MRS.
FATIMA KHALID EL BASHIR, FIRST LADY OF THE REPUBLIC
OF THE SUDAN**

Her Excellencies, the First Ladies of the
Republic of Burkina Faso
Republic of Ghana
Republic of Guinea
Federal Republic of Nigeria

Ladies and Gentlemen,

I am honoured and privileged to address you on behalf of Her Excellency, Mrs. Fatima Khalid El Bashir, the First Lady of the Republic of the Sudan. She thanks the Inter-African Committee on Traditional Practices (IAC) for the invitation extended to her to attend this unique event. She expresses her regret for not being able to participate. I have the pleasure to congratulate IAC for its continued hard work during the last eighteen years, and to express the appreciation of the Sudan Government for the great efforts exerted by IAC to eradicate harmful traditional practices in Africa.

Historically, Sudan has pioneered in addressing the issue of Female Genital Mutilation (FGM) since 1930. Since then, both Government and Non-Government Organizations

have been involved in the campaign against FGM. The Sudan Government is undertaking serious steps towards the abolition of all forms of FGM to mention a few.

- Topic on the harmful effects of FGM are integrated in the basic and secondary education curricula
- The Federal Ministry of Health formulated and adopted a national strategic plan of action in 2001
- The Ministry of Social Welfare has commissioned a committee to draft proposed legislation for prohibiting all forms of FGM

From the NGOs and civil society side, they launched massive campaigns during the last decades. The Sudan National Committee on Traditional Practices (SNCTP) has worked in close collaboration with Babiker Badri Scientific Association and the emerging NGOs throughout the country. The direction of change has demonstrated a shift for the most severe type to the mildest type.

Ladies and Gentlemen,

As African countries, let us join hands and work hard for the full eradication of FGM by the end of the coming decade.

Last but not the least, the Sudan Government would like to express special tribute to SNCTP for its efforts and great achievements at national, regional and international levels. SNCTP is one of the Sudanese NGOs of which we are very proud.

I wish you all success in your deliberations and we look forward to receiving the conference resolutions.

Thanks.

STATEMENT BY MADAM CHANTAL COMPAORÉ, IAC GOODWILL AMBASSADOR

Allow me first of all, as we are in early 2003, to convey my best wishes to all those who have been kind enough to honour the opening ceremony of this conference with their presence.

It is with great pleasure that I would like to offer sincere congratulations to the President of IAC, Mrs. Berhane Ras-Work together and her team for having organized this conference, and to thank all those who have contributed in making it possible for us to be here.

Distinguished Guests
Ladies and Gentlemen,

The opening today of the International Conference on "Zero Tolerance to FGM" is a testimony of the declared will of IAC, its national committees and affiliates to work for

the creation of an action oriented programme to speed up the process of elimination of FGM in Africa and within migrant African populations especially in Europe and United States.

"Zero Tolerance to FGM" is the manifestation of our resolve, not only as African decision makers and actors but also of our appeal for better and real involvement of government decision makers, community leaders, executives of regional and international organizations and socio-professional groups, to fight against FGM.

Distinguished Guests
Ladies and Gentlemen,

The distressing/devastating harmful consequences of FGM on the physical, reproductive, and mental health of the victims, on their human rights and full participation in decision-making and development efforts need no more argument.

In the same vein, efforts undertaken since two decades, especially by IAC, and its NCs and its Affiliates with the support of OAU, the UN and their specialized structures without leaving aside governments have achieved significant results towards the eradication of FGM.

In my position as the patron of IAC National Committees, member of the Economic and Monetary Union West Africa (UEMOA) and Goodwill Ambassador, I have undertaken advocacy at sub-regional, regional and international levels, to make the voice of IAC to be heard by decision makers and development partners and earn decisions and resource mobilization necessary to support the process of eradication of FGM.

One of the recent efforts was our participation at the international conference which took place in Yaounde, Cameroon, on the theme: "African Synergies Against AIDS and Sufferings" where I called upon our sisters and leaders who were present, to get mobilized and participate in the struggle against FGM as one of the means of contracting HIV.

Today, pressure groups are getting organized at all levels and parliamentarians in Africa and Europe are getting more and more involved in the struggle to put an end to FGM.

Distinguished Guests
Ladies and Gentlemen,

Our struggle against FGM is supported by a conducive international environment where violence perpetrated against women and girl children, and the violation of their human rights are denounced and strongly opposed.

Thus, owing to the numerous legal instruments, which have been adopted, institutions such as IAC have managed to reduce the practice of FGM through appropriate actions and field interventions in advocacy and lobbying.

However in spite of several achievements, FGM, still remains a real social tragedy imposed on women and girls as victims of the practice every single year.

The intolerable practice of FGM persists, entertained by religion and even myths or simple wickedness.

We must therefore increase our efforts, pool our forces, harmonize our actions and ensure coordination in order to put up a vigorous international action and a common crusade to bring it to an end.

For us to bring to nought, socio-cultural inertia which still dominates mentalities, we must achieve mobilization, commitment and the involvement of all politicians in government, NGOs, religious leaders, the youth, communicators and executives of institutions just to mention a few.

We must arouse consciences, set them against violence and iniquities of FGM, and make a chain of international solidarity so as to achieve victory in the earliest reasonable time frame.

It is with that in mind that I appreciate the initiative of organizing this international conference which has the ambition to take up the challenge which is well expressed in the theme "Zero Tolerance to FGM."

In that respect, in my position as Goodwill Ambassador, I wish to appeal to all those present here for more commitment and vigour, in order to ensure total success to the initiative.

In this 21st century, practices as barbaric and inhumane as FGM should be but remote memories of which only history would remain a witness.

As far as I am concerned, I solemnly pledge again my commitment to spare no effort in order to achieve the expected results.

I would not want to leave this tribute without expressing our gratitude to the leaders of this brotherly and friendly country of Ethiopia for the numerous and considerate attention my delegation and myself have enjoyed since our arrival and for having kindly offered to host this conference with the hope to see the final elimination of FGM.

Our gratitude goes to all those present here who are together committed and resolved to see to it that this shameful practice is eradicated all over the world.

Victory is certain if we all remain mobilized around IAC

I thank you.

ANNEX IV: CLOSING STATEMENT BY MRS. BERHANE RAS-WORK, PRESIDENT OF IAC

Excellencies

First Lady of the Republic of Guinea, H.E Henriata Conté

First Lady of the Federal Republic of Nigeria, H.E. Chief Stella Obasanjo

Distinguished Guests

Ladies and Gentlemen:

I hope you would all agree with me if I say that our conference has succeeded in many ways in fulfilling the common agenda for action against FGM and other HTPs. The discussions under each item were intense and enriching in that the ideas put forward were all based on live experiences of each one of us through our work and involvement in the anti FGM campaign.

We in the Inter-African Committee feel intensely satisfied and believe that the objective of the conference was on the whole attained.

Although we were faced with time constraints, we were still able to share and enrich each other. We all said, Yes to "Zero Tolerance to FGM." In doing this, we fully realize that we have launched a challenge towards the implementation of the agenda we adopted.

I can assure you that we in IAC will do our level best to attain "Zero Tolerance to FGM" working in partnership with governments and organizations and the civil society at large. We will uphold the **Common Agenda for Action** against FGM as a live document and our actions would be guarded by the strategies specified in it.

Soon after this conference, a committee will be set up to elaborate on the operational framework with all the details, which this implies. It is our sincere hope that we can count on the involvement of our partners and supporters in these processes. The next International Day of "Zero Tolerance to FGM" should be a day when all stakeholders would register their report of success in their endeavours.

We accept fully the proposal to set up a monitoring team representing different stakeholders at all levels. This too will be followed up in collaboration with governments and organizations concerned.

At this point, I would like to thank every one for your contributions in making this conference a success. I thank the government of the Federal Democratic Republic of Ethiopia for its support and for being an excellent host. I thank the first ladies for sparing time to be here and serving as a great part of this conference. To my colleagues in Geneva, Dr. Morissanda Kouyate, and the Scientific Committee, the National Committees and staff of IAC in Addis Ababa who all worked tirelessly to ensure the smooth progress of this conference, I say thank you.

Special thanks go to our supporters and donors, the ECA/ACGD and the Conference Division who provided us with this comfortable conference hall, UNICEF, UNFPA, CIDA, FINNIDA, USAID, WHO/AFRO, Pathfinder International, World Bank, Save the Children, Norway, Save the Children, Sweden, the Netherlands, and Organisation Internationale de la Francophonie for making this conference a reality.

I would like to thank the interpreters for facilitating communication and understanding and also thank the elected conference officers for their able leadership in directing and guiding the affairs of the conference to a successful end.

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