

Table of Contents

I. Introduction	3
II. Structure	5
III. Africa (mainly Sub-Saharan)	5
1. Laws and Policies	5
2. Comprehensive Prevention Strategies	9
3. Multi-Sectoral Services, Programmes and Responses	11
4. Data and Research	15
5. Community perspectives	16
6. COVID-19 pandemic	19
IV. Asia and Pacific	20
1. Laws and Policies (including on measures taken to protect women and girls from FGM)	20
2. Comprehensive Prevention Strategies	21
3. Multi-Sectoral Services, Programmes and Responses	21
4. Data and Research	22
5. Community perspectives	23
6. COVID-19 pandemic	24
V. Europe	25
1. Laws and Policies	25
2. Comprehensive Prevention Strategies / Multi-Sectoral Services, Programmes and Responses	29
3. Data and Research	30
4. Community perspectives	31
5. COVID-19 impact on FGM	32
VI. Middle East and North Africa	34
1. Laws and Policies	34
4. Data and Research	34
VII. North America	35
1. Laws and Policies	35
2. Multi-Sectoral Services, Programmes and Responses	37
3. Data and Research	39
4. Community perspectives	40
VIII. Conclusion and recommendations	42

I. Introduction

This submission has been compiled by members of the Global Platform for Action to End FGM/C: *Amref Health Africa, Coalition on Violence Against Women, End FGM Canada Network, End FGM European Network, Equality Now, Orchid Project, Sahiyo, The Girl Generation, The Inter-African Committee on Traditional Practices, The US End FGM/C Network, There Is No Limit Foundation and Tostan.*

It represents a joint effort across our respective organisations and regional networks to combine our global expertise, knowledge and partnerships to support efforts to end FGM/C by 2030, in line with the Sustainable Development Goals (SDGs).

This submission provides regional progress updates across the key thematic areas of the Secretary General report since the last report in 2018.

Background to Global Platform for Action to End FGM/C

The organisations that make up the Global Platform came together in early 2019 to plan a joint pre-conference at the Women Deliver conference in June, in recognition of the imperative for us to work together - as civil society, donors and allies – to make FGM/C a practice of the past. To ensure maximum participation and engagement in this process, the pre-conference was preceded by a global survey which engaged over 200 people across 46 different countries.

The pre-conference at Women Deliver was recognised as one of the top five ways that the Women Deliver conference made a difference for women and girls¹. Over 80 participants explored the survey results and agreed some shared goals for advancing progress in line with Agenda 2030. This represented the first time, global FGM/C activists from Africa to Europe, from Australia to Asia and to North America; women and men, civil society organisations, champions, survivors, and grassroots representatives, all came together to unite voices around a global call to action to end FGM/C.

In November 2019, to coincide with the International Conference on Population and Development in Nairobi, the Global Platform has officially launched its [Global Call to Action to End FGM/C](#) which has so far been endorsed by 859 people and over 70 organisations and institutions.²

¹ See: <https://womendeliver.org/2019/37-ways-that-wd2019-delivered-for-girls-women-and-gender-equality/>

² The full list of endorsing organisations for the Global Call to Action to End FGM/C can be found at: <https://actiontoendfgmc.com/about/>

The Global Platform and its Call to Action to End FGM/C represents cooperation and partnership within the FGM/C sector, but also with allies across multiple intersecting and related sectors, such as gender-based violence (GBV), sexual and reproductive health and rights (SRHR) and education.

We greatly value this opportunity to make this joint submission to the UN Secretary General's 2020 report on Intensifying Global Efforts for the Elimination of FGM.

Inter-Regional Coalition to End FGM

The urge to come together as a global movement, while still keeping a focus on regional trends and specificities, brought some regional civil society networks in Europe, Africa, Asia and North America to set the basis for an increased cooperation already throughout 2018.

The newly formed **Inter-Regional Coalition to end FGM**, is a coalition of regional networks working to end FGM, representing almost **200 members in four regions of the world**. Its main objective is to enable better coordination among civil society working towards the abandonment of FGM at different regional and sub-regional levels, fostering joint actions and sharing promising practices across regions, and providing a global unified civil society platform of expertise, including global trends and regional specificities, to influence inter-governmental bodies and decision-makers to shape global and regional policies to tackle FGM.

The Inter-Regional Coalition issued its first programmatic [Joint Statement](#) in November 2018, as a reaction to the United Nations Secretary General (UNSG) report on 'Intensifying global efforts for the elimination of female genital mutilation' presented at the 73rd session of the United Nations General Assembly (UNGA). In such statement, [End FGM European Network](#), the [Inter-African Committee on Traditional Practices](#), the [US End FGM/C Network](#) and the [IPPF East and South-East Asia and Oceania Region](#) reaffirmed their commitment to scale up efforts to end FGM worldwide through increasing their cross-regional cooperation. Moreover, to mark the International Day of Zero Tolerance for FGM 2019, the Inter-Regional Coalition published a [Joint Open Letter](#) calling international and regional decision-makers to scale up efforts to ending FGM and put at the centre of any policy and funding scheme the affected communities and survivors.

The members of the Inter-Regional Coalition joined efforts in 2019 with other international partners and cooperate currently as well through the broader Global Platform for Action to End FGM/C. In the meanwhile, thanks to increased efforts at other regional levels to join forces and create further networks to ending FGM, the Inter-Regional Coalition officially **welcomed new members** in 2020 to expand its geographical representation: the [End FGM Canada Network](#), the [IPPF Arab World Network](#), and will be happy to welcome in the future

the newly created Asia Network to End FGM/C (a joint effort of Orchid Project and ARROW). Beyond fully cooperating with other international partners in the Global Platform of Action to end FGM/C, the members of the Inter-Regional Coalition continue wanting to preserve a space within the global movement for regional networks to come together, given the added value of the very specific nature of membership-based regional and sub-regional organisations and the unique role they can play at regional level.

II. Structure

The present submission is divided by regions to ensure that changes and progress are captured from a regional perspective, as well as the ability to follow regional trends.

Each section addresses the following issues, in line with the outline sent out by UN Women to Member States to get their input, with a couple of additional final sections which were identified by UN Women to be of interest:

- Laws and Policies
- Comprehensive Prevention Strategies
- Multi-Sectoral Services, Programmes and Responses
- Data and Research³
- Community perspectives
- COVID-19 pandemic

III. Africa (mainly Sub-Saharan)

1. Laws and Policies

Africa regional: In January 2019, during the 32nd Ordinary Session of the African Union Summit of Heads of State and Government, the African Union officially launched the Continental Initiative to End Female Genital Mutilation, dubbed as the ‘Saleema Initiative’. The initiative is designed to galvanise political action to accelerate the elimination of the harmful practice in the continent by enforcing strong legislation, increasing allocation of financial resources and strengthening partnerships to end female genital mutilation, particularly within communities most impacted by the harmful practice. His Excellency Roch Marc Christian Kaboré, President of the Republic of Burkina Faso is the African Union Champion on elimination of FGM. The Launch of the Saleema initiative aims to galvanise efforts not just

³ Several of the data and studies reported in this section are taken from the report that End FGM European Network, Equality Now and the US End FGM/C Network published in March 2020 entitled Female Genital Mutilation/Cutting: A call for a Global Response, available here: https://www.endfgm.eu/editor/files/2020/04/FGM_Global_-_ONLINE_PDF_VERSION_-_07.pdf

among member states but also AU accountability mechanisms. The African Committee of Experts on the Rights and Welfare of the Child (ACERWC) outlined its role in the Saleema Initiative during its 34th ordinary session held in Cairo Egypt committing to;

(i) Strengthen Member States reporting on fulfilment of obligations under the African Charter on the Rights and Welfare of the Child (ACRWC);

(ii) Develop a General Comment on Female Genital Mutilation;

(iii) At 30 years of ACRWC (2020), undertake targeted follow-up country missions based on concluding observations in this period and produce a special report to be submitted to AU Heads of State and Government;

(iv) Make action on ending harmful practices (child marriage, female genital mutilation) a key index in state party reports going forward and;

(v) Build close collaboration on advancing the "ending harmful practices" agenda with other AU treaty bodies

West Africa sub-regional: Reports of media and civil-society organizations in the region indicate that cross-border FGM is a serious problem within the West African region, with families crossing borders to avoid anti-FGM laws and taking their girls to get cut in neighbouring countries. However, across the region, the laws and policies of most countries do not address cross-border FGM. Guinea-Bissau is one of the few countries in the region which addresses cross-border FGM within its anti-FGM law. Mauritania has also taken steps to address this issue, including by carrying out interventions targeting communities from the bordering regions in Mauritania and Senegal.

In addition to the issue relating to cross-border FGM, a few West African countries such as Mali, Sierra Leone and Liberia do not have laws addressing FGM at all, despite having high prevalence rates of cutting.

Sudan: In April 2020, Sudan amended Article 141 of its Criminal Law to make FGM an offence, and provide for a criminal penalty of three years' imprisonment or fine for any person who "removed, mutilated the female genitalia by cutting, mutilating or modifying any natural part of it leading to the full or partial loss of its functions, whether it is inside a hospital, health center, dispensary or clinic or other places." This new anti-FGM provision now needs to be accompanied by positive community engagement, awareness raising on the dangers of this harmful practice, support for women and girls who have been cut or are at risk, as well as effective enforcement of the law.

Kenya: Kenya officially launched the National Policy on the Eradication of FGM in January 2019. The policy gears towards strengthening coordination efforts to end FGM at national and county level and implementation of the prohibition of FGM Act 2011. The Vision 2030

and the third Medium Term Plan (MTP III) for the period 2018-2022 addresses FGM, under the Gender, Youth and Vulnerable Groups sector of the social pillar. MTP III targets to enhance prevention and response to gender based violence (GBV) and improve utilization of essential services. With specific reference to eradication of FGM, MTP III aims to protect women and girls from the malpractice by ensuring that perpetrators are prosecuted, provision of support services to the survivors and enhanced public awareness and sensitization programs of the communities on the dangers of FGM.

In 2019, during the Women Deliver conference in Vancouver, Canada, the President of Kenya made a declaration to end FGM in Kenya by the year 2022, a move that was lauded both globally and at home. He reiterated this commitment in November 2019, during the ICPD+25 Conference in Nairobi, Kenya.

There is an ongoing petition in the High Court in Kenya that is challenging the constitutionality of certain sections of the Prohibition of FGM Act 2011 (“Anti-FGM Act”) and further seeking the disbandment of the Anti-FGM Board. The petitioner argues that article 19 of the Anti-FGM Act violated Art. 43 of the Kenyan Constitution on the right to access the highest attainable standard of health by causing there to be no medical training and qualified personnel to undertake the FGM procedure. The Petitioner further asserts that the right to culture under Art. 44 was violated by the imperialist imposition that FGM is a harmful practice, which has inhibited the liberty to practice a culture relevant to the society. The case has been heard before a three Judge bench and the legal teams will submit their final statements on 7th June 2020. The matters that will be determined by the court include whether the Anti-FGM Act is discriminatory and contravenes Articles 27 (equality and non-discrimination), 44 (right to culture), 43(1) (right to highest attainable standard of health) and 24 (right to participate in the cultural life of one’s choice) of the Constitution of Kenya.

Burkina Faso: Burkina Faso amended its Penal Code in 2018 to tighten the penalties against FGM perpetrators. The changes introduced were: (i) The introduction of a fine of between 500 and 100 million CFA for cases where one fails to report a case of FGM; (ii) Raising of sentencing of excisors (earlier minimum 6 months to maximum 3 year) to a new minimum of 1 year and maximum of 10 years; (iii) Raising of the fine for Excisors from a previous minimum of 150,000 and Maximum of 900,000 CFA francs to a new minimum of 1 million and maximum of 5 Million CFA francs; (iv) Placing jail time at minimum of 11 years and a maximum 21 years in cases where the practice of FGM leads to death; (v) Combining both jail sentence and payment of fine as the punishment for Excisors in the revised 2018 laws (unlike the earlier law where the punishment for the same offence was either jail sentence or payment of a fine).

Liberia: Liberia passed an Executive Order on 19 January 2018 which banned FGM for a period of one year.⁴ Although this ban was a step in the right direction, it only covered girls below the age of 18 and imposed lenient penalties on perpetrators. The Executive Order was not effective as anticipated, mainly due to lack of knowledge on the existence of the ban and lack of a coordinated multi-sectoral implementation of the ban by State Agencies. It has been noted by women's rights organisations working in Liberia that even with the existence of the Executive Order, there was an increase in the number of bushes with the practice extending to 11 counties from the previous 10 counties, the newest being Grand Gedeh County. The temporary ban came to an end on January 19, 2019, and the Domestic Violence Act of 2019, which the moratorium was issued on, was passed without FGM provisions leaving Liberian girls and women open to the risk of undergoing FGM. In June 2019, the National Council of Chiefs and elders of Liberia (NACCEL) issued a policy statement temporarily suspending Sande activities for one year. The statement was signed by traditional leaders from 11 FGM hotspot counties in Liberia.

There is currently no law prohibiting FGM in Liberia but Criminal cases that have been prosecuted in the Liberian courts so far have used Article 242 of the penal code, which states that amputation of body parts can be punished with up to five years imprisonment.

Mauritania: The Mauritanian government has shown commitment and support in ending FGM by introducing legal and policy measures on ending FGM including budget allocation to interventions on ending FGM. In 2018, it passed the General Child Protection Code (Law No. 2018-024), which reinforces that FGM submits a child (under 18) to inhuman, cruel and degrading treatment (under Articles 79–80) and cross-refers to the penalties set out in the 2005 Ordonnance on Criminal Protection of the Child, which stated that harming the genital organ of a child was illegal (this law requires proving harm to the child).

In addition, a proposed bill on gender-based violence includes a provision aimed at banning FGM. Article 28 of the bill prohibits the practice of FGM on both women and girls (the current Child Protection law only covers girls below the age of 18). Mauritania needs to urgently pass this Bill into law to ensure that all women and girls within Mauritania are protected from the harmful practice of FGM.

Tanzania: Tanzania's commitment to the elimination of FGM is evident in the National Action Plan on Violence against Women (2017/18 – 2021/22) that integrates FGM and the *National anti-FGM strategy and implementation plan 2019-2020 (which was developed with support from Amref health Africa in Tanzania)*.

⁴ Government of the Republic of Liberia, Executive Order No. 92 on Domestic Violence, available at <http://www.emansion.gov.lr/doc/sc.pdf>

Ethiopia: MoWCY's 2nd Growth and Transformation Plan (GTP II Sectoral Plan) 2015/16–2019/20 and main policy and strategies available.

2. Comprehensive Prevention Strategies

Africa regional: In some African countries, mobilizations have led to a decrease in the prevalence rates of FGM/C. However, despite the favourable legal environment, the impact of legislation often comes up against harmful traditional practices and religious beliefs held by religious and/or community leaders whose influence outweighs the prohibitions imposed by the States. The 2nd African Girl Child Summit held in Accra, Ghana, from 23 to 24 November 2018, by the Organization of African First Ladies against HIV/AIDS condemned child marriages and FGM. These decisions are important, but the elimination of FGM requires a radical change in community beliefs and attitudes, as well as policies and investments.

To build on these gains, the Government of Senegal and the Government of the Gambia, in collaboration with the NGO Safe Hands for Girls, co-organized the 1st African Summit on FGM and FGM, on 16, 17 and 18 June 2019 in Dakar, and this summit follows on from similar meetings held in London in 2014 and in Washington in 2018. It involved Heads of State and Government, technical and financial partners, religious and traditional authorities, civil society organizations, survivors and youth organizations, whose influence is already helping to reduce the prevalence of these two harmful practices.

East Africa sub-regional: The Regional Inter-Ministerial Declaration and Action Plan to End Cross-border FGM adopted in April 2019 brings together Governments of Kenya, Uganda and Tanzania, Ethiopia and Somalia as part of the initiative to address the rise of cross border FGM. In addition to the action plan, a regional bill was proposed to East Africa Legislative Assembly with regards to cross-border issues to end FGM/C and Child Marriage, but it was not passed.

Kenya: There has been a strong multi-sectoral approach that provides linkages between the various legal, prosecution, social, health, education, and community interventions. Some of the strategies implemented at national level includes;

- Build capacity for the uptake of evidence in policy development
- Support the implementation of national laws and policies on the abandonment of FGM/C
- Support line ministries in the design and implementation of costed national action plans strategies, and budgets towards ending FGM
- Convene multi-cultural and multi-sectoral stakeholder dialogues
- Forge partnerships with ministry of health and health care practitioners for prevention of medicalization of FGM/C and management of FGM/C complications

- Equip women and girls with the knowledge and skills to actively participate in ANTI-FGM/C campaigns
- Capacity building on FGM/C for community champions, advocates/activists, medical and legal practitioners
- Promotion of inter-personal, intergenerational, inter-religious and community dialogues
- Amplify social norms and apply the use of social change communication to contribute to change in societal and cultural attitudes
- Mainstreaming FGM/C curricula in medical, nursing and public health schools.
- Establishment of online platforms for knowledge management and organizing fora the discussion, dissemination, and use of evidence and research on FGM.

Tanzania: The Government and anti-FGM stakeholders have used different approaches for the transformation of community perception on FGM. These approaches include:

- The *legal and human rights* approach which entails strengthening and implementing laws and policies on anti-FGM; support to and collaboration with service providers such as police, social and community development officers, village and ward executive officers and engagement with medical officials for youth-friendly support and FGM data collection.
- The *health* approach integrates FGM into health services by engaging medical and health workers in providing treatment and care, psychosocial support to victims. This is supplemented with awareness creation on the health effects of FGM.
- The *religious* approach brings on board religious and faith leaders to demystify religious readings and teachings on FGM practices.
- The *integrated social development* approach combines the religious and health approaches, on the one hand, and the legal and human rights approach, on the other hand. It links FGM to social justice and development through strengthening implementation of laws and policies on FGM, ensuring the community's commitment to FGM abandonment; and creating FGM awareness and community sensitisation.

Various interventions used by different stakeholders reflect these approaches. These interventions include:

- Creating community awareness through information education communication (IEC) materials; edutainment, media engagement (radio, social media and television shows);
- Mobilising the community through training, consultations, community dialogues, seminars, rallies;
- Organising campaigns by engaging community change agents such as transformed traditional leaders and mutilators;
- Facilitating Alternative Rites of Passage (ARP) for girls without mutilation;
- Establishing and maintaining community and peer support systems through in school and out of school clubs and networks;

- Establishing and supporting Women and Child Protection Committees and Junior Councils for support of girls and women;
- Establishing and maintaining income-generating groups for mutilators and FGM survivors and
- Building partnerships with and supporting safe homes for survivors of FGM.

Ethiopia: Building on the national strategy and action plan on harmful traditional practices (HTPs) against Women and Children in Ethiopia (2013), the Ministry of Women, Children and Youth launched a National Costed Road Map (2020-2024) to End FGM/C and Child marriage in August 2019. The Road Map is intended to galvanize the country's effort towards achieving the SDGs and commitments made at various international platforms. The Roadmap aims at achieving five outcomes which are: Empowering adolescent girls who are at risk of and affected by child marriage and FGM/C to express and exercise their choices and empowering families to protect their children from child marriage and FGM/C; increasing social action, acceptance, and visibility around investing in and supporting girls, and generating shifts in social expectations relating to girls' education and elimination of child marriage and FGM/C; enhancing systems, accountability and services across sectors that are responsive to the needs of girls at risk of or affected by child marriage and FGM/C; enabling environment that protects the rights of girls and supports national efforts to end child marriage and FGM/C and increasing the generation and use of a robust data and evidence base on girls for advocacy, programming, learning and tracking progress.

Guinea: Women and girls in the Republic of Guinea face insurmountable challenges and abuses in silence. FGM is an issue deeply rooted in Guinean society. There Is No Limit Foundation has carefully framed its Break The Silence Campaign to end FGM by addressing each stakeholders group. There Is No Limit Foundation's Break The Silence Campaign mobilizes people worldwide to speak up and take action to end harmful practices and violence against individuals. The messaging has reached over 12 million people worldwide. Central messages include: (1) FGM/C threatens the overall well-being of every Guinean because it deprives women and children of their unalienable right to their bodies thereby limiting the overall development of families and communities; (2) Ending FGM/C is key to development in the country; everyone will benefit from ending the practice due to potential economic hardships it presents with regards to wage loss and health costs (3) FGM/C is not religiously endorsed and is not a religious requirement. All of There Is No Limit Foundation's communication efforts are translated from French into the main dialects in Guinea (Soussou, Peul, Manika, and Guerzé) to ensure ownership, understanding and buy-in.

3. Multi-Sectoral Services, Programmes and Responses

Kenya: The Anti-FGM Board has developed a costed implementation framework for the president's vision to end FGM by 2022, dubbed *The Roadmap for Presidential Acceleration*

Plan to End FGM by 2022. The main objectives of the roadmap are to: (i) Strengthen multi-sectoral interventions, law enforcement, coordination, networking, partnership and community participation in accelerating the eradication of FGM; (ii) Improve the legislative and policy framework in addressing emerging trends at County and National level to end FGM by 2022; (iii) Address the social and cultural norms that propagate FGM; (iv) Strengthen evidence generation, sharing, learning and management for accelerated abandonment of FGM.

In addition, linkages between the various line ministries and sectors in Kenya have been forged, i.e. health, education, sports, youth, gender, social services, children services, prosecution, media among others. We need an integrated, intersectional approach to ending FGM/C, recognizing the connections with other forms of gender-based violence and linking with existing movements.

Burkina Faso: There is a national committee that brings together all sectors and line ministries to plan and prevent, protect and respond to FGM cases. However, there is no funding for the committee and thus most services, programmes and responses are done by non-governmental organizations whose resources are limited and dependent mostly on donors.

Mali: There is a national platform under the Ministry of Women and Children which has been working to bring in a law against FGM in Mali but it's efforts are met with strong religious and political opposition as FGM is a cultural and religious issue and there is no law criminalizing it yet.

Mauritania: The government passed the National Strategy against GBV 2020-2024 and this strategy includes intervention on ending FGM. The practice has also been regarded as a public health concern and it has been included in the National Strategy on Reproductive Health (2016-2020) and the National Strategy on Accelerated Growth and Prosperity (2016-2030).

Tanzania: The responses of various Ministries in Tanzania towards ending FGM is set out in the table below:

Table : Contributions of selected ministries in reducing FGM practices	
Ministry	Activities
Ministry of Health, Community Development Gender, Elderly and Children (MoHCDGEC)	Developed and is implementing the NPA-VAWC; conducted national Anti-FGM dialogue on 2 nd – 11 th October 2018; developed regional plans; established Gender Desks into MDAs and coordinated national commemorations of International days such as 11 th October 2018 International Day of the Girl Child, Zero Tolerance to FGM Day

	<p>Developed the National Anti-FGM Strategy and implementation plan 2019-2022 with support from Amref Tanzania in collaboration with anti-FGM partners country wide.</p> <p>Department of Health is currently through the Reproductive and Health Section (RCHS) revising the National Gender Based Violence Management Guideline to integrate WHO guidance on health sector response to FGM.</p>
Ministry of Home Affairs	<p>Tanzania Police Force has established 417 Gender and Children’s Desks throughout the country. With the support of partners including UNFPA and UNICEF. These are being strengthened through Standard Operating Procedures, Guidelines, a standard training package and IEC materials. UNFPA has supported the development of the FGM modules of the sections of the training package, the IEC materials and the training of officers, and is supporting the rehabilitation of GCD Desks in regions most affected by FGM. The Police force has also developed public service announcements on the law on FGM; these were aired in 2012-2014.</p>
Ministry of Industry, Trade and Investment (MITI)	<p>Facilitates formation of economic empowerment groups at the community level through SIDO (Targeting women and girls); trained community members on the right to inheritance, asset ownership, GBV; and facilitated mature groups to participate in the international trade fairs (SabaSaba)</p>
Ministry of Education, Science & Technology (MoEST)	<p>Mainstreamed FGM into primary education curriculum as one of the cross-cutting issues; and developed draft manuals on the integration of Anti-FGM issues in teaching aids.</p>
Ministry of Information, Culture, Arts and Sports (MoICAS)	<p>Mobilises media to educate the public on Anti-FGM.</p>
Ministry of Constitutional and Legal Affairs (MoCLA)	<p>Developed and implemented Child Justice Strategy; and conducted study on GBV in Ngorongoro, Kasulu, Pemba, Kibondo (Focus themes: GBV, repressive laws)</p>

Prime Minister's Office – Labour, Employment, Youth & Disability (PMO-LEYD)	It has not been directly involved in anti-FGM efforts; indirectly, it meets with victims of FGM.
Prime Minister's Office – Coordination	Coordinates and chairs the implementation of the NPA- VAWC 2017/18 - 2021/22 under the national steering committees.
President's Office - Regional Administration and Local Government (PORALG/TAMISEMI)	In charge of service delivery by social welfare officers, community development officers and health care providers, who all come to contact with girls and other community members from FGM practising communities, i.e. are well placed to prevent and respond to FGM.

Ethiopia: Following the launch of the National Costed Road Map (2020-2024) to End FGM/C and Child marriage in August 2019, different sectors including Health, Education, the Federal Attorney General, Labor and Social Affairs, and Vital Events Registration Agency have committed to execute their role and responsibilities and prepared their action plan.

Uganda: Uganda has in place National Policy on Elimination of Gender Based Violence (2016) and the National Action Plan (NAP) 2016-2021 which integrates FGM, 0.63% budget specific for FGM in the NAP and others under integration i.e. service provision-health, education. There are also efforts to address the cross border dynamics of FGM that remains a huge challenge in the country hindering FGM elimination.

Senegal: The global commitment to end FGM is aligned with the SDGs and aims to end FGM by 2030. It is important to note that the end of FGM is not a short-term issue; programmes with concrete actions for the elimination of FGM will be needed in the near future:

- the medium term (towards 2030 in accordance with the DOs and Amref's end FGM 2030 strategy), this will support relevant and well-targeted actions;
- the long term towards 2050: this would be the result of awareness-raising actions on current generations and the end would be the arrival of new generations who are well aware of the issue.

The 2030 horizon is also used as a benchmark by Amref Health Africa, which wants to put an end to FGM as part of its strategy End FGM by 2030. The fight to end excision cannot be fought in the short term and requires a series of combined and simultaneous actions to lead to a lasting change in behaviour. This change will take place over the medium and long term. According to the 2017 Continuous DHS, the vast majority of women (81%) and men (79%) were in favour of abandoning the practice of excision. In contrast, 18 % of women and 15 % of men are still in favour.

Guinea: Urban youths in Guinea like children elsewhere, are highly influenced by the media and entertainment. There Is No Limit Foundation worked with the top musicians in Guinea to create an [anti-FGM song](#). The song includes lyrics in English, French, and national dialects (Soussou, Malinke, etc). The song lyrics reinforce the key messages: (1) FGM is a human rights violation (It is also against Article 6 of the Guinean constitution), (2) Women and girls have the right to their bodies. They should not be subjected to the practices, (3) FGM is not a religious requirement. No religious text explicitly calls for FGM to be carried out, (4) FGM is everyone's problem. It is not just a women's problem. It affects the entire community. Everyone must act to end it. We have to speak up and protect the rights of women and girls, etc. There Is No Limit Foundation carries out community trainings on FGM to reinforce the messages in the media campaigns. Also, *FGM Economics* and working closely with journalists in Guinea to engage and train them on FGM as a way of ensuring continuous coverage on the issue. Finally, *Break The Silence Week*, every year from Feb 6th to Feb 12th - a fun week, with a serious message, a week when people will 'activate' to shine a spotlight on FGM.

4. Data and Research

Kenya: The last DHS study was done in 2014 but the Kenyan government plans to carry out the next DHS survey in 2020. The Anti-FGM Board also relies on data from the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation. Recent estimates indicate that between 2015 and 2030, about 800,000 girls are at risk of undergoing FGM (UNFPA 2018).

There has been a number of research studies conducted and disseminated. Evidence has advanced scientific knowledge in the area of emerging trends, including medicalization of FGM/C, prevalence of FGM/C, cross-border aspects, data on 0-15 years risk and exposure to FGM/C, legal aspects, alternative rites of passage impacts, social norms, sexual impacts of FGM/C, among others. Investment is needed in increased and better research into what is working, and what is not working, to end FGM/C. Collaborative multidisciplinary research is needed to address what existing gaps there are, making sure that evidence exists to inform policy development and context specific interventions are developed and implemented.

Liberia: In 2018-2019, the National Council of Chiefs and elders of Liberia (NACCEL) conducted a mapping of practicing Zoes (the traditional chiefs who run the Sande schools and carry out FGM on the girls in attendance) in 5 counties namely Lofa, Grand Gedeh, Montserrado, Nimba and Grand Cape Mount to have insights on the number of Zoes in these counties, the number of bushes they have and the capacity. This will enable NACCEL in monitoring the bans they issue or those issued by the government.

Ethiopia: EDHS 2016 is still the main reference for national data. Further analysis of the EDHS was conducted by UNICEF [United Nations Children’s Fund (2020), A Profile of Female Genital Mutilation in Ethiopia) It showed a need for a significant acceleration of progress, and noted that “compared to the rate of decline in the last 15 years, progress would need to be eight times faster to eliminate the practice by 2030, and 13 times faster to eliminate the practice by 2025”.

Uganda: FGM/C Survey Report, UBOS, 2017. UBOS has also conducted a study funded by UNFPA on drivers of FGM in 2018/19. This report and the UBOS-Amref report 2020 Feb are yet to be completed, and may need further funding to ensure completion.

5. Community perspectives

Kenya: There are communities that have embraced end FGM/C campaigns and programmes and in such communities, there is a decline in prevalence of FGM/C. However, there are communities with high levels of resilience to change eg the Somali, Kisii, Samburu just to mention a few. Engaging traditional and religious leaders, who are the custodians of culture and religion to exert their influence towards denouncing the practice; and becoming drivers of change at the forefront of interventions towards ending FGM. Engagement of men and boys in the FGM discourse and marshalling their support towards changing social and gender norms relating to the practice. Engaging practicing communities within Africa to shape the discourse on FGM and share better practices in their efforts towards ending FGM. Socio-economic empowerment of girls and women is crucial in prevention of FGM/C.

In 2018 Orchid Project conducted a [baseline assessment](#) of attitudes towards FGC and trends in 3 high prevalence areas in Kenya: Loita Hills, Narok and Kuria, using a community-led approach developed with local partners (COVAW, SAFE Kenya and ECAW). An online survey was developed and translated into local languages. Two trainings for community based researchers, first in ethical research and mobile phone data collection and second in understanding the data collected were also carried out. During the 2-week data collection period, 2,112 individuals were surveyed across 14 communities, with 60% of respondents being female and 75% aged 40 or under. The findings showed:

- 71% of men and 68% of women want to see *some* form of abandonment of FGC
- A greater number of young people want to see abandonment of all types of cutting (76%)
- More men than women had spoken to others about FGC in the last year (M = 47%, F = 40%)
- There appeared to be no significant difference in intention to cut based on gender (approx. 70% of respondents said they do not intend to cut their daughters)
- Parents and community members were seen by other as supporting the practice

- Religious leaders and educated community members were seen as opposing the practice
- The majority of participating health workers, teachers, law enforcement officers, community leaders want to see abandonment of all types - though there are still some within each of those groups that do not want to see any change in the practice.
- 82% of those surveyed that have attended some education would like to see the abandonment of all types of cutting, whereas only 55% of those who have not been to school at all want the same
- The groups that participants feel have responsibility for ending FGC are parents, young people and the whole community. A small number of participants feel that teachers and health workers have a responsibility for ending FGC

Burkina Faso: In Burkina Faso, FGM is illegal. However, because of its cultural underpinnings some religious and cultural leaders support it secretly especially in rural areas. Urban-based leaders have largely been sensitized and do not support the practice.

Liberia: FGM happens within the secret society called the Sande. Sande bushes are managed by Zoes who are managed by the head Zoe and they are the custodians of the culture. All the Zoes are managed by the National Council of Chiefs and elders of Liberia (NACCEL) which provides licenses to the Zoes.

Mali: Religious leaders support FGM, some political leaders also support the practice.

Sierra Leone: FGM is done within the Bondo secret society. The Soweis are the custodian of the Bondo celebrations and they carry out the initiation. They are given licenses by paramount chiefs. There are some communities that do not practice FGM through the Bondo; they include the Fulas and Sosos. They tend to do FGM on babies and it is mostly medicalised FGM.

Mauritania: In 2018, religious leaders have been engaged by the government and CSOs in the campaign to end FGM. At community level, rural committees were set up to combat FGM, the committees include religious leaders (Imams), medical professionals and community leaders.

Tanzania: Communities practise FGM for several reasons in the country. These reasons include the following:

- Prestige (mutilated women feel proud of their status and men feel proud to marry mutilated women);

- As a means of social control (based on the belief that FGM reduces promiscuity as a result of reduced woman's libido);
- To conform and avoid stigma (girls/women who are not mutilated are ridiculed, laughed at, and excluded/marginalised from communal life);
- For hygiene (based on the belief that mutilated girls/women are cleaner than those who are not);
- A rite of passage (into womanhood and marriage);
- As a source of income for female genital mutilators (in terms of fees) and for parents (in terms of bride price once they marry off their mutilated daughters in some communities);
- To ease childbirth (based on a belief that FGM enables a woman to deliver without complications and C-section);
- To have control over their husbands
- To prevent sudden death (the clitoris is believed to be poisonous to men) to perpetuate male dominance over women; and
- The belief that it cures *lawalawa* (a urinary tract infection)

Uganda: Female genital mutilation forms part of the culture and traditions of the practicing communities and is perceived as a rite of passage from childhood to adulthood. For instance, it is believed that the Sabinu people were pastoralists so they had to move from place to place looking for water and pasture for the animals. This meant leaving their wives and families behind for long periods of time. The women resorted to finding other men because their husbands could take a long time to come back home. Therefore, in order to control their (women) sexual desires, FGM was started and it developed into a traditional practice to date. History has it that the main intention of practicing FGM in the past was to enforce fidelity and chastity among women. It was also believed that a woman attained full womanhood after being "cut". Therefore a woman, who is not cut even if she got married, wasn't recognized as a woman but a girl and forbidden from certain womanhood functions like; not allowed to accompany her husband to public functions, gather grain from a granary, pick cow dung from the kraal of the father in-law and denied leadership positions. This was done to intimidate the women into accepting the cut. While FGM was done partly to fulfil the selfish needs of men, its harmful effects on women including health, social, economic and political were seldom discussed among them.

There is increased awareness and support for FGM abandonment for instance 95% of women believe FGM should be discontinued.

Traditional leaders mobilise their communities and give directives which are respected, faith-based organizations align with those advocating for the abandonment of the practice.

Medical workers do not practice FGM in Uganda. They only play a role in management of FGM cases that have been brought to health facilities to mitigate the effects arising from

complications after mutilation and later in life at birth or during coitus There is need to study this further, but generally the medical workers only are limited to managing effects and complications of FGM/C. other roles such as engagement and guidance on policy with strategic partners on appropriate interventions, development and dissemination of communication materials are supported by women organizations and other NGOs and development partners.

Senegal: Community actors play an important role in sensitizing communities on the consequences of FGC through the implementation of IEC/BCC activities: talks, VAD, social mobilizations, etc. Any initiative to change behaviour in the face of harmful practices should include a primary role for these actors. The observation is that the activities of these actors are dependent on the funding of NGO projects and activities. In order to put an end to FGM, more IEC/BCC activities will have to be taken into account.

Guinea: Religious and community leaders are key allies in ending FGM by 2030 in alignment with SDG5. Part of There Is No Limit Foundation's strategy is encouraging leaders to expressly state that their religions do not endorse FGM/C. We work with different stakeholder groups because we believe that it is needed to end FGM. We work with young people particularly because they are the key to changing the generational behaviour. In addition, we believe that working with them, we are ensuring proper buy-in for ending FGM. Young men are also included in this conversation because they will one day become the patriarchs of the society along with the young girls.

6. COVID-19 pandemic

Kenya: Experiences from grassroots organizations working to end FGM in the Kajiado and Narok counties⁵ indicates the following impacts of COVID-19: (i) With curfews, limited movement and social distancing the usual channels through which girls, especially, would be able to access social support are cut off. These include schools, local authorities, shelters and other organisations including CSOs. Access to assistance is limited to telephone, which is not accessible to everyone (Kenya has two hotlines currently 1195 and 116 the already existing child helpline). (ii) With schools closed, just like any school holiday, there is increased risk of girls getting cut. There are reports that cutting is continuing to take place, and is now mostly happening at night because it is difficult to detect and movement is restricted. There are reported cases of FGM, Child Marriage in Narok and Kajiado counties observed by local grassroots organizations, as well as similar reports in other parts of the country such as in Samburu and West Pokot. (iii) Shelters and rescue centres are struggling to take in girls due to the health risks, in some cases, they have to turn them away until the girls have undergone the quarantine period.

⁵ The information included in this section was received largely from IL`laramatak Community Concerns (Kajiado County), Hope Beyond Foundation (Kajiado County) and Tasaru Ntomonok Initiative (Narok County).

There is a need for research studies to provide evidence on the impact of COVID-19 on women and girls in Kenya. The pandemic is threatening livelihoods and food security conditions especially within marginalized and vulnerable populations hence increasing the risks of gender based violence including FGM/C and child marriage. There has also been limited access to most care and response services. There has been more focus on public health response and this has led to the limited provision of other related services such as GBV and SRHR response. These are subtle associated systems have been neglected or completely ignored. The government has not included CSOs as part of its essential service providers, hence there is a missed opportunity of developing pragmatic interventions around prevention and response to GBV. There is need for multi-sectoral approaches that link with health, legal, community, and strengthening of research evidence as building blocks

Liberia: In Liberia, the helpline number for COVID alerts is the same as the helpline for Sexual and Gender-Based Violence. This is a very strategic way of ensuring that every person in need is channelled to the correct agency/respondent. The experience is different compared to the Ebola crisis as CSOs are limited in movement due to a partial lockdown that restrict movement from one county to the other which was not the case during the Ebola Crisis. This has interrupted how CSOs get information on what is happening at the community level.

Tanzania: Schools have been closed due to the pandemic hence more girls are home at risk of harmful practices like FGM, child labor etc and also loitering (which may lead to abuse like rape etc).

Senegal: The COVID-19 pandemic has slowed down the actions already started in the framework of prevention against FGM and even some of the actions are oriented to the fight against this pandemic.

Guinea: Communities in developing and developed countries, including the communities we serve have vulnerable pockets and oftentimes those vulnerable people are women and girls. These individuals already pre-COVID19 were not receiving the services that they needed. COVID19 heightens this issue; it deepens the inequities and access to services and so, it is critical as we think about rebuilding post-COVID19 that we put women and girls at the center of these efforts that we put hidden issues such as FGM at the forefront so that we could make sure that, should we face another pandemic like this one, we do not see the same inequities.

IV. Asia and Pacific

1. Laws and Policies (including on measures taken to protect women and girls from FGM)

Most countries in the Asia-Pacific, apart from Cyprus, Georgia, Australia and New Zealand, do have a specific legal prohibition against FGM. However, the following countries have recently passed laws and policies on FGM:

Sri Lanka: Pursuant to advocacy from survivors and community members, the Sri Lankan Ministry of Health, Nutrition and Indigenous Medicine issued a circular in 2018 on “Medical Professionals Involvement in Female Genital Mutilation” which declared FGM as a human rights violation and prohibited all medical professionals from any involvement in FGM.

Australia: The High Court of Australia in October 2019 held that FGM in *all its forms* was illegal, and found that the cutting of the clitoral hood (or khatna as practised by the Bohra community) was covered within the definition of FGM under Australian law.⁶

India: A public interest litigation requesting a legal ban on the practice of FGM in India is pending before the Supreme Court. The case was referred to a five-judge Constitution Bench in September 2018 and was later tagged on to another constitutional petition under which a 9-judge bench of the Supreme Court will be deciding on the scope of religious freedom under the Indian Constitution.⁷

New Zealand: Female members of Parliament in New Zealand across party lines came together in November 2019 passed the Crimes (Definition of Female Genital Mutilation) Amendment Bill, which amends the definition of FGM under New Zealand law to ensure that the definition is comprehensive and aligns with the World Health Organization (WHO) classification of the types of FGM.⁸

2. Comprehensive Prevention Strategies

There is a dearth of comprehensive prevention strategies being utilised to combat FGM in Asia, largely because ending FGM is not seen as a priority issue in the region. There is an urgent need to treat FGM as a priority issue and ensure that governments, donors and civil society across Asia invest in comprehensive prevention strategies to end FGM.

3. Multi-Sectoral Services, Programmes and Responses

Government programmes and multi-sectoral responses to end FGM are rare across Asia. In many Asian countries, governments do not acknowledge the existence of FGM within their

⁶ The Queen v A2; The Queen v Magennis; The Queen v Vaziri [2019] HCA 35

⁷ *Sunita Tiwari v. Union of India*, Writ Petition (Civil) No. 286/2017 (Public Interest Litigation).

⁸ Crimes (Definition of Female Genital Mutilation) Amendment Bill, <http://www.legislation.govt.nz/bill/member/2019/0194/latest/whole.html>

countries, or are reluctant to take action against FGM or recognize it as a human rights violation or in some cases, even actively support the continuance of the practice.

India: The Federation of Obstetric and Gynaecological Societies of India (FOGSI) recently published a policy statement on FGM, which “directs all its member gynaecologists and all other health care professionals to desist from performing or participating in any procedure of female genital mutilation.”⁹

4. Data and Research

The Maldives: The Maldives Demographic and Health Survey 2016-17 (published in late 2018) for the first time collected data on FGM/C prevalence within the Maldives. The DHS survey shows FGM/C prevalence of 13% among women and girls aged 15-49 in the Maldives, but a prevalence of only 1% among girls aged 0-14.¹⁰

India: A qualitative report from 2018 surveyed 94 participants across five Indian states (Gujarat, Madhya Pradesh, Maharashtra, Rajasthan, and Kerala). Prevalence of FGM/C within the Bohra community was estimated to be 75% of daughters (aged seven years and above) of all respondents in the sample. The study also documented one case of FGM/C within the Sunni Muslim community from Kerala.¹¹

Malaysia: A 2019 study of 605 participants from Northern Malaysia documented found that almost all participants (99.3%) had undergone FGM/C, confirming earlier data that the practice of FGM/C is widespread amongst the Muslim community in Malaysia. This study also highlighted the rising medicalization of FGM/C in Malaysia. It found that 87.6% of participants viewed FGM/C as compulsory in Islam and over 99% wanted the practice to continue.¹²

Pakistan: A 2018 qualitative research study confirmed the existence of FGM/C within the Bohra community in Pakistan through semi-structured interviews with survivors of FGM/C. The study confirms that FGM/C is normally carried out on girls around the ages of 6-7 within the Bohra community and highlighted the impact of FGM/C on survivors.¹³

⁹ FOGSI Position Statement on Female Genital Mutilation, available at <https://www.fogsi.org/fogsi-policy-statement/>

¹⁰ Ministry of Health - MOH/Maldives and ICF. 2018. Maldives Demographic and Health Survey 2016-17

¹¹ Anantnarayan, Diler & Menon (2018). Lakshmi Anantnarayan, Shabana Diler & Natasha Menon, The Clitoral Hood - A Contested Site: Khafd or Female Genital Mutilation/Cutting (FGM/C) in India, January 2018. Available at http://wespeakout.org/site/assets/files/1439/fgmc_study_results_jan_2018.pdf

¹² Abdul Rashid & Yufu Iguchi, Female genital cutting in Malaysia: a mixed-methods study, 9(4) BMJ Open (2019). Available at <https://bmjopen.bmj.com/content/9/4/e025078>

¹³ Huda Syed, An Understanding of FGM (Female Genital Mutilation): Women of the ‘Bohra Community’ who are circumcised and it’s Socio-sexual Effects, 5(2) People: International Journal of Social Sciences 630 (2019). Available at <https://grdspublishing.org/index.php/people/article/view/2095>

Sri Lanka: A study published in December 2019 surveyed 26 women, of which 20 women self-identified as having undergone FGM/C, while an additional four 'assumed' that they had undergone the practice since everyone in their family had. The study confirmed the practice of FGM/C within the Moor, Malay, and Bohra ethnic communities in Sri Lanka. The report details the practice of FGM/C as described by these women, with the experiences broadly corresponding to Type 1 and Type 4 FGM/C.¹⁴

Australia: In 2019, the Australian Institute of Health and Family Welfare published an indirect estimate of the number of women and girls living in Australia who may have undergone FGM/C. They estimated that 53,000 girls and women born elsewhere but now living in Australia have undergone FGM/C.¹⁵

5. Community perspectives

Orchid Project and ARROW carried out a consultation exercise amongst civil society and community-based organisations across Asia in relation to starting an Asia Network to End FGM/C in late 2019¹⁶. A key aim of the network will be to build a multisectoral coalition to stimulate action to accelerate ending the practice across Asia. 22 semi-structured interviews carried out across 8 Asian countries identified as high priority. 52 online survey responses were received across 13 Asian countries:

- 25% of respondents to the online survey were individual activists, 42% identified as either CSOs or CBOs and 19% of respondents were journalists.
- A clear majority of survey respondents identified religion (21%) as being the main driving factor in the practice, followed by social norms (18%) and gender inequality (17%) respectively.
- 23.8% of survey respondents identified a need for greater political will, including legislation and its implementation and enforcement, with a further 23.8% also citing the need for broad awareness raising work including campaigning and public education

¹⁴ Zainab Ibrahim & Ermiza Tegal, Towards understanding Female Genital Cutting in Sri Lanka, December 2019. Available at http://www.fpasrilanka.org/sites/default/files/towards_understanding_female_genital_cutting_in_sri_lanka.pdf

¹⁵ Australian Institute of Health and Welfare, Towards estimating the prevalence of female genital mutilation/cutting in Australia, February 2019. Available at <https://www.aihw.gov.au/getmedia/f210a1d8-5a3a-4336-80c5-ca6bdc2906d5/aihw-phe230.pdf.aspx?inline=true>

¹⁶ Orchid Project and ARROW (2020): Asia Network to End FGM/C Consultation report: https://www.orchidproject.org/wp-content/uploads/2020/03/Orchid_ARROW_Asia_Network_FGMC_Consultation.pdf

- In terms of what was needed 30% of survey respondents identified a need for greater research and evidence, 26% identified advocacy as an area for capacity building, and 20% pointed to a lack of access to funding
- A significant number of interview participants indicated concerns about security risks and threats in relation to work on FGM/C in the region

In some Asian countries, community-based organisations have engaged families, youth, men and boys and other community members in campaigns to raise awareness about ending FGM/C. In late 2019, Sahiyo launched a 'Male Ally Campaign' to amplify the voices of men against FGM/C within the Dawoodi Bohra community, and created the 'Voices to End FGM/C' platform to help survivors break the silence and share their stories through self-made videos. Similarly, WeSpeakOut used audio storytelling to amplify voices against FGM/C within India's Dawoodi Bohra community in 2019.

6. COVID-19 pandemic

Trends

- Indonesia: Anecdotal evidence that large ritual-style ceremonies may be postponed - such as in Gorontalo province - which has the highest prevalence rates, owing to large financial resources such ceremonies require being redirected to securing basic needs. However, this is unlikely to mark a permanent trend due to the extent to which the practice is embedded in communities
- Malaysia: Civil society organisations indicating that clinic work is being scaled down or postponed indefinitely, with health services and clinics closing or only offering COVID-19 services. This has an impact on survivors of FGM/C that are often reliant on health services.
- In some communities local CSOs have predicted that the practise will likely continue but further shrouded in secrecy - between family and traditional practitioners

Impact on NGOs and CBOs:

- FGM/C, along with a plethora of rights issues, have become less of a priority, COVID-19 and the urgent issues surrounding it will be the main priority
- Inability of accessing communities directly to carry out programmatic engagement work and build trust
- Advocacy efforts have slowed down or are being pushed back as 'now is not the time' to discuss FGM/C
- Online engagement platforms seeing an increase in users as a result of lockdown and curfews

- Innovative use of technology and social media: In India, for example, Sahiyo is developing a mobile app that uses simulated mock conversations to train users on how to have informative and effective conversations about ending FGM/C with community member who support the practice.

V. Europe

1. Laws and Policies

A number of legislations and policies have been introduced at European Union (EU) level and in EU Member States, over the last two years.

At EU level, in March 2020 the new [Gender Equality Strategy 2020-2025](#) has been adopted, which specifically mentions FGM in the first pillar on combating violence and gender stereotypes. The European Commission committed to table a Recommendation on the Prevention of Harmful Practices. Please read also End FGM EU reaction to the strategy [here](#). Moreover, the European Parliament adopted a [resolution](#) in February 2020 on an EU strategy to put an end to female genital mutilation around the world.

In Belgium, new legislation was adopted in October 2019, in order to abolish the limitation periods for serious sexual offences committed against minors, like FGM. In addition to this, a new legislation (Els Van Hoof) was also introduced in 2019, making it compulsory for doctors to record cases of FGM (or reinfibulation) in the medical dossier, regardless of the age of the patient. Information such as the type of FGM and the country and region of origin of the patient, are some of the information required for recording. This law extends the possibility of lifting the professional secrecy provided for victims/survivors of violence that is perpetrated in the name of culture, custom, religion, tradition or so-called "honour", as they are considered to be vulnerable persons, regardless of age. In regards to asylum, an act of 21 November 2017 (enforced in 2018)¹⁷ amended previous legislation from 1980 and 2007 concerning access to the territory, stay, establishment, the expulsion of foreigners and on the reception and certain other categories of asylum seekers. The new law also transposed the European Directive 2013/33/EU. However, despite not providing a non-exhaustive list of who can be considered vulnerable, as in the Directive, it highlights vulnerable groups.

Similarly, changes to professional secrecy law¹⁸ in Greece, sought to ensure that breaking professional secrecy was not regarded as 'unjust', allowing such acts to remain unpunished if an individual intended to fulfil a duty or to safeguard, which could not have been otherwise prevented. Changes on asylum law which came into force in 2020, include major changes to

¹⁷ http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&table_name=loi&cn=2017112117

¹⁸ Under Article 371(4) of the The Greek Penal Code (Law 4619/2019)

asylum procedure. For example, new legislation requires that the 'special circumstances' for FGM survivors and multiple other groups, are taken into account,¹⁹ as well as defining survivors of FGM as a 'vulnerable group'.²⁰ The changes in legislation, article 9 defines 'acts against a person because of their age or sex' in conjunction with a breach of human rights, as an act of persecution, which may be used in cases of FGM. Furthermore, the Istanbul convention came into force in the summer of 2018 in Greece.²¹ In 2019, the penal code explicitly mentioned FGM in article 315, stating that whoever "...persuades a woman to subject herself to genital mutilation is punished with a prison sentence".²²

Ireland also made history by ratifying the Istanbul convention,²³ on the 2019 International Women's Day. The year prior, the [Second National Intercultural Health Strategy 2018-2023](#) was launched, which specifically referenced gender-based violence, including FGM, and other harmful practices and includes several strategic action on FGM. The first FGM conviction, took place in Ireland January 2020. The case involved type one being performed on a toddler. As a consequence, one offender (the child's father) was sentenced to five and a half years in prison for the FGM, whereas the second offender (the child's mother) was sentenced to four years and nine months in prison, for the FGM charge.²⁴ In 2018, the Netherlands also explicitly incorporated ending FGM, into their [National Action Plan on Domestic Violence and Child Abuse 2018-2022](#), under 'Attention for Specific Groups'. The Action Plan also emphasised the need to train professionals who are unconfident in dealing with FGM, working with local government, community-led organisations as well as carrying out further research on how professionals deal with FGM in the health sector. The [National Strategy for Women and Girls 2017-2020](#) also worked towards: 'an Ireland where all women enjoy equality with men and can achieve their full potential, while enjoying a safe and fulfilling life. Combating violence against women is one of the six objectives and focused on areas such as improving healthcare services for FGM survivors and improving training on FGM for healthcare.

In Portugal, FGM was incorporated as part of their wider National Strategy for Equality and Non-Discrimination 2018-2021.²⁵ With three pillars, the second pillar focuses on violence against women, in which FGM is covered. Financial support for projects against FGM was also made possible, where the Commission for Citizenship and Gender Equality CIG's offered a budget under a small grant scheme for projects related to FGM. Approximately 50 000

¹⁹ Article 20 paragraph 5, Law 4636/2019 On International Protection and other directives

²⁰ Article 39 paragraph 4 d, Law 4636/2019 On International Protection and other directives

²¹ <https://www.e-nomothesia.gr/oikogeneia/nomos-4531-2018-phek-62a-5-4-2018.html>

²² [Law 4619/2019: ratification of the Penal Code](#)

²³ <https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/210/signatures>

²⁴ <https://www.thejournal.ie/fgm-trial-sentencing-ireland-4975318-Jan2020/>

²⁵ The National Strategy for Equality and Non-Discrimination (Estratégia Nacional para a Igualdade e Não Discriminação – Portugal + Igual – ENIND Program) 2018-2021

euros,²⁶ was made available to NGOs dealing with women's rights and for CBOs from FGM-affected communities. In Hamburg, Germany, a "statement opposing FGM" released in 2019.

In both Spain and Sweden, new Action Plans began in 2018. The State Pact against Gender-Based Violence (2018-2022) in Spain included FGM as part of the wider strategy, for the first time. In June 2018, the Swedish Government adopted a [National Action Plan to combat female genital mutilation](#).²⁷ The Action Plan includes a mandate to survey and disseminate methods and approaches to prevent and combat FGM, develop knowledge support and provide in-depth in-service training to relevant professionals and students and quality care to vulnerable people.

In February 2019, Finland also released a specific [Action plan for the prevention of female genital mutilation](#), which addressed a number of key areas. This included, the role of professionals such as public health nurses, midwives, social workers, day care and school teachers, in raising awareness and reporting FGM. Alongside this, professional training and their duty to notify, the dissemination of information to groups at risk of FGM, research and much more was addressed.

In the Netherlands, ending FGM is explicitly incorporated into the 3rd priority under 'Attention for Specific Groups' of the NAP on [Domestic Violence and Child Abuse \(2018-2022\)](#) which consists of 3 areas of focus. The NAP mentions the need to train professionals who are unconfident in dealing with FGM, working with local government, community-led organisations as well as carrying out further research on how professionals deal with FGM in the health sector.

In France, legislation²⁸ was amended in 2018, to extend the time limit for reporting sexual crimes committed against minors. Another article also amended the Code of Social Action and Families to include wording on the need to ensure the identification and orientation of minors who are victims or threatened by sexual violence, in particular minors who are victims of FGM. New legislation on Asylum,²⁹ which came into force in September 2018, focused on reducing the time taken to process an asylum application and enables a protected unaccompanied minor to bring to France, as part of family reunification, not only their direct ascendants in the first degree (previous state of the law) but also the minor children of their ascendants. Moreover, a specific [National Action Plan](#) on FGM started in June 2019, launched by the Secretariat of State for Gender Equality. The national plan of action, aims at strengthening the detection of the risks of excision, train professionals and raising awareness

²⁶ 'GREVIO Baseline Evaluation Report: Portugal', available at: < <https://rm.coe.int/grevio-reprt-on-portugal/168091f16f>>, 19

²⁷ <https://www.government.se/information-material/2018/08/information-material-national-action-plan-to-combat-female-genital-mutilation/>

²⁸ [Law n° 2018-703](#)

²⁹ [Law No. 2018-778 of 10 September 2018 for controlled immigration, an effective right of asylum and successful integration](#)

about FGM in society. Alongside the plan, a support tool for awareness raising of FGM was created.³⁰ The government of France also release its third [International Strategy for Gender Equality \(2018-2022\)](#). This steering tool was designed to coordinate the work over the next five years, in line with the Sustainable Development Goals, and improve the situation of women globally, especially work surrounding harmful practices such as FGM.

In [Germany](#), the City of Hamburg on 6 February 2019 adopted a leaflet called '[Statement opposing FGM](#)' to explain abroad that female genital mutilation is a crime in Germany and support parents of girls at risk of FGM to oppose the practice when going back to their countries of origin.

The [United Kingdom](#) provided an extra £50 million donor investment to help end the devastating and harmful practice of female genital mutilation (FGM) by 2030, the largest ever donor investment to help end FGM.³¹ A number of policies were also introduced in 2018 including: the safeguarding of children,³² keeping children safe in education³³ and FGM Safeguarding Pathway and Risk Assessment Tools.³⁴ In 2018, National Health Service England released the document 'Commissioning services to meet the needs of women and girls with Female Genital Mutilation (FGM)'.³⁵ Two pathways have been developed to demonstrate types of physical and mental health services where the needs of women and girls with FGM need to be met. The document provides ten recommendations for commissioners to make sure services meet the needs of women and girls with Female Genital Mutilation (FGM) and to safeguard those at risk. More recently, the [Female Genital Mutilation \(Protection and Guidance\) \(Scotland\) Bill](#) came into force on the 24th April 2020, which amends the Prohibition of Female Genital Mutilation (Scotland) Act 2005 to strengthen the legal protection of those at risk of FGM by allowing courts to impose new FGM Protection Orders.

In Northern Ireland, the Child Protection Register (CPR) was introduced by the Department of Health. The CPR is a confidential list of all children in the local area (Northern Ireland) who have been identified as being at risk of significant harm. The tool allows authorised individuals to check if a child they are working with is known to be at risk.³⁶

In terms of prosecutions and convictions, both in the [UK](#) and in [Ireland](#) there have been the first conviction for a case of FGM in 2019, while in [Russia](#) the first ever investigation on an FGM case is undergoing at the moment.

³⁰ <https://federationgams.org/wp-content/uploads/2020/03/Protocole.pdf>

³¹ <https://www.gov.uk/government/news/uk-aid-makes-largest-ever-investment-to-help-end-fgm-worldwide-by-2030>

³² [Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children](#) (July 2018)

³³ [Keeping children safe in education: Statutory guidance for schools and colleges](#) (September 2018)

³⁴ [Female Genital Mutilation \(FGM\): Safeguarding Pathway and Risk Assessment Tools](#) (2018)

³⁵ <https://www.england.nhs.uk/publication/commissioning-services-to-meet-the-needs-of-women-and-girls-with-female-genital-mutilation-fgm/>

³⁶ All publications are listed here: <https://www.health-ni.gov.uk/articles/child-protection-register#toc-1>

2. Comprehensive Prevention Strategies / Multi-Sectoral Services, Programmes and Responses

Over the last two years, increasing efforts have been made to ensure there are comprehensive prevention strategies to end FGM, multi-sectoral services, as well as programmes and responses. In autumn 2018, the Finland's Institute for Health and Welfare (THL) created an online training package on encountering girls and women who have undergone FGM, for social welfare and healthcare professionals.³⁷ The THL have also been actively participating in ensuring the sharing information of FGM amongst professionals. The Netherlands, France and Sweden have also stipulated in their national action plans, the need to train key professionals to ensure they efficiently address any FGM cases.

Moreover, one of the main activities of End FGM EU members is to train professionals in different sectors around FGM. Between 2018 and 2019, they trained at national level in different European countries almost 25'000 professionals mainly in sectors of health, justice and law enforcement, asylum, education.

Furthermore, apart from their national work, in the last couple of years some End FGM EU members have also been implementing transnational projects ensuring prevention of FGM and support for survivors. Hereafter some examples.

Coordinated by GAMS Belgium and in partnership with FORWARD UK and Médicos del Mundo in Spain, the for Appropriate Community-Based Care and Empowering Support Services Project (or ACCESS project) was launched in september 2018. This EU co-funded European project aims to improve prevention, protection and support for migrant women in Europe who are confronted with different types of gender-based violence. The project involves training of community based advocates and professionals as well as an awareness campaign and community outreach support services.

Since 2018, the MED-RES (MEDiterranean reception systems' coordinated RESponse for people in migration (PiM) victims of SGBV) project has been implemented. This EU co-funded project is coordinated by AIDOS in Italy, with partners such as Women's Rights Foundation (WRF, Malta), Federacion de Planificacion Familiar Estatal (FPFE, Spain). The project functions to contribute to the inclusion of migrant women and men (PiM), in particular refugees and asylum seekers who have survived sexual and gender-based violence (VSdG), in integrated and coordinated reception and support systems in Italy, Malta and Spain. This is done through the training of trainers programs on migration, Female Genital Mutilation (FGM), SGBV, rolling out training sessions of reception systems' operators, on the above topics,

³⁷ COPE, 2018, 'Multiculturalism in customer work', available at: <https://verkkokoulut.thl.fi/web/monikulttuurisuus>

development of working methods to tackle SGBV and lastly awareness raising and mutual learning on the topics concerned.

Coordinated by End FGM EU, [Gender ABC](#) is an EU co-funded project started in October 2018 and managed by the End FGM European Network in partnership with four Network members: Terre Des Femmes (Germany), AIDOS (Italy), Medicos del Mundo (Spain) and APF (Portugal). The project sets out to change children’s attitudes towards gender stereotypes & norms reinforcing gender-based violence and raising awareness of schools, families and communities to develop a supportive and safe environment for children to learn. The consortium of partners developed 19 age-friendly educational modules on 12 sensitive topics ranging from Body Safety/Female Genital Mutilation, to Human Rights and Children’s Rights as well as Intimate Partner Violence. They are available in 6 EU languages and have been implemented in 33 primary and secondary schools in the 4 countries of the project (Italy, Germany, Spain, Portugal). A module on FGM was developed by the consortium to be implemented in schools.

3. Data and Research

According to the most recent estimations adopted by the [European Parliament](#) in 2020, there are 600,000 women and girls living in Europe with the lifelong consequences of FGM, while other 180,000 are at risk, in 13 countries alone. This data has been internally gathered by the End FGM European Network using existing studies. It should be noted that methodologies used for the studies differ as well as the years of data collection. In the meantime, some countries have noted significant increases in the numbers. The collection of data continues to be a huge challenge.

Here below are the most recent data collected:

Country	No. of Women and Girls who have undergone FGM	No. of Girls at Risk (including high risk scenario)*	Source
Belgium	17,575	8,342	Duborg & Richard (2018)
Cyprus		132 (high risk scenario)	EIGE (2018)
Finland	10,254	3,075	Finland Ministry of Social Affairs and Health (2019)
France	125,000	44,106 (high risk scenario)	Lesclingand et. al. (2019); EIGE (2018)
Germany	70,218	17,691	TERRE DES FEMMES (2019)
Greece		748 (high risk scenario)	EIGE (2018)

Italy	70,469	18,339 (high risk scenario)	Ortensi, Farina, Leye (2018) ³⁸ , EIGE (2018)
Malta		279 (high risk scenario)	EIGE (2018)
Netherlands	41,000	4,200	Pharos (2019)
Russia		1,240	Antonova, Siradzhudinova (2018)

Moreover, UNHCR released in August 2018 its latest “[Too Much Pain](#)” Report, estimating that in 2017 at least 24,000 women and girls who arrived in Europe to ask asylum might have already undergone FGM. Moreover, it shows that the share of women and girls already affected by FGM within the total number of female asylum seekers coming from countries of origin where FGM is practiced, is steadily increasing in recent years.

4. Community perspectives

The End FGM European Network continues to be the driving force of the European movement to end FGM. Between 2018 and May 2020, End FGM EU grew in membership and geographical representation, arriving to include 30 member organisations, many of them coming from grassroots, from 14 different European countries. End FGM EU continues to be a platform for communities, organisations, decision-makers and professionals at European level to join forces and ensure a comprehensive and human-rights-based response to FGM in Europe and beyond.

In Europe, steps have been taken to ensure community perspectives are at the heart of the movement to end FGM and that work to engage with on-the-ground activists, including youth are invested in. One of the main activities of End FGM EU members is to reach out to community members to change behaviour and discuss around FGM. Between 2018 and 2019, End FGM EU members engaged at national level in different European countries over 5’000 community members, working with them to ensure prevention of FGM.

Furthermore, apart from their national work, in the last couple of years some End FGM EU members have also been implementing transnational projects ensuring prevention of FGM through community engagement.

Some examples include the EU co-funded [Let’s CHANGE](#) project (implemented between Oct. 2018- July 2019), which was coordinated by TERRE DES FEMMES (Germany), with project

³⁸ In 2020 a new study will be published: "Stima della prevalenza FGM in Italia e del numero di bambine a rischio", 2019, Commissioned by: Dipartimento pari opportunità, realized by Università Milano Bicocca, Responsible Prof.ssa Patrizia Farina, Università Milano Bicocca. This unreleased study states 87,500 as the number women and girls who have undergone FGM and who live in Italy.

partners in Hamburg (Plan International), the Netherlands (FSAN) and France (Equipop). The project trained representatives from different FGM-affected communities on FGM, in order for them to implement Behaviour Change Activities. As such, this project recruited and trained 32 individuals who implemented activities in their communities and 24 representatives who directly trained professionals.

In Brussels, at End FGM European Network created a '[Youth Ambassadors](#)' programme to bring together young activists from Europe to share their experiences, make their voices heard at European level and help them develop their own activism. As such, the Ambassadors created a YouTube series in 2020 called [The Purple Chair](#), designed by youths and for youths, to educate especially the younger generations about Female Genital Mutilation. The Youth Ambassadors regularly record, edit and upload videos raising awareness on FGM and debunk misconceptions about this harmful practice.

Moreover, in 2019 End FGM EU launched the second phase³⁹ of its [Ambassadors](#)' Programme, involving women and men from FGM-affected communities living in Europe who are concerned around FGM. The first meeting the new Ambassadors had focused on mental health and its importance to ensure an enabling environment for survivors and women and men affected to work on FGM.

The consortium project led by FORWARD UK, [TuWezeshe Akina Dada](#), Swahili for 'empowering our sisters' carried out a one-year fellowship programme which trained UK African diaspora youth (as well as activists internationally). This feminist leadership programme seeking to inspire a generation of young African women to engage in the civil and political spheres and galvanise collective action against all forms of violence against women and girls (VAWG), including FGM. It aims to increase their visibility and capacity to shape decisions about their rights and freedoms.

5. COVID-19 impact on FGM

End FGM EU has conducted an internal [survey](#) among its member organisations around their work Europe and beyond, including the impact of COVID-19 on women and girls affected by FGM as well as the impact on organisations working on FGM.

In terms of impact on women and girls at risk, there are several factors to consider which might heighten it or lower it depending on the national and community context. Among the factors of increased risk, there are the confinement at home and the disruption of protection measures for girls which might put them in jeopardy. Specifically in places where communities

³⁹ To see the ambassadors who participated in the first phase and now became Alumni Ambassadors see <https://www.endfgm.eu/who-we-are/ambassadors/>

live in shared houses with compatriots, it might be easier to get a cutter in. Moreover, the fact that in some countries schools are not reopening until September means enough time to heal wounds and let the violation pass undetected. In some other countries, there are cases of missing children who are not responding to messages from schools since the lockdown, which are mainly migrant background. Those children might be exposed to violations, which would also pass undetected and not reported. On the other hand, a main factor of decreased risk, specifically for the European context, is the temporary travel ban, which definitely lowers the chances of FGM being carried out abroad during the holiday season.

Concerning the impact that the COVID-19 pandemic has had on women and girls already affected by FGM, this is definitely huge, in terms of disruption of support services for FGM survivors. All non-COVID related medical service has been suspended, and even when services are still available (such as telephone lines for violence, or gender-based violence shelters) they are more difficult to access due to the limited mobility of women and girls as well as the heightened family control. Moreover, even if some psychological support is being continued via phone, it is very difficult to ensure confidentiality and privacy in crowded households.

In terms of impact on organisations working on FGM, it must first be noted that NGOs and community-based organisations are at the forefront of work to ending FGM and supporting survivors. The type of work they carry out in this sense ranges from service provision, to training professionals, community engagement, awareness raising, advocacy, research, and so on. These areas are of course all impacted by this crisis, including access to funding, staff management and wellbeing. But the crisis has also brought new ways of working on new issues and with each other. When asked from 1 to 5 how much this crisis had impacted their work, 60% of our members answered 4 (very much) and 40% answered 5 (severely).

When looking at the main challenges that our members face during the COVID-19 pandemic, they are: (i) lack of privacy at home to access activities and/or that might still be ongoing, since women might not feel comfortable to share their feelings when children or partners are around; (ii) lack of appropriate IT tools, specifically for people from affected communities; (iii) behavioural change activities have stopped since they need a face to face interaction; (iv) shift in communities' needs, in terms of new priorities arising such as loss of job, health issues, lack of income, home schooling and care for children, anxiety, etc.; (v) shift in priorities for front-line professionals, decision-makers and donors, which brings them to a lack of availability beyond the crisis response [in terms of funding: usual funding mechanisms are devoting huge parts of their funding basket to the COVID-19 response, meaning less funding available already now, and it is still not clear whether usual funding programs will be available to finance activities in 2021]; (vi) moving activities online takes time and adaptation to new tools, as well as preparation, learning and strategic thinking, which is not always taken into consideration by donors; (vii) some donors ask to reduce staff costs while activities are reduced or postponed, which causes the need for organisations to move towards temporary

technical unemployment, when such scheme is possible; (viii) stress for present and future for organisations' staff, due to job and salary instability; (ix) working from home, parenting and home schooling children at the same time, which too often affects disproportionately women due to the still persistent traditional gender roles.

From our survey, common solutions also came out to face this situation, such as: (i) moving some activities online, such as virtual meetings with community members and peer educators already working together, e-learning platforms on FGM to train professionals; (ii) keeping connected to communities through social media and keeping sharing FGM prevention messaging at community level through those means; (iii) re-shaping community work within the framework of the COVID-19 pandemic, including new activities to spread information among communities on the current situation, translating official governmental information on the pandemics in community languages, producing flashcards on the subject and distribute them at local level; (iv) mainstreaming COVID-19 response in activities and re-strategise advocacy/awareness raising/research/community engagement, FGM prevention, etc. linking with COVID-19 response; (v) innovative fundraising through crowd funding, selling merchandise, etc.; (vi) online wellbeing/psychological support for staff and community members, including sessions on emotional management and psychological support online; (vii) emergency funds covering home-working expenses (online services + staff phone and internet bills).

VI. Middle East and North Africa

1. Laws and Policies

Oman: Oman amended the Child Law in August 2019, and has prohibited the practice of FGM in any manner, and declared FGM to be a harmful practice.⁴⁰ The law provides a penalty of imprisonment from 6 months - 3 years for violators.

4. Data and Research

Oman: A 2018 survey of 200 women in the Ad-Dakhiliya province found that 95.5% of the women surveyed had undergone FGM/C. 85% of participants expressed support for the practice.⁴¹

⁴⁰ Article 4, Child Law, Official Gazette No. 1305

⁴¹ Hoda Thabet & Azza Al-Kharousi, Female Genital Mutilation in the Middle East: Placing Oman on the Map (2019)

United Arab Emirates: A 2020 study of 831 women in Abu Dhabi found that 41.4% of the women surveyed had undergone FGM/C. Type 1 FGM was the most commonly practiced type of FGM. The study also found that 72.8% of the survey participants were against the practice.⁴²

Saudi Arabia: A study published in 2019 surveyed 963 women in Jeddah between December 2016 and August 2017 and found that 18.2% of women had undergone FGM/C. The sample included both Saudi and immigrant women, and 62.8% of the women who had undergone FGM/C were either Saudi or naturalized Saudi women. The majority (68%) of women wanted FGM/C to stop.⁴³ An earlier household survey from 2018 in the region of Hali on the western coast of Saudi Arabia surveyed a cross-sectional sample of 365 households across the region. Data on FGM/C was only collected for girls under the age of 18. Out of 285 girls in the sample, 175 had undergone FGM/C, indicating a prevalence of 80.3% within the survey sample. In 91.4% of the cases, the cutting was carried out by doctors.⁴⁴

VII. North America

1. Laws and Policies

United States of America – Federal level

It is estimated that [over half a million](#) women and girls in the US have undergone or are at risk of undergoing FGM/C. Within the U.S. context, both federal and state laws and policies are needed to effectively address FGM. State laws and policies are needed for the prevention, education, and provision of services at the local level. Girls are taken across state lines or taken outside the country for purposes of FGM, and this requires a federal response

On November 20th, 2018, United States District Judge Bernard Friedman ruled that the U.S. federal law banning FGM/C ([the Female Genital Mutilation Act 1996](#)) was unconstitutional. This decision came during the trial of *U.S. v. Nagarwala*, the first federal FGM/C case where a U.S. doctor was charged with performing FGM/C on nine 7 year-old girls from Michigan, Illinois and Minnesota at a clinic in Detroit. The judge had decided that that Congress lacked authority, under the commerce clause, and the treaty clause, of the U.S. constitution, to

⁴² Shamsa Al Awar, Moamar Al-Jefout, Nawal Osman, Zuhur Balayah, Nourah Al Kindi & Teodora Ucenic, Prevalence, knowledge, attitude and practices of female genital mutilation and cutting (FGM/C) among United Arab Emirates population, 79 BMC Women's Health 20 (2020), available at <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-020-00949-z>

⁴³ Sharifa A. Alsibiani & Abdulrahim A. Rouzi, Sexual function in women with female genital mutilation, 2008. Available at https://www.kau.edu.sa/Files/140/Researches/50534_20747.pdf

⁴⁴ Waleed Abdullah Milaat, Nahla Khamis Ibrahim & Hussain Mohammed Albar, Reproductive health profile and circumcision of females in the Hali semi-urban region, Saudi Arabia: A community-based cross-sectional survey, 38(2) Annals of Saudi Medicine (2018). Available at <https://www.annsaudimed.net/doi/10.5144/0256-4947.2018.81>

adopt the law in 1996 and that the power to outlaw FGM resided with individual states. In 2019, the U.S. Department of Justice announced that it will not appeal the federal trial court decision ruling that the federal law banning FGM/C is unconstitutional. While the U.S. House of Representatives filed a motion to intervene to [defend the constitutionality](#) of the federal FGM/C law with support from CSOs, the motion was denied by the U.S. Circuit Court of Appeals for the Sixth Circuit.

In 2019, the U.S. House of Representatives passed a bipartisan [resolution](#) to denounce FGM/C and recognize it as a human rights violation against women and girls. The resolution was co-sponsored by 28 members of Congress and calls for “coordinated efforts to eliminate the harmful practice”. In the same year, the U.S. House of Representatives passed the Violence Against Women Reauthorization Act of 2019 ([H.R. 1585](#)). This bill defines FGM/C for VAWA grant purposes, and amends the purpose areas of three VAWA grant programs (STOP, Outreach and Services to Underserved Populations, and CHOOSE Children and Youth) to include providing culturally specific victim services regarding responses to, and prevention of, FGM/C. The bill also requires the Director of the Federal Bureau of Investigation to classify FGM/C as a part II crime in the Uniform Crime Reports.

In 2020, the U.S. House of Representatives introduced the “Strengthening the Opposition to Female Genital Mutilation Act of 2020” or the “STOP FGM Act of 2020”, which amends the federal law banning FGM/C. The bill was informed by CSO working to end FGM/C in the US including the US End FGM/C Network. The bill has passed through the House Judiciary Committee and can now be brought to the floor for a vote.

United States of America – States level

In 2019, through advocacy from civil society organization working on FGM/C, the State of Virginia passed the ‘Family Life Education; Female Genital Mutilation Act’. The Education Bill summarizes that any family life education curriculum offered in any middle school, or high school to incorporate age-appropriate elements of effective and evidence-based programs on the harmful physical and emotional effects of FGM/C associated criminal penalties, and the rights of the victim including any civil action.

Through advocacy from civil society organization working on FGM/C in the US, by May 2020 38 States have FGM/C laws.

Canada

In Canada, despite the existence of a specific criminal provision prohibiting FGM/C, multi-sectoral policies and strategies are needed at the federal, provincial, and municipal levels to protect girls at risk from FGM/C and to provide services to survivors. Canada has many diaspora communities from countries that are known to practice FGM/C, yet there is little support for survivors and no protocols to protect girls at risk. There have been no prosecutions for FGM/C, despite evidence obtained by journalists through the Access to

Information Act (1985) that the Canadian government knows that girls are being taken abroad for [vacation cutting](#) and that [cutters are coming to Canada](#).

In 2019, in the Provincial legislature of Alberta, through the advocacy of the End FGM Canada Network, the [Honorable Minister Leela Sharon Aheer](#) acknowledged FGM/C as a Canadian issue.

In 2017, in a leaked draft copy of the proposed revised citizen's guide, references to the laws around harmful practices such as FGM/C had been removed. In January 2018, after a petition signed by more than 25,000 Canadians, Ahmed Hussen, the Minister for Immigration, promised the warnings would remain in the new guide. However, as of May 2020, the new guide has not yet been released.

From coast to coast, through advocacy from the [End FGM Canada Network](#), twenty-two Canadian City Councils and two Provinces formally recognized February 6th, 2020 as International Day of Zero Tolerance for Female Genital Mutilation. In the city of St. John's, Newfoundland, FGM/C survivor Maryam Sheik made history when she gave an impassioned speech and educated city councillors. She also met with Carol Anne Haley, the Provincial Minister for the Status of Women, who gave her the signed Provincial Proclamation. This advocacy attracted media attention across the country. The End FGM Canada Network is run on an entirely volunteer basis.

2. Multi-Sectoral Services, Programmes and Responses

United States of America

The U.S. State Department started including information on FGM/C in their annual Human Rights Country Reports in 2018 and 2019.

Law enforcement officials from the United States and the U.K. signed a joint proclamation affirming their commitment to end the practice of FGM/C and reinforcing the need to cooperate across borders to address this global issue.

Moreover, U.S. Immigration and Customs Enforcement's (ICE) expanded Operation Limelight USA, an outreach operation which aims to educate travelers on the dangers and consequences of FGM/C, from one international airport to seven⁴⁵.

In collaboration with CSOs working on FGM/C in U.S., the U.S. Department of Homeland Security held a series of briefing and trainings for law enforcement, victim services professionals, government officers.

⁴⁵ U.S. officials with Operation Limelight USA spoke to 1300 travelers on 80 different flights from May 22 to July 2 at seven airports across the United States

The U.S. Department of Justice, Office of Justice Programs, National Institute of Justice releases a report to support law enforcement’s ability to understand and accurately identify acts of gender-based violence in the United States that are rooted in cultural practices titled [“Historical Overview of U.S. Policy and Legislative Responses to Honor-Based Violence, Forced Marriage, and Female Genital Mutilation/Cutting”](#)

In 2019, Special agents with U.S. Immigration and Customs Enforcement’s (ICE) Homeland Security Investigations (HSI) launched Operation Limelight USA at three airports across the U.S. with the assistance of U.S. Customs and Border Protection.

Moreover, the U.S. Department of Health and Human Services Office on Women’s Health (HHS OWH) concluded the three-year Female Genital Cutting (FGC) Community-Centered Health Care and Prevention Project. This project aimed to improve the health of women and girls affected by FGM/C and accelerate FGM/C prevention efforts through community-supported initiatives led by a group of eight grantees from CSOs and academic institutions⁴⁶.

In 2019, the U.S. Department of Justice and the U.S. Department of Homeland Security moved to include CSO focused on FGM/C prevention and the US End FGM/C Network as a resource within the National Child Abuse Hotline.

In 2020, the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Office for Victims of Crime (OVC) sought applications from CSOs and institutions of higher education for funding⁴⁷ to support projects in order to build or enhance a community response to address the needs of victims of FGM/C and to provide targeted technical assistance to inform frontline providers on how to identify and serve victims and persons at-risk of being victimized.

In developing the National Strategy for Child Exploitation Prevention and Interdiction 2020, the U.S. Department of Justice has moved to include FGM/C within this national strategy and will develop this report based on information obtained from both governmental and non-governmental organizations, including the US End FGM/C Network.

Canada

In 2019, the University of Montreal, along with the Universities of Geneva and Brussels (Le 3G de la Francophonie) organized the 3D international experts’ meeting on FGM/C in Montreal in May of 2019.

⁴⁶ In July 2016, the Office on Women’s Health [awarded 8 grants](#) totaling \$6 million over a three year period, to organizations that address the gaps and problems in FGM/C -related health care services for women and girls living in the U.S.

⁴⁷ The [“Addressing Female Genital Mutilation and Cutting”](#) grant solicitation was released in March 2020 and implementation will start in October, 2020.

As part of *It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence*, 13 federal departments are taking part in an interdepartmental working group that provides a collaborative forum to address harmful practices including FGM/C.

The Canadian Paediatric Society updated its [guide on FGM](#) for health professionals working with immigrant and refugee children and youth.

In 2020, the Journal of Obstetrics and Gynecology Canada published updated guidelines on FGM/C.

3. Data and Research

United States of America

In 2018, HHS OWH funded a pilot study by the Centers for Disease Control and Prevention (CDC) titled 'Women's Health Needs Study (WHNS) Pilot: The Health of U.S.-Resident Women from Countries with Prevalent Female Genital Mutilation/Cutting (FGM/C)⁴⁸.

In 2019, the U.S. Department of Justice (DOJ), Office for Victims of Crime (OVC), National Institute of Justice is supporting the CDC and the National Opinion Research Center (NORC) at the University of Chicago's multi-site study to collect scientifically valid information on FGM/C in the United States⁴⁹. The Women's Health Needs Study (WHNS) will systematically and directly collect information about women's health experiences and needs in selected communities in the United States with high concentrations of residents from countries where FGM/C is prevalent. WHNS will assess the extent to which FGM/C affects women in these communities; women's attitudes about the continuance of the practice; and their health experiences and needs. Findings from WHNS can be used to inform and plan programs, services, and prevention efforts. The WHNS study was successfully piloted in 2019, and the full WHNS data collection will be carried out in 2020-21.

With the conclusion of the aforementioned [Female Genital Cutting \(FGC\) Community-Centered Health Care and Prevention Project](#) from HHS OWH, the eight funded projects provided valuable data on the specific needs and experiences of survivors from various communities across the U.S. and produced multiple specialized FGM/C resources for supporting survivors, educating communities, and training health care providers.

Canada

⁴⁸ A 2016 publication by the Centers for Disease Control and Prevention (CDC) estimated indirectly that approximately 513,000 women and girls have either undergone or could be at risk of FGM/C. Since then, the CDC has been in the process of planning for and designing a national multi-site study to collect scientifically valid information on FGM/C in the United States

⁴⁹ This study is a follow-up to the pilot WHNS funded by HHS OWH

Canada still has no official statistics on the number of FGM /C survivors and girls at risk, and no quantitative study is currently underway. In order to address both survivors' needs and protect girls at risk, a quantitative study assessing the situation is urgently needed.

In 2018, a study entitled [‘The lived experience of female genital cutting \(FGC\) in Somali Canadian women’s lives’](#) revealed survivors attitudes towards FGM/C.

In 2019, “[An end to inaction: Addressing female genital mutilation in Canada](#),” a master’s thesis by Klara Hillmann, reveals how far behind Canada is among Western nations in addressing FGM/C. The study recommends a multi-sector framework and an FGM/C specific national action plan. Key recommendations: An FGM/C prevalence study; a multi agency guide; training formats for relevant professionals.

The European Union’s Horizon 2020 research and innovation programme started a three-year, six country-study by GenderNet Plus focusing on quality of care for survivors of FGM/C as well as prevention for women and girls who may be at risk of female genital mutilation. The countries include Canada, Belgium, Switzerland, Sweden, France and Spain. The project coordinator is Bilkis Vissandjèe from the University of Montreal, Canada.

In March 2020 , the TCRI released the results of its [three-year-study](#) and awareness raising project addressing attitudes to FGM/C and support for survivors in Quebec.

4. Community perspectives

United States of America

In the U.S., civil society organizations and advocates have long been at the forefront of FGM/C prevention, education, and care efforts. The US End FGM/C Network was launched in July 2018, which is a vibrant and collaborative group of survivors, civil society organizations, foundations, activists, policymakers, researchers, healthcare providers, and others committed to promoting the abandonment of FGM/C. The Network serves as the main source for information and the lead advocacy voice in the United States on ending this harmful practice in the U.S. and around the world.

Since its launch, the Network gained much traction on behalf of its members among various stakeholders working on the issue of FGM/C both in the US and around the globe, and has surpassed general expectations that are anticipated for the beginning stages of similar collaborative networks⁵⁰.

Membership in the Network has tripled and the Network continues to expand not only in size, but also in the breadth of its activities as a direct response to the needs of membership with

⁵⁰ Understanding The Value Of Backbone organizations In Collective Impact.

the US FGM/C prevention context. The Network has also positioned itself to play a critical role in the growing global movement to end FGM/C.

With over 90 organizational members and partners, and over 450 individual members and supporters who are FGM/C survivors, advocates, researchers, educators, health care providers, and policy makers, as well as a proven record in community engagement, resource development, and knowledge sharing, the Network and its members are poised to advance a comprehensive multi-sectoral U.S. approach to ending FGM/C and providing services to those affected.

Canada

[*In The Name Of Your Daughter*](#) the Canadian documentary about Tanzanian girls running away from home to save themselves from FGM/C, had in 2018 its North American premiere in Edmonton, Alberta. The film and director Giselle Portenier's social media presence on twitter sparked media interest in the topic in Canada.

In 2019, the End FGM Canada Network (the "Canada Network") is launched on March 8 by four women in Canada who connected through the FGM documentary *In The Name Of Your Daughter*. The Canada Network is a non-partisan advocacy group of survivors, individuals and organizations working to end female genital mutilation both in Canada and abroad. Its number one objective is the creation of an FGM specific multi-Canadian National Action Plan on FGM/C. The Canada Network is run on an entirely volunteer basis.

The Canada Network's co-founder 16-year-old Malaika Somji launched a [petition](#) asking the Canadian government to step up on FGM/C. In 2019, the Canada Network launched the [#MyIssueTooCanada campaign](#) which saw Canadians from coast to coast stand up and be counted. Canada Network co-founder Farzana Doctor made history when she became the first Canadian FGM survivor to speak about FGM/C at a public vigil during the 20th anniversary of the mass shooting of women in Montreal.

In just over a year, the [End FGM Canada](#) ("Canada Network") has attracted over 60 organizational and individual members including survivors, activists, health and educational professionals, researchers and policy specialists. The Canada Network has garnered interest from stakeholders working on FGM/C both in Canada and the rest of the world, and has established links with government departments including Global Affairs Canada and the Department for Women and Gender Equality. The Canada Network is getting increasing media attention in print, on tv, and radio and is raising the profile of FGM as an important and urgent Canadian issue.

In 2020, the Canada Network assisted in the case of the Bakare family from Nigeria, who were seeking asylum in Canada in order to protect their daughters from FGM/C.

VIII. Conclusion and recommendations

To conclude, allow us to reiterate our [Call to Action](#) and concrete key recommendations to ending FGM/C by 2030 and support survivors.

PREAMBLE

- FGM/C is a violation of the human rights of women and girls and must be ended in all its forms
- We need to make FGM/C a global priority, in the same way the global community responded to other global epidemics, such as HIV/AIDs

SUPPORTING CHANGE FROM WITHIN - CHALLENGING SOCIAL AND GENDER NORMS

- We share a vision of a world free from FGM/C and will work in partnership with each other, all communities, governments, donors, multilateral bodies and others to end the practice by 2030 in line with the SDGs
- Whole communities must be mobilised and empowered at the grassroots level if we are to end FGM/C – women and girls, men and boys, traditional and religious leaders, health workers
- Ending FGM/C requires addressing the root causes of gender inequality at the community level, including gender stereotypes, unequal power relations, and negative social norms

STRENGTHENING THE EVIDENCE BASE THROUGH CRITICAL RESEARCH

- Fill the knowledge gap on FGM/C survivors' specific needs, impact on economic empowerment, and behaviour change around emerging trends such as medicalisation and lower ages of cutting
- Use community-based participatory approaches within research efforts and ensure that research results and data are synthesised for communities to use
- Create, test, and implement standardised universal indicators that are informed by context specific measures and demand country-level reporting

IMPROVING WELLBEING VIA SUPPORT AND SERVICES FOR SURVIVORS

- More support is needed for survivors in various forms, including security and protection for survivors, targeted research and resources to enable health and emotional wellbeing
- Enable the transformative power of survivors and survivor-led networks through support to connect with each other, other gender-based violence movements and capacity build

ADDRESSING EMERGING TRENDS AROUND FGM/C

- We need an integrated, intersectional approach to ending FGM/C recognising the connections with other forms of gender-based violence and linking with existing movements
- We are committed to working with religious leaders, health workers and governments to respond to adaptations to the practice which continue to violate women's rights, such as medicalisation, cross-border practices, and lowering the age at which FGM/C is carried out

INCREASING RESOURCES TO ACHIEVE THE GLOBAL GOAL

- We call on all stakeholders to prioritise resources towards grassroots and community-led programmes. Funds should be more flexible, sustainable and accessible for communities and grassroots and capacity building should be provided as well as networks
- Investment is needed in better research into what is working and what is not to end FGM/C. This research needs to be participatory and involve multiple stakeholders and should be made available and accessible
- We are focused on coming together and working collaboratively to address what existing gaps there are, what are the costs of FGM/C, and what do we need to end this globally