

NPWJ FGM Campaign 2004–2006

**Developing a Political, Legal and Social
Environment to Implement the Maputo Protocol**



Acknowledgements

This publication has been realised by
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The section “What is Female Genital Mutilation?” is based on a presentation of
the issue in:

Anthropology of Female Genital Mutilation

By Carla Pasquinelli, AIDOS, 2000



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Republic of Kenya



No Peace
Without Justice

INTERNATIONAL CONFERENCE ON FEMALE GENITAL MUTILATION

*Developing a political, legal
and social environment
to implement the Maputo Protocol*

**Kenyatta International Conference Centre (KICC)
NAIROBI
16-18 September 2004**

WITHIN THE FRAMEWORK OF THE
INTERNATIONAL CAMPAIGN



Female Genital Mutilation
Komesha tohara ya Wasichana
Mutilations Génitales Féminines
ختان الإناث

IN FICHE ENGAGÉE
DE PARTENARIAT



WITH THE FINANCIAL SUPPORT OF



European Union



CIDA/GESP



Italian Cooperation together
with Unicef



Norway



Technische Zusammenarbeit GTZ GmbH

WITH THE TECHNICAL
SUPPORT OF



Italian Association
for Women in Development



Open Society
Institute

The poster of the Nairobi Conference
on FGM



The postcard by «Fabrica», based on the artistic performance by Joy Frempong for the StopFGM! campaign



Rome, 6 March 2001.
 Khady Koita, Emma Bonino
 and the Nobel Prize Rita Levi
 Montalcini during the first
 Conference of the Stop FGM!
 campaign.



Bruxelles, 10 December
 2002, European Parliament.
 An insight of the works of the
 international conference
 where was launched the
 international appeal against
 FGM.



Towards the abandonment of Female Genital Mutilation

The NPWJ approach

The activities carried out by *No Peace Without Justice (NPWJ)* are part of a growing international effort for the abandonment of the practice of Female Genital Mutilation (FGM)¹. The contribution of *NPWJ* to this endeavour aims in particular at fostering and strengthening the joint commitment of governments and civil society to eradicate the practice, particularly through political action and the adoption of increasingly effective legal measures. We developed our strategy to help combat this practice acknowledging that the law is only one part of a broader approach towards the abandonment of FGM that must be accompanied by a wide range of other measures designed to address the underlying conditions that allow FGM to continue. This policy derives from our belief that solutions lie in taking a two-pronged approach: bottom up from the grassroots, and top down from Government and lawmakers.

NPWJ has been focusing in particular on those countries where the practice is prevalent and where there is political will to address the issue. The methodology used includes the planning and organisation of sub-regional conferences hand in hand with the government and civil society of the host country and, where appropriate, in partnership with other organisations, institutions and UN agencies. One benefit of this approach is to foster long lasting partnerships among institutions, parliaments, NGOs, CBOs, governments and donors, which – in addition to field-based work – can gradually affect long-term behavioural changes in society. The involvement of other civil society actors, such as medical practitioners and religious leaders, in the sub-regional conferences also contributes to the adoption of clear positions that medicalisation of FGM under “hygienic” and “sanitary” conditions is simply not an acceptable solution, and that the practice of FGM has no basis in, nor can it be justified by, any religion.

By raising awareness of the issue in a whole sub-region around key events, *NPWJ* aims to foster the constructive encounter of all government and civil society actors that are directly involved in the issue of FGM and to contribute, most recently, to boost ratification of the Maputo Protocol on the Rights of Women in Africa, an important legal instrument for the abandonment of FGM.

¹ See part II for more information about FGM.



NPWJ engagement on FGM

The commitment of *NPWJ* against the practice of FGM dates back to 2000 when, at the initiative of Emma Bonino and the group of the Radical Members of the European Parliament, a resolution denouncing Female Genital Mutilation was adopted, which led to the approval of an EP Report on FGM of 20 September 2001 and the realization of a first series of public events and meetings.

2002 - 2004

NPWJ, in partnership with AIDOS (Italian Association for Women in Development) and in cooperation with eight national NGOs² carried out “Stop FGM: an International Campaign to eradicate Female Genital Mutilation”, co-funded by the European Union and other donors. This campaign was designed to sensitise public opinion, train FGM experts and trainers and strengthen existing anti-FGM legislation in Africa.

2004 - 2006

In 2004, *NPWJ* launched a campaign for the ratification and effective implementation of the Maputo Protocol as an instrument in creating a legal, cultural and social environment that favours the abandonment of FGM and the promotion of women’s rights in Africa. Initial funding for the campaign is provided by the Italian Government, through a UNICEF project within the framework of ongoing UNICEF human rights-based programming for FGM/C abandonment, which includes support for other FGM activities carried out by AIDOS and Tostan.

² Namely AMSOPT (Mali), BAFROW (Gambia), Voix des Femmes (Burkina Faso), Egyptian Society for the Prevention of Harmful Traditional Practices (Egypt), Association for Integration and Development (Somaliland), EMWA (Ethiopia), AMWIK (Kenya) and TAMWA (Tanzania).

Cairo, 21 June 2003. The First Lady of Egypt, Suzanne Mubarak, with Moushira Khattab and Emma Bonino during the Opening Ceremony of the Cairo Conference on “Legal Tools for the Prevention of Female Genital Mutilation”.



Nairobi, 16 September 2004. International Conference on “Developing a political, legal and social environment to implement the Maputo Protocol”.



Djibouti, 2 February 2005. The religious authorities gathered in the first thematic session on “The position of Islam on Female Genital Mutilation” during the Sub-Regional Conference “Towards a political and religious consensus for the abandonment of Female Genital Mutilation”.





● 2002-2004

The StopFGM Campaign

As part of this campaign, on the occasion of the anniversary of the Universal Declaration of Human Rights, on 10 December 2002, *NPWJ* organised a major international conference at the European Parliament in Brussels calling on global leaders and Nobel Prize winners to take a leadership role in the campaign against FGM. This event launched the “StopFGM Appeal to the International Community for the elimination of FGM”, which was subsequently published in several national and international newspapers and magazines and signed by more than 20.000 people around the world.

On 21-23 June 2003, *NPWJ* organised a three-day Afro-Arab conference in Cairo on “Legal Tools for the Prevention of FGM” together with AIDOS and the national NGO partners. The Conference was held under the auspices of H.E. Mrs. Suzanne Mubarak, First Lady of Egypt, and was organised in cooperation with the National Committee for Maternity and Childhood, with the participation of representatives and experts of governments, parliaments and civil society from all countries affected by this practice. The conference provided an opportunity to compare policies, learn from success stories, share information on “good practice” and discuss measures for the effective enforcement of legislation. At the end of the conference, participants adopted the “*Cairo Declaration for the Elimination of FGM*”, which states that FGM can only be eliminated with a global approach that “*promotes change in behaviour and uses legislative measures as a key instrument*”. It further identifies the engagement of all civil society actors: family, media, school, local agencies and associations as fundamental, along with the concrete commitment of resources by national and international institutions.

Finally, *NPWJ* contributed to the creation of a web site, www.stopfgm.org, in English, French and Arabic, as a comprehensive tool to gather documentation on FGM and disseminate information concerning the various activities for the abandonment of FGM.

This campaign was co-financed by the European Union, the Open Society Institute, UNIFEM, UNFPA, the personal contribution of Ms Elsa Peretti and by other private donors.



● 2004 – 2006

Campaign for the ratification of the Maputo Protocol

The overall objective of this campaign is to create a cultural and social environment that favours the abandonment of FGM and supports the ratification and implementation of the Maputo Protocol as an effective instrument for the abandonment of FGM. It also aims to strengthen constructive interaction between governments and civil society by facilitating the sharing of information, successful experiences and good practices.

The Maputo Protocol

Three weeks after the "Cairo Declaration on the elimination of FGM", the second summit of the African Union in Mozambique adopted on 11 July 2003 an additional Protocol to the African Charter on Human and People's Rights, on the Rights of Women in Africa: the Maputo Protocol. The Maputo Protocol is a progressive regional human rights instrument, negotiated and adopted by member States of the African Union that addresses a wide range of women's rights. Article 5 of the Protocol specifies that harmful traditional practices, and FGM in particular, should be prohibited through legislative measures backed by sanctions.

Indeed, FGM constitutes a violation of the right to bodily integrity, to equal treatment between the sexes and reproductive rights. To enhance the ability of the Maputo Protocol to address specific problems faced by women and girls in Africa, it is of utmost importance that the law be applied and enforced in a context that people affected by that law understand.

To support the entry into force of the Maputo Protocol, which requires ratification by a minimum of 15 member States of the African Union, and its implementation, NPWJ has, to date, organised two major regional conferences in partnership with the respective host Governments of Kenya and Djibouti. NPWJ is currently working on the planning and organisation of two additional conferences in West Africa, one in a French-speaking country, possibly Mali, before the end of 2005, and the other in an English-speaking country of the sub-region, by March 2006. As a complement to these activities, NPWJ has also launched its technical assistance program of secondment of legal advisers to governments intending to implement the Maputo Protocol in national law.



The Nairobi Conference

On 16-18 September 2004, the Government of Kenya and *NPWJ* held a three-day conference in Nairobi, on “Female Genital Mutilation: Developing a Political, Legal and Social Environment to Implement the Maputo Protocol” in partnership with AMWIK and with the technical support of AIDOS and RAINBO.

The conference was attended by high-level government and civil society representatives from Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Ghana, Mali, Senegal, Sierra Leone, Somalia, Sudan, Tanzania, Uganda, Yemen and the European Network against Harmful Traditional Practices. It was also attended by representatives of donor governments, international organisations, including the African Union, UNICEF, UNDP. National and international media provided extensive coverage of the conference.

The conference concluded with the firm commitment of the Government of Kenya at the highest level to ratify and implement the Maputo Protocol. Participating government and civil society delegations unanimously adopted the Nairobi Declaration, affirming their willingness to take all necessary steps to implement the provisions of the Maputo Protocol on FGM; to adopt legislation as an important component of the development of a political, legal and social environment to stop the practice of FGM; and to provide political support and, - where possible- financial resources, to empower NGOs in their work against FGM. The declaration also stresses the need to establish national plans of action for the abandonment of FGM with time-bound objectives.

The conference received the financial support of the Government of Canada, UNICEF together with the Italian Cooperation, the Norwegian Government, UNIFEM together with the Swedish Government, the Sigrid Rausing Trust, the French Government and the German Cooperation Office (GTZ).

The Djibouti Conference

Towards a Political and Religious Consensus Against Female Genital Mutilation

On 2-3 February 2005, the Government of Djibouti and *NPWJ* held a two-day conference in Djibouti, on Female Genital Mutilation, "Towards a Political and Religious Consensus Against Female Genital Mutilation", with the support of the Djibouti National Women's Union and the Transnational Radical Party and with the technical support of RAINBO. The conference was held under the High Patronage of H.E. Mrs Kadra Mahamoud Haid, First Lady of Djibouti. Participants included delegations from government and civil society from



Ethiopia, Eritrea, Kenya, Mali, Senegal, Somalia, Sudan, Yemen and representatives of international organisations and UN agencies.

The goal of the conference was the creation of favourable conditions for the abandonment of FGM in Djibouti and neighbouring countries, through the promotion of an anti-FGM consensus at the highest levels of government and among religious authorities and the reassertion that FGM is a crime under Djibouti law.

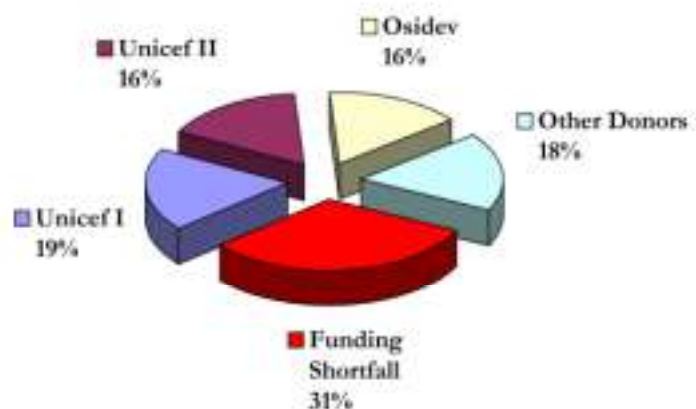
The conference was held into two parallel sessions, one devoted to a debate among local, regional and international Muslim religious authorities and the other devoted to discussion of the Maputo Protocol and its implementation. The conclusions of these sessions were introduced at the closing plenary session, at which the First Minister of Djibouti also delivered the instrument of ratification of the Maputo Protocol to the representative of the African Union. The conference concluded with the unanimous adoption of the Djibouti Declaration.

The conference received the financial support of UNICEF, UNFPA, WHO, UNDP, World Bank, the Governments of Austria, Canada, France and the Netherlands and USAID, as well as the assistance of Djibouti Telecom and Ethiopian Airlines.

Technical Support in drafting implementing legislation of the Maputo Protocol

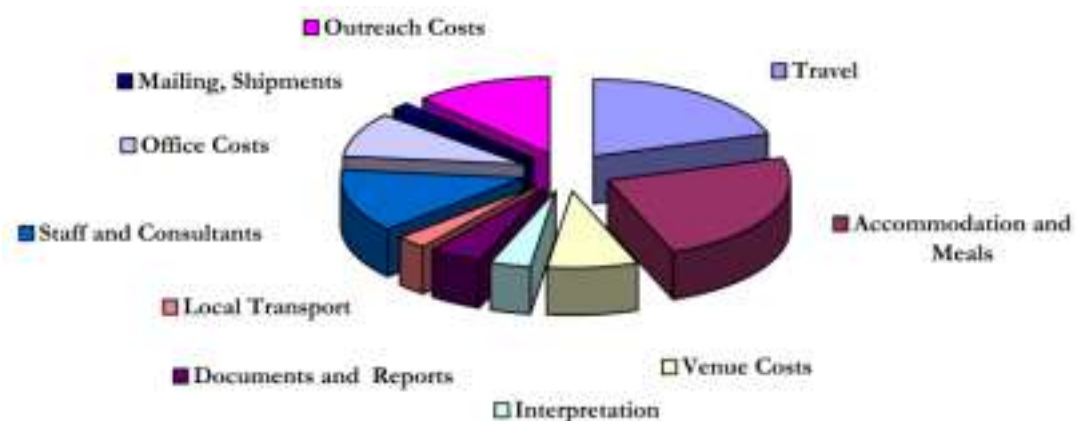
At the request of governments, *NPWJ* supports the ratification of the Maputo Protocol and the adoption of effective implementing legislation by seconding legal experts to assist with the preparation of national legislation on FGM. *NPWJ's* experience with ratification and implementation processes shows that this technical cooperation element is an effective -in some cases necessary- complement to the political campaigns to encourage ratification and implementation of international treaties. It can also assist the effectiveness of ratification and implementation efforts by assessing which delays are due to technical hurdles and which are due to the absence of political will.

Sources of Funding

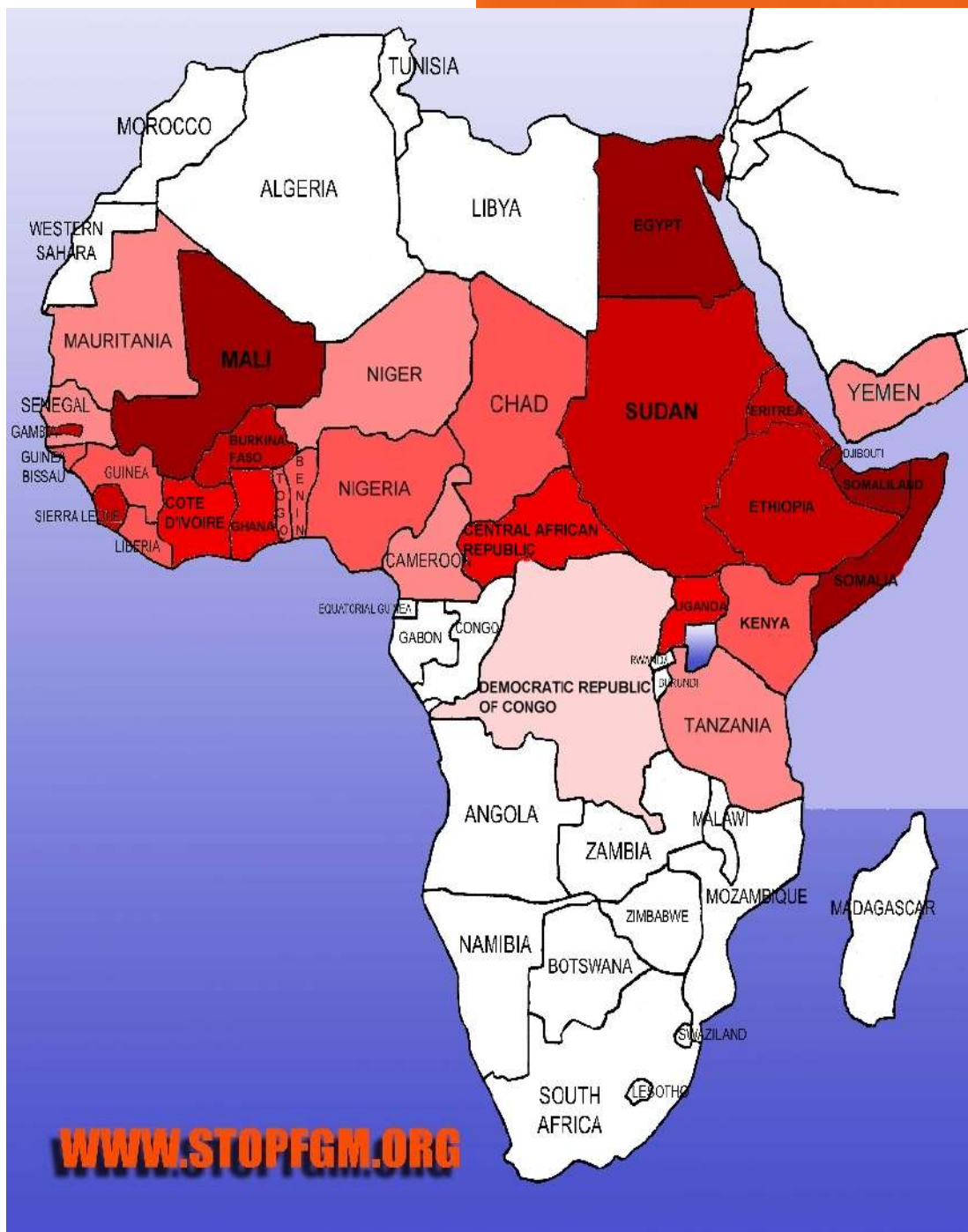


Donors		Amount	%
UNICEF I (financed by Italian Cooperation)		€ 271.244	19%
UNICEF II (financed by Italian Cooperation)		€ 233.721	16%
Open Society Institute		€ 226.985	16%
Other Donors		€ 256.971	18%
<i>For the Nairobi Conference</i>			
Norwegian Ministry of Foreign Affairs	€ 18.029		
UNICEF Kenya	€ 29.392		
Rausing Trust Foundation	€ 14.434		
Moh-Gtz - R.H.P.	€ 5.909		
French Embassy in Kenya	€ 5.900		
<i>For the Djibouti Conference</i>			
UNIFEM	€ 18.765		
UNDP	€ 18.480		
UNICEF Djibouti	€ 30.516		
UNFPA	€ 19.843		
Netherlands Ministry of Foreign Affairs	€ 50.000		
USAID	€ 7.583		
French Embassy in Djibouti	€ 9.806		
World Bank	€ 4.921		
Austrian Embassy Dev. Coop. in Ethiopia	€ 4.489		
Canada CIDA	€ 18.905		
Subtotal Received or Pledged		€ 988.921	69%
Funding Shortfall		€ 457.354	31%
Total		€ 1.446.275	100%

Distribution of Costs



Costs	Amount	%
Travel	€ 292.166	20%
Accommodation and Meals	€ 348.120	24%
Venue costs	€ 113.657	8%
Interpretation	€ 51.974	4%
Documents and Reports	€ 70.108	5%
Local Transport	€ 38.019	3%
Staff and Consultants	€ 194.503	13%
Office Costs	€ 135.370	9%
Mailing, Shipments	€ 24.034	2%
Outreach costs	€ 178.326	12%
Total	€ 1.446.275	100%



- Countries with prevalence of FGM over 90%
- Countries with prevalence of FGM 70-90%
- Countries with prevalence of FGM 50-69%
- Countries with prevalence of FGM 30-49%
- Countries with prevalence of FGM 10-29%
- Countries with prevalence of FGM under 10%

What is Female Genital Mutilation?

Female genital mutilation (FGM) is a deeply entrenched cultural tradition practiced by various ethnic groups in more than 28 countries on the African continent. It is also found among populations in countries on the Arabian Peninsula, in the Middle East, and in Southeast Asia. FGM includes all procedures involving total or partial removal of the external female genitalia or other injuries to the female genital organs, whether for cultural, religious or other non-therapeutic reasons.

In medical terms

According to the World Health Organization (WHO) classification, there are four main types of FGM:

Type I consists of excision of the prepuce, with partial or total excision of the clitoris (clitoridectomy). The traditional name for this kind of mutilation is sunna.

Type II – excision, consisting of the removal of the prepuce and all or part of the labia minora along with the clitoris.

Type III, infibulation or Pharaonic circumcision, the most brutal form, consisting of the removal of part or all of the clitoris and the removal of the labia minora and, particularly in the past but still in rural areas today, the stitching/narrowing of the vagina to form a tiny opening no larger than a grain of rice or a millet seed to allow discharge of urine or the menstrual flow.

Type IV includes a series of procedures, from slight pricking, piercing or incising of the clitoris to let out a few drops of blood to different types of manipulation (do you mean 'mutilation'? that vary greatly from one ethnic group to another, including cauterization of the clitoris, cutting the vagina (gishiri), and introduction of corrosive substances into the vagina to narrow or dry it.

All of these procedures are performed for the most part without anaesthesia by traditional practitioners, and are often synonymous of high mortality rate, health complications and psychological trauma for the infant or adolescent on whom it is practiced.

FGM is a traditional practice of significant social value for the societies that practice it. Usually it is carried out on babies or girls of a said ethnic group when they reach a certain age that varies from the neonatal period to adolescence depending on the area.



The origin of Female Genital Mutilation

According to some experts, excision dates back to ancient Egypt but was also practiced on slaves in ancient Rome, and was viewed as an expression of the right of property on the slave's body. Infibulation was also found in Rome, though originally performed only on males. A sort of pin, fibula, was applied to young men to keep them from having sexual relations. Female infibulation, on the other hand, seems to have been practiced in Egypt since the Pharaonic era, as suggested by the name "Pharaonic circumcision".

Although different theories have been put forward, the real origin of female genital mutilation remains unknown for now. We do know for certain that the practice already existed in sub-Saharan and Central-Eastern Africa well before the spread of Christian or Islam religions and that, consequently, there are no links at all between the two.

Female Genital Mutilation a traditional practice, a rite of passage

FGM is deeply rooted in societies that practice it and is a key element in determining an individual's role and legitimacy in such society. Although the credo behind the practice and its form vary from one ethnic group to another, all regard it as a fundamental and necessary step in the construction of gender identity and in the passage into adulthood.

By traditional practices we mean those customs of common use that were inherited from past generations and that will be transmitted to the next. Female genital mutilation, therefore, is a traditional practice and it is more specifically part of a rite of passage. Rites of passage are those ceremonial practices that guide, control and regulate changes in status of the individual, thus pacing the various phases of life and meeting the individual's need for identity and recognition in his daily environment.

Furthermore, in some traditional societies, female genital mutilation is a fundamental component of the initiation rites performed to become a "woman." One is not born a woman, in the sense that the biological indication is not, per se, a sufficient factor of identification. Some cultures consider that rites are needed to make de facto belonging to a certain sex an acquired status, thus freeing the individual from biological identity and giving a "social significance" to the fact of being a woman. From that perspective, it is the rite, more than chromosomes, that determines a woman's identity.



The importance of Female Genital Mutilation within the social institution of marriage

The cultural reason why female genital mutilation is practiced and the behaviour of the people involved in it is directly linked to a complex system of matrimonial strategies, based on the brideprice.

Marriage in Africa is rarely the consequence of the decision of two individuals but rather that of complex negotiations between two families, whereby the two groups of relatives –generally males representing three generations, i.e. elderly man, adult, and young man- reach an agreement on the bridewealth the groom must pay to the bride's family to marry her. The bridewealth is seen as the compensation a man must pay in exchange for a woman's fertility and purity.

From that perspective FGM is looked at in those societies as a form of guarantee of the future bride's chastity. Some believe FGM actually enhances fertility. The brideprice is therefore the compensation that the family of the groom pays not only for him to start a family but in exchange for the fact that the woman he will marry has been prevented through FGM any form of desire, pleasure and/or any sexual relation before the wedding night. FGM is seen as a means to control female sexuality, a guarantee to a form of pleasureless state of purity indispensable, in those societies, for a woman to access marriage and the social status that it represents.

Towards making Female Genital Mutilation a violation of women rights

The origin of FGM is made even more obscure by the silence that has surrounded the practice and that contributed to making it a taboo subject within the African society, as well as to keeping it out of reach of westerners' curiosity for a very long time. Indeed, throughout colonisation, and then through subsequent development cooperation programmes, western countries have generally preferred to ignore the existence of the practice of FGM, justifying themselves with an otherwise uncommon respect for local traditions.

However, in the last twenty years, more and more international and African non-governmental organizations and various UN agencies were able to voice their concerns regarding the practice of FGM and through broad sensitization campaigns they slowly brought the issue to the attention of the international community and started calling upon States to take action to safeguard the rights of women and girls.



Sana'a, 12 January 2004.
The Closing Ceremony of
the Sana'a Inter-
governmental Regional
Conference on
Democracy, Human
Rights and the Role of
the International
Criminal Court.



Rome, 17 July 2002.
The Italian Prime
Minister Silvio
Berlusconi, the President
of No Peace Without
Justice Sergio Stanzani,
and Prof. Giovanni
Conso during the
Celebration of the Fourth
Anniversary of the
adoption of the Rome
Statute establishing the
International Criminal
Court, held at FAO
Headquarters in Rome.

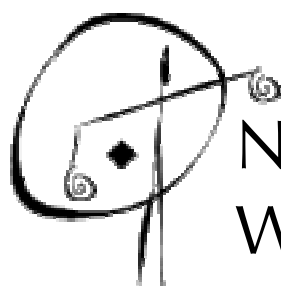
NPWJ

Who we are, what we do

No Peace Without Justice (NPWJ) is an international non-profit organisation, born in 1993 by an international campaign of the Transnational Radical Party (PRT), working for the protection and promotion of human rights, democracy and the rule of law.

Current NPWJ thematic fields of action include the promotion of the ratification and effective implementation of the Maputo Protocol on Women's Rights in Africa, and in particular the abandonment of Female Genital Mutilation; the strengthening of an effective international criminal justice system for the prevention, deterrence and prosecution of war crimes, crimes against humanity and genocide; and the promotion of democratic reform in the Middle East and North Africa, through constructive dialogue between Governments and civil society.

NPWJ's strategy is to raise awareness and foster public debate, also through the organisation of key events such as conferences or seminars in cooperation with Governments and civil society. In addition, NPWJ undertakes wide-ranging technical assistance, through the secondment of legal experts to governments during negotiations relating to international human rights instruments and in drafting relevant implementing legislation. Finally, NPWJ has unique field experience in conflict mapping and documentation of wide-scale violations of the laws of war.



No Peace
Without Justice



No Peace Without Justice is qualified in the US as a public charity under 170(b)(1)(A)(vi) and 509(a)(1) of the Internal Revenue Code and also classified as a Non Profit Organisation in Section 501(c)(3). NPWJ is a member of the Steering Committee of the NGO Coalition for the International Criminal Court. NPWJ is a constituent association of the Transnational Radical Party, an NGO with General (category I) Consultative Status at the United Nations ECOSOC.



Cairo, 21 June 2003. The Cairo Conference on “Legal Tools for the Prevention of Female Genital Mutilation”.



Cairo, 23 June 2003. A group photo of the delegates of the 28 Countries attending the Cairo Conference on “Legal Tools for the Prevention of Female Genital Mutilation”.



Turning the social convention on FGM

The Cairo Declaration for the Elimination of FGM

Cairo, 23 June 2003

Adopted at the Afro-Arab Expert Consultation on Legal Tools for the Prevention of Female Genital Mutilation

WE, the representatives of twenty-eight African and Arab countries affected by the practice of Female Genital Mutilation, of international and non-governmental organisations, and experts on FGM, meeting in Cairo from the 21st to the 23rd of June 2003 for the Afro-Arab Expert Consultation on "Legal Tools for the Prevention of Female Genital Mutilation" on the invitation of AIDOS - Italian Association for Women in Development - No Peace Without Justice, the Egyptian National Council for Childhood and Motherhood, and the Egyptian Society for the Prevention of Harmful Practices to Women and Children, under the Auspices of H.E. Mrs. Suzanne Mubarak, First Lady of Egypt, organised within the framework of the "STOP FGM Campaign" supported by the European Commission:

Emphasise that all countries affected by the practice of FGM have been represented at the Expert Consultation, making it a unique opportunity for dialogue, exchange of information and points of view concerning the best means and the most appropriate legislative instruments for the prevention and the progressive abandonment of FGM worldwide;

Recognise and salute the commitment and determination of H.E. Mrs. Suzanne Mubarak, First Lady of Egypt, as well as Her keynote speech delivered at the opening session of the Expert Consultation and her specific contribution to the success of this Afro-Arab meeting;

Emphasise in particular the statements of the highest religious authorities in Egypt, H.E. Sheikh Mohammed Sayed Tantawy, Grand Sheikh of Al-Azhar, and the representative of H.E. Pope Shenouda III, Patriarch of Alexandria and of the See of St. Mark, who reaffirmed that no religious precept either in Islam or Christianity justifies the practice of FGM;

Thank the organisers for taking the initiative to convene this Expert Consultation in Cairo and expressing appreciation in particular to the Egyptian National Council for Childhood and Motherhood and the Egyptian Society for the Prevention of Harmful Practices to Women and Children for the warm welcome received in Egypt and to ensure the best working conditions for the meeting;

Thank the sponsors and other contributors for providing the resources for this Expert Consultation and its follow-up;

Take note of the results obtained by the working groups, the quality of the contributions by the speakers and all the participants, and the most valuable technical contribution by CRR - Centre for Reproductive Rights - and RAINBO - Research, Action and Information for the Bodily Integrity of Women - which have made the successful outcome of the Consultation possible;

Take note of and support the international "STOP FGM" Appeal, launched on the 10th of December 2002, as well as the Declaration on "Zero Tolerance for FGM" issued by the IAC - Inter-African Committee - on the 6th of February 2003, and signed by African First Ladies and a number of other world renowned figures.

CAIRO DECLARATION FOR THE ELIMINATION OF FGM

WE, the participants in the Afro-Arab Expert Consultation on "Legal Tools for the Prevention of Female Genital Mutilation"

Call upon governments to promote, protect and ensure the human rights of women and children in accordance with the obligations undertaken by them as states parties or signatories to:

- the African Charter on the Rights and Welfare of the Child
- the African Charter on Human and People's Rights
- the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- the Convention on the Rights of the Child
- the Cairo Programme of Action agreed to at the International Conference on Population and Development
- the Beijing Declaration and Platform for Action agreed to at the Fourth World Conference on Women

Believe that the prevention and the abandonment of FGM can be achieved only through a comprehensive approach promoting behaviour change, and using legislative measures as a pivotal tool;

Launch the Cairo Declaration, appealing to Heads of State, governments, parliaments and responsible authorities in concerned countries, as well as international organisations and non-governmental organisations, to endorse the following recommendations in their legislation, social and health policies, aid programs, bilateral and multilateral cooperation initiatives.


WE, the participants in the Afro-Arab Expert Consultation on "Legal Tools for the Prevention of Female Genital Mutilation"

Recommend that:

1. Governments, in consultation with civil society, should adopt specific legislation addressing FGM in order to affirm their commitment to stopping the practice and to ensure women's and young girls' human rights. Where politically feasible, a prohibition on FGM should be integrated into broader legislation addressing other issues, such as:

- gender equality
- protection from all forms of violence against women and children
- women's reproductive health and rights
- children's rights

2. The use of law should be one component of a multi-disciplinary approach to stopping the practice of FGM. Depending on the national context, outreach efforts by civil society and governments aimed at changing perceptions and attitudes regarding FGM should precede or accompany legislation on FGM. These activities should reach as many members of the public as possible and should include the participation of both elected officials and other government actors and members of civil society, including advocates, religious leaders, traditional leaders, medical providers, teachers, youth, social workers, and all forms of media available. In particular, men must be targets of outreach, as well as family members, including grandmothers, mothers-in-law, etc. Means of outreach should take as many forms as possible in each country, including community gatherings, media (radio, theatre) and other creative means of communication.
3. The work of NGOs is at the heart of social change. NGOs and governments should work together to support an ongoing process of social change leading to the adoption of legislation against FGM. A long-term, multi-strategy approach shaping attitudes and perceptions about women's status and human rights should lead in the long-run to the criminalization of FGM. Governments and international donors should provide financial resources to empower national NGOs in their struggle to stop FGM. In addition, governments must ensure that national NGOs are able to pursue their activities freely.
4. The legal definition of FGM should encompass all forms of FGM and should be formulated by national legislatures on the basis of the World Health Organization definition and in consultation with civil society, including the medical community. However, depending on the national context, it may be desirable to provide for a period of sensitization to precede enforcement of the prohibition as it applies to parents and family members.
5. Governments should formulate time-bound objectives, strategies, plans of action, and programs, backed by adequate national resources, whereby FGM laws will be enforced, taking into account that legislation condemning FGM has a moral force and an educational impact that could dissuade many individuals from submitting girls to the practice.
6. If existing criminal sanctions are enforced in the absence of specific legislation on FGM, governments should work with civil society to undertake a major information campaign to ensure that all members of society, particularly those who practice FGM, are aware that the existing law will be enforced.
7. In adopting a law, religious leaders, civil society organizations, including women's and community-based organizations, and health care providers, among others, should be part of the consultative process. Efforts to end FGM must be focused on empowering women to make choices impacting their health and their lives.
8. Religious leaders should be sensitized to the negative impact of FGM on women's reproductive and sexual health. Religious leaders who support ending FGM should be incorporated into outreach strategies.
9. Once legislation prohibiting FGM has been adopted, whoever performs FGM, including health professionals and traditional circumcisers, should be put on immediate notice that performing FGM gives rise to legal and professional sanctions.



10. Licensed medical practitioners should be subject to the maximum available criminal penalties. Professional associations should adopt clear standards condemning the practice of FGM and apply strict sanctions to practitioners who violate those standards. Practitioners may be suspended or lose their licenses to practice. In addition, they should face civil liability for malpractice or unauthorized practice of medicine. Appropriate ethical guidelines against FGM should be incorporated into medical education and training curricula.

11. Provided sufficient outreach and sensitization has taken place, members of the community with knowledge of cases of FGM should be held criminally liable for failure to report such cases. Special measures are needed to protect those who come forward to report a case. Governments should consider alternative methods of monitoring prevalence and effects of FGM, for example, through gathering statistics from health care centers. Law enforcement officials should be trained to respond to cases of FGM (including cases that may still be prevented) in a manner that meets the needs of women and young girls affected by the practice.


12. Women and young girls should be empowered to access legal remedies specified by law to prevent FGM. In particular, women and young girls who are victims or potential victims of FGM have the right to bring a civil action to seek compensation from practitioners or to protect themselves from undergoing FGM. Resources, such as information on legal rights, legal assistance, and social services and support for girls who may face negative repercussions from their families and communities, should be provided to women and girls. Medical professionals should assist by providing evidence supporting the claim of the girl or woman who has undergone FGM. The deterrent effect on practitioners of possible civil actions against them involving monetary damages may be significant.

13. The age of a girl or woman or her consent to undergoing FGM should not, under any conditions, affect the criminality of the act.

14. During periods of armed conflict, both governments and international donors must sustain activities aimed at ending the practice of FGM and other forms of discrimination against women and girls.

15. As agreed at the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995, as well as their subsequent reviews, governments should ensure all women access to the full range of reproductive and sexual health services and information. In addition, reproductive and sexual health information and education, including information on the harmful effects of FGM, should be incorporated, where appropriate, into school curricula and other community education programs. Women who have undergone FGM should have access to the information and special health care they need.

16. In countries where minorities, including migrants, are vulnerable, governments should not use the adoption of laws against FGM to undermine the full enjoyment of human rights by these minorities. In such contexts, it is particularly important that criminal legislation be part of a broader strategy to provide resources to support community needs and to promote the health and human rights of community members. Members of minority communities, particularly activists working to stop the practice, should be consulted and their views taken into account prior to adoption and



enforcement of the law. In some cases, it may be appropriate for legislation targeting FGM to make reference to constitutional protections of minority rights.

17. Governments should implement the regional and international conventions that they have ratified, protecting the rights of women and children, and comply with their obligations to take action to end practices that harm women and young girls, including the adoption of legislation prohibiting FGM. Implementation measures should include translation of these texts into national languages and outreach programs to ensure broad knowledge of the rights protected under the law. Civil society could promote government accountability under these treaties by using UN treaty monitoring bodies. NGOs can use treaty bodies' Concluding Observations and Recommendations to push for additional government actions. For example, legal mechanisms to intervene on behalf of children who may be subject to FGM may currently be inadequate but could be developed.

**WE, the participants in the Afro-Arab Expert Consultation
on "Legal Tools for the Prevention of Female Genital Mutilation"**

Further recommend that:

The Cairo Declaration will be officially presented to the Secretary-General of the United Nations and the presidents of the African Union and the European Union, as well as the Secretary-General of the League of Arab States and the Organisation of Islamic Countries;

Finally,

WE agree to hold a follow-up meeting to be convened on the African continent in a year's time, to review progress achieved towards the implementation of the Cairo Declaration.

Participants of the Expert Consultation from the following countries have adopted the Cairo Declaration:

Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Ivory Coast, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Sudan, Tanzania, Togo, Uganda, Yemen.

Cairo, June 23, 2003



Nairobi, 16 September 2004.
Performances presented by some local NGOs.



Nairobi, 16 September 2004. Top-model Waris Dirie, UNFPA Goodwill Ambassador chairing the thematic session II "Breaking the Myth: the role of communities, family, school and the media in transforming social conventions and promoting FGM abandonment".



Final Declaration from the International Conference on FGM: developing a political, legal and social environment to implement the Maputo Protocol

Nairobi, Kenya, 16-18 September 2004

At the conclusion of the International Conference on FGM, “Developing a Political, Legal and Social Environment to Implement the Maputo Protocol”, at the invitation of No Peace Without Justice, the Government of Kenya and the Association of Media Women in Kenya (AMWIK), with the technical support of AIDOS organised within the framework of the “STOP FGM Campaign” and supported by CIDA-GESP and UNICEF together with the Italian Cooperation, the Embassy of the Kingdom of Norway, UNIFEM jointly with the Swedish Government, the Sigrid Rausing Trust, the French Embassy and GTZ, in Nairobi from 16 to 18 September 2004:


Emphasising that most African and Arab countries affected by the practice of FGM have been present at the Nairobi International Conference on FGM in the form of Government and Civil Society representatives, together with participants from other countries, making it a unique opportunity for dialogue and exchange of information concerning how best to develop a political, legal and social framework for the abandonment of FGM, with a particular focus on the ratification and implementation of the Maputo Protocol on Women’s Rights to the African Charter on Peoples’ and Human Rights together with all other international instruments concerning harmful practices;

Recognising the invaluable participation of Kenyan actors both in the Nairobi International Conference and in efforts to bring an end to FGM, as evidenced by the participation of more than 600 representatives of civil society and Government from all over Kenya;

Recognising that African and Arab countries are at different stages in the struggle against FGM and recognising, in this context, the role played by the Government of Kenya in spearheading the process, and in particular welcoming the declaration of H. E. Mwai Kibaki, President of the Republic of Kenya, read by Hon Arthur Moody Awori, Vice-President of the Republic, of Kenya’s intention to work towards ratification of the Maputo Protocol;

Recognising that the struggle against FGM is not the special agenda of a few people but is an important regional and global concern;

Taking note of the results obtained by the thematic sessions, the quality of the contributions by the speakers and all the participants, as well as the most



valuable technical contribution by experts on issues related to FGM, all of which have made the successful outcome of the Conference possible;

Reiterates the importance of the international “Stop FGM” Appeal, launched on 10 December 2002 and signed by African First Ladies and a number of other international personalities, as well as the Program on “Zero Tolerance to FGM” launched by the Inter-African Committee (IAC) on 6 February 2003 and later endorsed by the United Nations;

Appreciating and thanking the organisers for taking the initiative to convene this International Conference in Nairobi and expressing appreciation in particular to the Association of Media Women in Kenya (AMWIK) in collaboration with civil society organisations and the Government of Kenya for the warm welcome received in Nairobi and for ensuring the best working conditions for the meeting;

Thanking the sponsors and other contributors for providing the resources for this International Conference and its follow-up, which enabled these critical discussions and the sharing of experiences and information to take place in a setting that facilitated open dialogue;

We, the participants, hereby declare that:

A. The Nairobi International Conference on FGM is one of the key steps in an ongoing commitment to recognise FGM as a political, economic, social, cultural and human rights issue, implementing the operative parts of the Cairo Declaration for the elimination of FGM, adopted at the Cairo Conference on Legal Tools for the Prevention of Female Genital Mutilation of 21-23 June 2003.

B. The practice of FGM is a violation of the rights of women and girls and an assault on their human dignity. It has no basis in any religion but instead degrades the status of women and deprives women and girls of their basic human rights. Efforts for the abandonment of FGM should be undertaken so as to reinforce the fact that FGM is a human rights issue and a political issue; in particular, public information and education on the practice of FGM should stress human rights and political solutions, as medicalisation of the practice obscures the problem and prevents the development of effective, long-term solutions. Medical professionals in particular should reject FGM and recognise the problem as a violation of the human rights of girls and women.

C. The Maputo Protocol, adopted by consensus by the Heads of State of the African Union in July 2003, is the most important initiative for the abandonment of harmful traditional practices, especially article 5 on FGM. Ratification and effective implementation of the Protocol by all African countries and its rapid entry into force would be a considerable step forward not only for the abandonment of FGM and the protection of women and girls at



risk of undergoing the practice, but also for women's rights and gender issues in general.

D. Bearing in mind the law-making role of Parliaments, Governments and the specific role of the Pan-African Parliament and all other pan-African bodies, civil society, including non-governmental organisations, community based organisations, religious leaders and all members of the community, should stress the implications and benefits of ratification and implementation of the Maputo Protocol, through lobbying, the provision of information and other appropriate activities.

We, the participants, hereby recommend that:

1. All Afro-Arab States, as well as other States concerned with the practice of female genital mutilation, should implement the Cairo Declaration in an integrated manner.

2. Legislation prohibiting FGM has a moral force and an educational impact that could provide an effective deterrent. To this end:


a. Member States of the African Union should implement the provisions of the Maputo Protocol on FGM in their domestic legislation;

b. States not members of the African Union should also enact legislation prohibiting FGM based on the principles of Article 5 of the Maputo Protocol to enhance their own domestic legislation and to support the efforts of the African Union;

c. Arab countries who are not members of the African Union should call upon the Arab League to include harmful practices in the Arab Charter for Human Rights as a regional mechanism to protect the human rights of women and girls.

3. Comprehensive legislation prohibiting FGM must be enacted and, where it is already adopted, appropriate strategies must be implemented to ensure its effective enforcement, including capacity building of all relevant actors. Such strategies should be developed in consultation with the relevant actors, including law enforcement officials and civil society, in order to ensure effective and consistent public information and education, particularly in terms of informing whoever performs FGM, including health professionals and traditional circumcisers, that performing FGM gives rise to legal and professional sanctions.

4. In implementing the relevant provisions of the Maputo Protocol, member States of the African Union and others should adopt a broad-based consultative process, including non-government organisations, community-based organisations, religious leaders, members of the community and others. Where appropriate, Governments should seek technical assistance from organisations and bodies with particular expertise in incorporating international obligations in



national legislation related to women's rights, in particular the condemnation and prohibition of FGM. The prohibition on FGM should be integrated into broader legislation addressing other issues, such as:

- gender equality;
- protection from all forms of violence against women and children;
- women's reproductive health and rights;
- children's rights.


5. The use of law should be one component of a multi-disciplinary approach to stopping the practice of FGM. For the successful abandonment of FGM, there needs to be a common and integrated approach to addressing FGM and to finding solutions for combating the practice and to effect long-lasting behavioural changes in society. Public information and education campaigns should be undertaken so as to involve as many people as possible and to enhance ownership of strategies and activities aimed at the abandonment of FGM by all Africans. In addition to the provision of information to the general public, those groups and individuals who require particular information about FGM should be targeted at, including those at risk, parents and those who would practise FGM, including traditional circumcisers, clan elders and men, as well as health care providers.

6. Academic institutions, as they are requested by the International Conference on Population and Development (ICPD-Cairo) in 1994, should be recognised for the knowledge and expertise they can provide in the implementation of a social and political environment for the eradication of FGM.

7. Girls and women who are willing to refuse to undergo FGM, for themselves or for their children, and religious and community leaders who are willing to take a firm stand against the practice of FGM, such as those who have pledged to mobilise against FGM during this Conference, need to be supported and encouraged. In addition, support and encouragement should be provided for men and women who are willing to denounce the practice or who can be convinced to do so, in order to change the perception in many countries that men in countries affected by FGM are in favour of the practice.

8. Programs of rehabilitation and counselling for victims of FGM should be implemented, in particular in terms of health services, legal and judicial support, emotional and psychological counselling as well as vocational training. Government, civil society, faith-based organisations and members of the community should work together in the development of strategies and in the provision of such services.

9. Governments and international actors should provide political support and, where possible, financial resources to empower NGOs in their struggle to stop FGM. Governments in particular should consider allocating resources in the



national budget and working with civil society in the implementation of strategies for the abandonment of FGM, including through collaboration in public information and education activities. In addition, governments must ensure that national NGOs are able to pursue their activities freely.

10. States affected by FGM should formulate a national plan of action for the eradication of FGM with time-bound objectives. Plans should be formulated and implemented through a participatory approach involving civil society. Governments should provide adequate Budget allocations for the implementation of the plan of action.

11. The African Union should assign to the African Commission on the Rights of the Child and other relevant bodies the responsibility to monitor implementation of the commitment by States Parties of the abandonment and eradication of FGM.



The poster of the Djibouti Conference on FGM



Djibouti, 3 February 2005. The joyful moment of the adoption of the Djibouti Declaration.



Sub-Regional Conference on Female Genital Mutilation: Towards a political and religious consensus on the abandonment of FGM

Djibouti, 2-3 February 2005

We, the participants,


Noting with satisfaction that most countries of the sub-region affected by the practice of FGM participated in the Djibouti Conference at both governmental and parliamentary levels, as well as through the representatives of the Civil Society - including participants from other countries - making it a unique opportunity for dialogue and exchange of information on how best to eradicate FGM, with particular focus on the ratification and implementation of the Maputo Protocol on Women's Rights to the African Charter on Peoples' and Human Rights.

Recognising the remarkable contribution of Djibouti stakeholders in both the Conference and in the effort to eradicate FGM, as evidenced by the participation of more than 100 representatives of civil society, Government and religious organisations from all over Djibouti;

Emphasising that the Djibouti Sub-regional Conference on FGM is one of the key steps in the ongoing process to recognise FGM as a political, economic, social, cultural and human rights issue aiming at implementing the operative parts of the Cairo Declaration for the elimination of FGM, as adopted at the Cairo Conference on legal tools for the Prevention of Female Genital Mutilation held from 21-23 June 2003 and reiterated in the Nairobi Declaration adopted by the participants of the International Conference held in Nairobi from 16 to 18 September.

Noting that African and Arab countries are at different stages in the fight against FGM and recognising, in this context, the role played by the Government of Djibouti in spearheading the process, as evidenced by the ratification of the Maputo Protocol by the Parliament on 29 January, 2005, and paying particular tribute to the contributions made by the First Lady, H.E. Kadra Mahamoud, Chairperson of the National Union of Djibouti Women and by the Prime Minister, H.E. Dileita Mohamed Dileita;

Encouraged by the achievements of the thematic sessions, the quality of the contributions both by the speakers and the participants, as well as the valuable technical contributions by experts on issues related to FGM, all of which contributed to the success of the Conference;




Reiterating the importance of the international Appeal “Stop FGM”, launched on 10 December 2002 and signed by African First Ladies and by a number of other international personalities, as well as the Program “Zero Tolerance to FGM” launched by the Inter African Committee (IAC) on 6 February 2003 and later endorsed by the United Nations; calling women, citizens and public opinion to support politicians and political parties who have the abandonment of FGM in their platforms and programs;

Thanking the organisers for taking the initiative to convene the Djibouti Sub-Regional Conference and expressing our appreciation to the First Lady H.E. Kadra Mahamoud, the Government of Djibouti and especially to the Prime Minister, the Ministers for Health, Women’s Affairs, Moslem Affaires, Justice, and to the programme for reproductive health implemented within the Ministry of Health as well as the NUDW for the warm welcome extended to the participants in the Djibouti Conference and for ensuring a conducive working environment.

Thanking the sponsors and other donors for providing the resources necessary for the organisation and follow-up of this Sub-Regional Conference, which allowed for fruitful discussions and sharing of experiences and information in a constructive and open manner;

We, the participants, do hereby declare that:

1. In ratifying the Maputo Protocol, Djibouti - a country in which the practice of FGM is wide-spread - sets an example for the region and the whole continent of Africa. In adopting the principles of the Maputo Protocol, the Government of Djibouti commits itself to eradicating FGM thus joining other countries which have already ratified the Protocol.
2. The ratification by Djibouti also sets an important example for its immediate neighbours - which are equally affected by FGM - as well for all other African countries, to ratify the Maputo Protocol in order to expedite its entry into force as soon as possible and to intensify efforts in the fight against FGM;
3. The religious debate held during this conference has brought once again irrefutable evidences that no religious basis in the Koran - as well as in the other Revealed Religions (Christianism and Judaism) - justify the perpetuation of FGM. The presence of high level religious dignitaries from the region and theologians from the prestigious Al Ahzar University in Cairo has allowed a broad exchange of views on this issue;
4. The practice of FGM is a violation of human rights, and in particular of the rights of women and girls and an assault on their human dignity. FGM degrades the status of women and children and deprives them of their basic human rights. Efforts towards eliminating FGM should be intensified so as to emphasize the fact that FGM is both a violation of women’s human rights and a gender issue; in particular, the process of informing and educating the public on the practice of FGM should lay



stress on human rights and political solutions, as medicalisation of the practice obscures the problem and prevents the development of effective and long-term solutions. Medical professionals, in particular, should reject FGM and recognise the problem as a violation of the human rights of girls and women.


5. Bearing in mind the legislative function of Parliaments, the role of Governments and the specific mission of the Pan-African Parliament and other pan-African bodies, civil society, including non-governmental organisations, community based organisations, religious leaders and members of the community at large should stress the implications and benefits to be derived from the ratification and implementation of the Maputo Protocol, through lobbying, the provision of information, sensitisation and other similar activities.

We, the participants, do hereby recommend that:

1. All Afro-Arab States, as well as other States concerned with the practice of female genital mutilation, should implement the Cairo Declaration in an integrated manner.
2. Legislation prohibiting FGM, besides its juridical outcome, shall have moral force and an educational impact capable of acting as an effective deterrent.

To this end:

1. Member States of the African Union should ratify and implement the provisions of the Maputo Protocol on FGM through their respective domestic legislations;
 2. States not members of the African Union should also enact legislation prohibiting FGM based on the principles of Article 5 of the Maputo Protocol to enhance their own domestic legislation and to support the efforts of the member states of the African Union for this aim;
 3. Arab countries which are not members of the African Union should call upon the Arab League to include harmful practices in the Arab Charter for Human Rights as a regional mechanism for the protection of the human rights of women and girls.
3. Comprehensive legislation prohibiting FGM should be enacted and, where it already exists, appropriate strategies should be adopted to ensure its effective enforcement, including capacity building for all relevant players. Such strategies should be developed in consultation with the relevant stakeholders, including law enforcement officials and civil society, in order to ensure effective and consistent dissemination of information and education of the public at large. In particular, FGM practitioners, including health professionals and traditional circumcisers, should be made aware that performing FGM could lead to legal and professional sanctions;



4. In implementing the relevant provisions of the Maputo Protocol, member States of the African Union and other affected countries should adopt a broad-based consultative process, involving non-governmental organisations, community-based organisations, religious leaders, members of the community and others. Where appropriate, Governments should seek technical assistance from organisations and bodies with specific expertise in incorporating international obligations into national legislation related to women's rights, in particular the denunciation and prohibition of FGM.

The prohibition of FGM should be integrated into broader legislation addressing other issues, such as:

- gender equality;
- protection from all forms of violence against women and children;
- women's sexual and reproductive health and rights;
- children's rights.


5. The implementation of law should be one component of a multi disciplinary approach to stopping the practice of FGM. For the successful abandonment of FGM, there should be a common and integrated approach to addressing FGM and to finding solutions for combating the practice and effecting long-lasting behavioural changes in society.

Campaigns aimed at informing and educating the public should be undertaken so as to involve as many people as possible and to enhance ownership of strategies and activities that seek to eradicate FGM from the African continent. In addition to the provision of information to the general public, those vulnerable groups and individuals who require particular information about FGM should be targeted, including those at risk, parents and those who practise FGM such as traditional circumcisers, traditional birth-attendants as well as health care providers.

6. As per the recommendations of the International Conference on Population and Development (ICPD-Cairo) held in 1994, academic institutions should be recognised for the role they play in imparting knowledge and providing expertise for the creation of a social and political environment conducive to the abandonment of FGM.

7. Girls and women who reject FGM for themselves or for their children, and religious and community leaders willing to take a firm stand against the practice of FGM, such as those who have pledged to mobilize themselves against FGM during this Conference, need to be supported and encouraged. In addition, support and encouragement should be provided for men who are willing to denounce the practice or who can be convinced to do so, in order to change the perception that the FGM would be an exclusively women's issue.

8. Programs aimed at the rehabilitation and counselling of victims of FGM should be implemented, in particular, those related to health-care, legal services and judicial support, counselling as well as vocational training as



provided for in the Maputo Protocol. In providing such services, government and civil society should work together in devising relevant strategies.

9. Governments and international players should provide political support and, where possible, financial resources, to empower NGOs as part of their efforts to eliminate FGM. Governments in particular, should consider allocating resources in their national budgets for the abandonment of FGM and working with civil society at this aim, and this in particular through information and education for the public. At this purpose, governments should ensure that national NGOs pursue their activities freely.

10. States affected by FGM should formulate national plans of action with specific objectives aimed at the elimination of the practice within a specific time-frame. Plans should be formulated and implemented through a participatory approach involving civil society. Governments should include those plans of action in their National Strategy Plans and provide adequate Budget allocations for their implementation.

11. The African Union should assign to the African Commission on the Rights of the Child and other relevant bodies the responsibility to monitor the implementation of the commitment by State Parties to eradicate FGM.

Final Communication (religious consensus)

At the conclusion of the Sub-Regional Conference on FGM, convened in Djibouti from 2-3 February 2005, under the sponsorship of Ms. Kadra Mahmoud Haid, First Lady of the Republic of Djibouti, and following different scientific sessions and discussions and debate, the participants adopted the following decisions:

1. FGMs, as practised nowadays, are extremely harmful to women all their life, as decided by doctors. The Islamic Sharia prohibits any harm to the self and the others; thus FGMs, as practised nowadays, are to be prohibited legally and by Sharia.
2. The Conference recommends the Ulemas, preachers and religious as well other cultural and social figures activists to play their role in raising awareness according to the recommendations adopted by the conference.



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