



**Amnesty International  
Special Project on Female Genital Mutilation and  
Human Rights**

** Editorial:**

Since the previous issue many challenging developments, reflected in the News section have happened.

Many of you have sent contributions for this issue and we thank you for helping us to make this newsletter a tool to exchange information and share expertise. Through discussions it became clear that we were all concerned that our outreach efforts failed to reach the many dynamic, but locally-based NGOs campaigning on harmful traditional practices.

The International Zero Tolerance Day should be an opportunity for us to get to them and send a signal that we are together in the campaign against FGM, from our different perspectives, areas of expertise and contexts.

More than twenty years of campaigning against harmful traditional practices have managed to break the silence surrounding the issue of FGM, and that is an achievement to be proud of and build on. We have all different approaches to the question but whether we develop alternative rites of passage, support "positive deviants" as change agents in their communities, assist in the reconversion of traditional excisors or lobby our government for a commitment to respect their obligations towards girls and women affected by this practice, it is important that we keep asking ourselves: how effective these efforts are in protecting these girls and women.

**Effective protection remains the ultimate goal of any anti-FGM campaign, yet it has been the weak link so far.**

Raising the need for effective protection from harmful traditional practices should help remind governments about their responsibilities. Standards of international law are available and should be used to their full potential.

The African Union has provided us with an additional tool. The African Union Summit convened in Maputo in July 2003 adopted the Protocol on the Rights of Women in Africa.

The Protocol is the first international instrument to explicitly protect women's reproductive rights including an explicit call for the legal prohibition of female genital mutilation.

Along the same lines, the Cairo Declaration on Legal Tools for the Prevention of FGM adopted in June 2003, promotes the use of legislative approaches as a complement to social change initiatives.

These are tools at our disposal. Both declarations are presented at the end of this newsletter. We have also included on a number of countries for your information. The list is far from being exhaustive and your comments and inputs are most welcome.

We hope this first international day devoted to FGM will be an opportunity to develop our understanding of each other's activities and how they can enhance protection for those affected by harmful traditional practices. We wish you all a lot of success in your activities on this day and hope to hear more about them.

We would like to thank all those persons who contributed articles to this newsletter.

Please send in any information you would like to share. Let's hope that 2004 bring us many reasons to rejoice in our campaign against harmful traditional practices.

Inah

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### **News from the Inter-African Committee:**

-> **The Inter African Committee's Common Agenda for Action against FGM: A call for Action.** This Agenda was adopted last year. We felt it was important for all involved to know the details of the Agenda for action if organizations are to contribute to it. It should help you to plan ahead knowing in which direction national IAC Committees will be developing their actions. These are excerpts of the IAC's Common Agenda. If you are interested in the full version, please contact the FGM Project Team.

The Common Agenda for Action against Female Genital Mutilation (FGM) was adopted on February 6 2003 at the International Conference on Zero Tolerance to FGM, which was held at the United Nations Conference Center, Addis Ababa, Ethiopia.

The goal of the Common Agenda is to eliminate FGM by the year 2010 in Africa and the rest of the world through an intensive, coordinated and integrated approach by all the key players. This is certainly an ambitious aim, but in view of the intensive awareness campaign waged by the Inter- African Committee and its partners, and considering the positive response from concerned communities, this goal can be achieved.

#### **Objectives of the Common Agenda**

From 2003 to 2010, the objectives of the Common Agenda are the following:

1. To determine the extent and nature of FGM in order to design effective intervention through conducting Operational Research
2. To produce appropriate Information, Education, Communication (IEC) materials that address the issue of FGM
3. To conduct training and information campaigns for specific target groups
4. To organize special programs for religious leaders
5. To involve Youths in the FGM elimination process
6. To conduct training programs for media professionals
7. To re-orientate health personnel
8. To establish Alternative Employment Opportunity for ex-circumcisers

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9. To conduct advocacy with policy makers and facilitate legislative measures against FGM
10. To collaborate with relevant government departments, WHO, UN agencies and others to adopt an integrated approach to FGM elimination.

The specific activities that will help to meet this goal include: -

- Conduct Operational Research in order to determine the extent of the problem and design appropriate strategy for elimination;
- Develop and produce IEC materials
- Conduct series of awareness raising programs for different groups
- Hold training workshops for circumcisers
- Mobilize traditional leaders, communities
- Organize special programs for Youths, religious leaders, the media
- Re-orientate health personnel to stop the "medicalisation" of FGM
- Provide alternative income generating activities for ex-circumcisers
- Lobby governments for legislation against FGM
- Adopt an integrated multi-prong approach involving all stakeholders
- Periodic monitoring and evaluation of activities

The time frame set for the completion of this Agenda is 8 years, from 2003 to 2010 when it is hoped that FGM would have been eliminated.

The key players include Government Departments, WHO, UN Agencies, and donor communities. Others are the World Bank, European Union and NGOs.

To sustain and intensify the struggle against female genital mutilation, the Inter-African Committee organized the **International Conference on Zero Tolerance to FGM** in Addis Ababa, from the 4<sup>th</sup> to the 6<sup>th</sup> of February 2003.

This conference came up with 2 achievements:

1. Proclamation of 6<sup>th</sup> February as the International Day of "Zero Tolerance to FGM".
2. Pooling together the efforts of different actions (governments, UN institutions, parliamentarians, legislators, decision makers, NGOs etc.) in order to coordinate their approaches and harmonize activities in a common programme of action, which determines specific responsibilities for each partner of this common crusade. (...)

## News:

### ***📌 Sudan: Combating Traditional Harmful Practices: Denouncing FGM is a Victory for Women***

The ministry of Health, UNICEF and the Japanese Government through its Embassy organized a symposium under the title "Regional Symposium for the Abolition of Female Circumcision to Ensure Safe Motherhood" at Friendship Hall, 26 - 28 August 2003. The participants including experts and specialists from inside and outside Sudan called for the enactment of legislation condemning female circumcision and sanctions against punishment the practitioners.

The official spokesman of the Advisory Council for Human Rights disclosed after the meeting of the Council that they had considered a report from the Judges Symposium on female circumcision. Following the symposium the Minister of Justice, head of the Advisory Council for human rights announced in a prompt way the enactment of legislation to prohibit and condemn female circumcision.

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*Al Ayam* newspaper surveyed activities among women organisations and other groups working in the field of fighting harmful practices about the enactment of this legislation and got the following reactions:

1-Nazik Osman Mahgoub, an advocate, supported the step taken by the Advisory Council for establishing a new legislation prohibiting this practice and its prompt response to the symposium recommendations. She stressed that there are international conventions which prescribe effective measures. The law should also stress that "All are created free and equal in dignity, rights and protection". Every human being should enjoy his/her right in life and security and should never be subjected to inhuman practices and torture.

2- Dr. Amna A. Rhaman, one of those responsible for fighting harmful practices, said: "The law is considered a victory for a long struggle of communities, organizations and some other sectors to combat harmful practices. We will launch programs to teach and prepare the public to stick to this law. Workshops and symposiums will be held for all sectors."

3- Ustaza Limya Badri announced and expressed her happiness on behalf of Babikr Badri society about the law which will be adopted to prohibit female circumcision. She called for the unification of all groups, which are working to combat and denounce this practice in their campaign to enlighten the public about this law.

4- Dr. Rughaya A. Gasim, Director of Reproductive Health, indicated the necessity of accompanying the law with a campaign for the public to meet its acceptance.

5- Ustaza Amina Mohamoud from the Sudanese Network for the Abolition of Female Circumcision said: "The law to be issued would be a step forward and a big push for tremendous efforts." She also called for the implementation of the law. Monitoring mechanisms should be established to report any case of FGM that would be committed.

6- Dr. Samira Amin of UNICEF declared she was happy to learn about the proposed law and described it as a courageous step from the state to hasten the elimination of all types of circumcision.

7- Ustaza Susan Al Sadig who attended the session of the Advisory Council said that the law should promptly be enacted in order to confront any crime committed against girls.

8- Dr. Widad Mohamed, one of the representatives for the abolition of harmful practices within the Reproductive Health Dept. of the Ministry of Health praised the resolution of the Ministry of Justice and considered it as one of the fruits of the symposium that was held recently. She was optimistic that the adoption of this law would be a strong push for the implementation of the national strategy and action plan of the Ministry of Health.

9- Dr. Alsir Doleeb recommended the enactment of this new law. He stressed that its implementation should be closely monitored.

10- Ustaza Fatima Al Ageeb, from the Social cabinet in Sudanese Woman Union endorsed the law for sensitising the public, especially in the states where the practice is widely spread.

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### ☞ *Sudan: President Al Bashir Accuses Unnamed Organs for Calling for the Elimination of Female Circumcision*

Islamic Scholar, Abdu Alhai Yousif, has prohibited the pharaonic circumcision type and called for the Sunnah one.

President Omar Al Bashir accused unnamed organs for launching a campaign for eliminating female circumcision. He said the government knows the unnamed organs. The president instructed Shiekh Abdu Alhai, the leader and preacher of Hai Aldawha in Gabra mosque yesterday to follow Sunnah circumcision. The Shiekh said that Doctors had disclosed that the Sunnah type had more advantages.

President Al Bashir said after the prayer; "There are some people who are lobbying against Islam and Muslims by launching campaigns against female circumcision." He commended the role played by the Islamic Scholars for showing the nation the right path.

Sheikh Abdu Alhai, leader and preacher of the mosque declared that pharonic circumcision type is totally prohibited according to Islam. "The state and Islamic scholars should enlighten the people with advantages of the circumcision in order not to follow any baseless assertions circulated

by those people". He commended the four Islamic schools of faith for their point of view on circumcision. He said some referred it to as Sunnah while others make it a must and consider it of advantage to woman.

Shiekh Abud Alhai heavily attacked those who condemn female circumcision and said they are used by enemies to distort and stab Islam.

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## **☞ On the Campaigning trail:**

### **SOMALIA:**

#### **BATTLING FGM IN SOMALIA**

They came to the workshop wide eyed - maybe curious on what World Vision had to tell or teach them on one of their most sensitive cultural practices - female circumcision. Some were ready for battle, a few wanted to kill the village boredom, but many wanted to learn.

Older women sat at the back row; the younger ones at the front while the mosque clerics took the wings. Teachers huddled at the centre of the room. The somehow argumentative youths sat near the door and

never quite looked settled through out the sessions.

Sheikh Ali Iftin took charge of the prayer session that lasted thirty minutes, thus ushering the beginning of the first workshop in Waajid District in Central Somalia to discuss Genital Mutilation (FGM). It took tact and all the wits of the workshop organizers to make the sessions lively.

Among the Somali community it is not easy to talk about sexuality in such a mixed group. Some young ladies and boys had their

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mothers, fathers and relatives attending. However, you can count on World Vision's FGM Project staff to rise up to this challenge. Anastasia Olembo and Isha Abdulahi are staff of great resource and would take you through complex discussion without flinching an eye.

Soon, everyone started talking - many confessions and regrets. Gory experiences are told of children who have died due to circumcision; of women who can no longer control the flow of urine; of women who have been divorced because they are sexually dysfunctional and a myriad of psychological and medical complications brought by female circumcision.

But more importantly, a religious angle on female circumcision must be tackled. Does Islam support female circumcision? No! The eight religious leaders attending the workshop said.

"The Qu'ran does not allow circumcision of women," Sheikh Mohammed Nur Osman said. "We follow religion, not tradition. We are going to follow Islam and consider those who go against it badly," he continued.

However, he says, there is a thin line in support of female circumcision in the "Sunna", which refers to the tradition as taught by prophet Mohammad. The *Sunna* advises those who do it to only cut a little just to let blood drip. This means pricking the clitoris with a needle. This however, does not make circumcision mandatory to the Muslims.

There is no law specifically prohibiting FGM in Somalia. In 1977 the Somali Women's Democratic Organization (SWDO), a governmental women's organization, was formed to eradicate FGM. This was followed by a series of other initiatives in the 1980s. However, no progress has been made after the fall of the central government in 1991.

Virtually all Somali women are genitally mutilated at a young age between eight and thirteen years. Family honour, cleanliness, insurance of virginity and faithfulness to

the husband are the reasons why the Somali people maintain FGM.

This glaring gap is what prompted World Vision to start a pilot FGM eradication project in Waajid District, Bakool Region. The one-year pilot project is being funded by WV Finland and Denmark.

"We thank World Vision for bringing up this issue. We as religious leaders have failed in the past because we never took up this problem that was hurting our people," said Sheikh Maalim Abdi Ali.

During the three-day workshop, they argued over many things but seemed to agree that FGM is bad for the community. Women and the youths are more excited about the issue because they claim it affects them most. Young ladies are a little shy to talk about their experiences, may be because the memories are fresh and painful ones, but elderly women are more forthright.

"We have learned about the problem which we have been causing to ourselves. I used to wonder why women have all these complications. I now know the truth and will not allow my daughters to be circumcised," said Hamido Idris, a women group leader.

A lot of excitement has been generated since the project started a few months ago. The project will entail a lot of training at the leadership and community levels and bringing on board all the stakeholders in order to capture a greater impact.

The first major community leadership training was carried out in Waajid town. As a result, a steering committee comprising of different stakeholders was formed to spearhead community mobilization and training in the district.

In the coming months, we will follow up and monitor to see the dynamics and results of this exciting project.

*John Kisimir*  
Communications officer,  
WV Somalia

## **Somalia: WAAJID VOICES ON FGM - VERBATIM**

### 1. RELIGIOUS LEADERS

#### **Sheikh Mohammed Nur Osman:**

"The Qu'ran does not allow circumcision of women. We follow religion, not tradition. We are going to follow Islam and consider those who go against it badly."

#### **Sheikh Maalim Abdi Ali:**

"We thank World Vision for bringing up this issue. We as religious leaders have failed in the past because we never took up this problem that was hurting our people."

#### **Sheikh Ali Iftin:**

"Everything in this community stops here, at the mosque. We will handle it because the Qoran does not allow Pharaonic circumcision of women."

"As Sheikhs we are going to talk about it and will discourage it. Everyone of us is going to start with his own children."

### 2. WOMEN

#### **Habibo Ali, a women group leader:**

"Circumcision is not basic to our religion. Someone just started it years ago and it became away of life. We want it stopped because our children are the victims,"

#### **Owilo Nur Ali:**

"I once had a 24-hour labour ordeal because of circumcision. I had to be cut up and could not walk for eight days. Do you think I would like my two daughters to go through that again? Never."

#### **Hamido Idris:**

"We have learned about the problem which we have been causing to ourselves. I used to wonder why women have all these complications. I now know the truth and will not allow my daughters to be circumcised,"

"What we have always believed in and practiced is all false. I am glad to know that circumcising girls is both wrong health wise and not accepted by Islam,"

"No one will touch my daughters. Unlike me, they are going to live a better life. They will have a normal sex life."

It is true we are sexually dysfunctional

### 3. YOUTHS

#### **Isak Hassan, 18-year old**

"I want this practice stopped. I will talk to my mother not to circumcise my young sister, Amina." Isak has three sisters and two of them have undergone circumcision.

#### **Ali Hassan, 19:**

"I have learned that FGM is not good. We should come upwith a way of stopping it."

#### **Hajji Ali, 21:**

"Don't be cheated, we are sexually active but girls are not interested because sexual intercourse is painful. I want to enjoy myself but it is not possible," "I would like to marry a woman who has not been circumcised. The Sheikhs said we follow religion not this crazy tradition."

*John Kisimir  
Communications officer,  
WV Somalia*

## DJIBOUTI

It is estimated that 98% of women in Djibouti have undergone the practice of female genital mutilation. The practice cuts across ethnic and social boundaries as it practiced among Somali, Afar and Arab communities and all social groups. Tradition is often invoked to justify the ritual, along with flimsy religious justifications. Despite extensive campaigning against the practice and media coverage reaching all parts of the country, FGM remains rampant in the country.

Despite the fact that the practice has been made illegal, no one has ever been prosecuted under article 333 of the Criminal Code which bans the practice. Meanwhile, every year, many little girls end up in hospital dying from haemorrhages caused by the practice.

Anti FGM campaigning has been going on in Djibouti for the last 20 years. However the years 2000 were marked by a real political will to eradicate this harmful practice. This new trend has brought in some progress: the practice has been demystified and can be discussed relatively freely during reproductive health events. Moreover, women are now aware of the relation

between the ritual and medical conditions affecting them. More importantly, the government is supportive of efforts to demonstrate the falsity of the religious justification for the practice..

In line with this new political commitment, the national committee which had not been really active since it was created in 1984 will be strengthened. The Committee will bring together many of the different actors in the fight against FGM: starting with the Health, Justice, Religious Affairs, Interior, Women's Affairs, local women groups, international NGOs and UN agencies. This structure, spearheaded by the National Union of Djibouti's Women (UNFD) will be in charge of coordinating all actions, taking a clear stand against unilateral and isolated actions which have not yielded much result in the past.

Determination, pragmatism and optimism are the values which guide these women in their unshakable fight against FGM in Djibouti.

*Sabrina Al Rassace*  
*Amnesty International*  
*French Section*

## Mali:

### Religious Leaders Fight against the Practice of Circumcision in Mali

*"I regret to inform you that [we] cannot participate in such a training considering the fact that circumcision is a practice approved by our Prophet which we must follow by example."*

*"...The position of our association having been stated in relation with this practice, we regret to inform you that we are suspending our participation in this forum."*

The above are extracts from correspondences by two Muslim groups in Mali in response to an invitation letter from PASAF, a project fighting against

circumcision, in the Ministry of the Promotion of the Woman, Child and Family, inviting them to participate in a Training of Trainers in communication for behavioural change on circumcision, held on 11-15 January 2001.

Such was the reaction of the influential Islamic organizations of Mali in respect to the fight against circumcision. Today these barriers to the dialogue have since been removed. A few Muslim religious leaders have since, added the fight against circumcision to their mission through The Islamic Association for the Progress and the Betterment of the Family (AIPEF-ONG).

This association was founded in 1996 by El Hadj Kadi Dramé, General Secretary of the AMUPI and external relations secretary of the High Islamic Counsel of Mali. By the time of his appointment, the AIPEF-ONG had other objectives on the fight against

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circumcision. From 1st July 2003, the executive of AIPEF-ONG proposed the sensitization of Imams who teach in Koran schools and other religious leaders, on the medical complications linked to circumcision and the fact that circumcision is not a religious requirement.

This plan took long to produce a very encouraging result. For several decades, associations and Non-Governmental organizations have fought against circumcision in this country strongly rooted in its traditions, and have attempted to establish a dialogue with the Muslim religious leaders. They faced a lot of resistance from this group of very influential decision-makers. With more than 90% Muslims, the Malian population frequently quotes their religion and tradition as principal reasons to the continuation of the circumcision of girls.

The practice of circumcision is very widespread in Mali. Malians of all religions and all ethnic groups exercise it. Thus about 94% of the Malian women between 15 and 49 years have been circumcised, according to information from the Health and Demographic Studies (EDS) conducted in 1996. According to EDS this rate still remained high at 91.6% in 2001 despite the interventions of associations and NGO's that were mostly focused on the reconversion of circumcisors.

Seeing the extent of the practice of circumcision, in 1996 the Malian government put in place a national committee of action for the abolition of this harmful practice to the health of the woman and child (CNAPN).

This committee was placed under the auspice of the Ministry of the Promotion of the Woman, Child and Family with an objective to coordinate all activities and the fight against the practice of circumcision in Mali and to bring the populations to totally abandon it. The committee comprised of representatives of the concerned ministries and technical services of all the associations and NGO'S working in the field of circumcision in Mali. The committee developed intervention strategies and put in place a framework for exchanging

experiences. The implementation of its activities is done in a dynamic partnership of all the members of the CNAPN.

Given that the CNAPN is insufficiently endowed in finances and human resource, it is only composed of a small executive secretariat which is limited financially. That implies it can not fully execute its missions. The UNPF, (the United Nations Population Fund) worked out an intervention pilot project to support CNAPN in the struggle to change the practice of circumcision. The support project in the fight against the prejudicial practices to the health of the woman and child, or simply, the PASAF, constitutes the fourth project of the cooperation program between Mali and the UNPF.

This project, that started in October 2000, and is running for a period of 3 years, has objectives of supporting the CNAPN in the coordination of the activities in the fight against circumcision, to make a national plea/campaign and to intervene in a pilot zone to try and promote a behavioural change of the populations with regard to the practice of circumcision. An International NGO, Program for Appropriate Technology in Health (PATH) was chosen by the Government and the UNFPA to execute the project in several countries such as Kenya and Nigeria.

The Muslim religious leaders being the most hostile to the fight against circumcision in Mali, the PASAF and the CNAPN have concentrated their efforts to sensitize and to integrate them in all the activities to fight against circumcision. Thus, they organized sensitization workshops and study trips in countries such as Burkina Faso, Egypt and Tunisia, where Muslim populations do not practice circumcision or have an advanced strategy on the issue of the fight against circumcision. The PASAF also carried out a study to understand the origins and the religious interpretations of the practice.

The findings of this study were published in April 2002 under the title **Circumcision in Mali: Reviewed and Analyzed Position** (available from CNAPN in French). The

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PASAF and the CNAPN developed documents of reference to explain the origins and the consequences of circumcision to the parents in a booklet entitled: **To Circumcise or Not to Circumcise My Girl: The Responses to Your Questions Before Taking this Very Important Decision**. A similar publication was made to target decision-makers, religious and political leaders in a booklet entitled; **Circumcision in Mali: Dialogue Guide with the Decision-Makers**". These two documents are available in French at the CNAPN in Mali.

The Malian government today is pleased to have the religious Muslims on its side in this very important fight against harmful traditional practices. The CNAPN comprises among its members the AMUPI, UNAFEM and AIPEF-NGO.

The leaders of the latter are planning to organize in Mali very soon a forum that will

bring together the religious leaders of several countries of Africa to share experiences and for a global sensitization.

The business activities by the PASAF in June 2003 went smoothly. It is nevertheless very important to continue the campaigns to fight against circumcision in general and more particularly to sensitize and nourish a partnership with the religious leaders to support them and to provide them with the technical and financial means for the maintenance of dialogue with their members.

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### Cote d'Ivoire

Amnesty International's actions against FGM date back to 1996. After a hesitant start, these actions gained momentum after the International Council in Cape Town authorized a pilot project and study on the issue at the heart of the movement. Seminars on the practice of FGM in Cote d'Ivoire were, therefore, organized in the northern (Korgho in 1997) and in the western (Guiglo in 1998) zones of the country. These are the areas with the highest prevalence of FGM. It was through these seminars that a network of NGOs and associations participating in the fight against FGM in Cote d'Ivoire was born. Above all, these meetings brought to the forefront interesting aspects for

Amnesty International's participation in the fight against FGM: A prerequisite for the fight against FGM in Cote d'Ivoire is the availability of and accessibility to reliable statistics on the practice that are up to date and complete. This includes but is not limited to national prevalence according to the regions, types of FGM and reasons for its persistence. In the absence of such statistics, it becomes difficult to establish an effective campaign strategy against the practice of FGM in Cote d'Ivoire. To date, the

prevalence of FGM in Cote d'Ivoire is estimated at 40 to 60%. But these figures are extrapolated from rough estimates and are not representative of the entire Cote d'Ivoire. This prerequisite to any campaign action would be a good way of mobilizing AI's on-the-ground research expertise.

One the most used approach to the fight against FGM has been on the grounds of health. This involves fighting the practice by evoking, above all, the negative effects of FGM on the health of women and girls. This has led several communities practicing FGM to consider improving the medical conditions in carrying out the practice. In future, FGM should be approached from a human rights angle in Cote d'Ivoire. The concepts of gender, non-discrimination against women, the right to human dignity have made it possible to emphasise the importance of AI in the struggle against FGM at the grassroots level. These sensitization, information and training activities on human rights and FGM should continue for longer.

Many local NGOs and associations have been actively involved at the grassroots level in the struggle against FGM. Amnesty International's

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has not been very active and it is probable that AI members are not clear on what their contribution should be. However, in view of the above, it is clear that these associations - and the NGOs themselves - government or professional structures (medical, media, judicial, etc) have a real need for training and information on certain aspects on FGM that they have ignored.

A campaign led by the Government with the help of UNFPA and in collaboration with Amnesty's section in the Cote d'Ivoire culminated in the adoption of a national law condemning FGM at the end of 1998. However, this law is yet to be promulgated; the application of the decree is not complete. In the five years since the law was passed, there has not been any complaint or legal action against FGM in Cote d'Ivoire. The struggle must, therefore, continue.

Local resources and expertise in the field of FGM should be strengthened. Whether it is at the national, regional and even international level, there is a lack of expertise on this issue within Amnesty International. This weakness of resources was the origin to the slowdown of the activism on FGM. Many of the people who were interested and competent did not work with the network, and did not keep in contact / touch. This situation needs to be improved.

These facts were duly noted and we can now notice a revival of activism on harmful traditional practices within the IWN Africa, and through collaboration between European and African sections.

Thus, since 2000, contacts between iwn-africa and the British section resulted in a pilot project

aimed at mapping out the issue of FGM in Ivory Coast, design campaigning material and organizing a national campaign. This project is a good way to complement the project initiated by the Amnesty International Movement and which focuses on Sudan, Kenya and Senegal.

We will keep you informed of any development on the implementation of the project and welcome your comments and suggestions. Please send them to the project's coordinator at the following email address: [mqfciuk@yahoo.fr](mailto:mqfciuk@yahoo.fr).

We are looking forward to receiving your contributions. In the next issue of the FGM bulletin, we will address the specific question of the impact of the Ivorian armed conflict on the FGM.

**Blanche PANGO-TATI**  
**Amnesty Cote d'Ivoire**

## SENEGAL

### ***1,271 VILLAGES HAVE ABANDONED FGC AND EARLY MARRIAGE IN SENEGAL THROUGH PUBLIC DECLARATION SINCE 1997***

Dear Friends,

It was a beautiful, sunny December morning when thousands of people arrived in the village of Oulampane to celebrate the end of Female Genital Cutting and early marriage by representatives from 118 villages in the Regions of Casamance and Kolda. They are members of the Diola Fogni ethnic group who have practiced these traditions for centuries in this luxuriously green and heavily wooded area of Senegal located near the border with the Gambia.

After participating in the Tostan Village Empowerment Program supported by the Adopt-a-Village initiative from 2001-02, followed by the Tostan literacy program supported by Unicef and the Banyan Tree in 2003, class participants from 20 villages decided to organize public sessions to share the new information on human rights and negative health consequences of FGC and early marriage with other members of their communities. When surrounding villages heard of these deliberations, they asked to meet and discuss the issue as intermarrying relatives and neighbors that are accustomed to making important decisions as a unified group. The Diolas are well known for their consensual method of making decisions and all members of society had to be consulted before the final announcement was made on December 7, 2003. Attending other declarations for the abandonment of FGC and early marriage in the regions of Kaolack, Tambacounda and Kolda over the past 3 years also inspired the participants to end these practices in the same manner: a joyful and positive celebration of health, human rights and positive traditions of the Diola Fogni group.

During the explanations as to why they were abandoning these practices, one woman, Terema Diedhiou, emotionally related that her own daughter had died following the FGC operation due to severe hemorrhaging and her niece had died after prolonged labor at the young age of 12. Other testimonials by local religious and traditional leaders, presidents of the rural communities, women leaders, former circumcisers and a representative of the youth groups were interspersed with dance, songs and "mysteries of the forest". These traditional, mystical creatures from the Casamance had not been witnessed for many years in this troubled area of the country. The excitement of the crowd was clearly visible when hundreds of children rushed forward in waves to see the unusual masks and costumes that they had only imagined in their dreams from having listened to around-the-fire stories over the years.

Speakers also noted that the Tostan program, which emphasizes the understanding and application of human rights and responsibilities, has also led to other positive effects in the region: peace-keeping initiatives, active Village Management Committees, universal birth registration, hygiene activities, better health practices, decrease in domestic violence, an emergence of women's leadership and general problem-solving initiatives.

A skit was performed on the dangers of FGC and early marriage and the circumcisers threw away the equipment they once used during the FGC operation: knives, amulettes, "protective" water and specially woven belts.



**Villagers in Dialacoto celebrating their decision to abandon FGM and early marriages. Dialacoto, Senegal, 21 Sept. 2003**

Many guests from the region attended the public declaration: ngos, government partners, women's groups from Ziguinchor and other neighboring villages, delegations from the Region of Kolda and from the Gambia. Twenty local and international journalists from the television, radio and written press interviewed participants and helped to spread the declaration's positive messages for the respect of health and human rights across the country. For the first time, the entire ceremony was broadcast live on Ziguinchor radio, reaching hundreds of villages throughout the Casamance and in Gambia.

The Representative of the Governor of the Region of Senegal, the Representative of Unicef, the President of the Rotary Millenium Club of Dakar and a Representative from Inglemoor High School who traveled from Seattle, Washington (one of the Adopt-a-Village sponsors), all congratulated the 118 villages on their historic and courageous decision. The President of the Rotary Millenium Club presented 10 sewing machines to the circumcisers as an alternative means for them to earn a living. Inglemoor High School students donated a millet machine to their adopted village, Bona.

The ceremony ended shortly before 7 PM as the sun was setting on these harmful traditions in the Casamance and with hope for a new and healthier dawn for the young girls of the region.

*Molly Melching, Director, TOSTAN*

*TOSTAN's program is going to be replicated in Burkina Faso, Guinea and Sudan. We will keep you posted on any further developments.*

*Visit: [www.tostan.org](http://www.tostan.org)*

## KENYA

### CAMPAIGNING AGAINST FGM IN GUSILAND, KENYA

BY CHRISTOPHER OKEMWA

Kistrech Theatre club is carrying out a crucial campaign against FGM in Kisii district, Kenya. The group, comprised of 60 members—medical workers, teachers, female circumcisers, acrobats, singers, story-tellers, dancers and comedians--use theatre and drama as the main communicative tool to disseminate information to the community people. We discovered that drama is a powerful tool in the passing of information. Since drama and dance are part of African Culture, it is the most appropriate method to reach the people.

We also realize that the work of bringing to an end the dangerous practice of FGM, that is deeply rooted deeply in the people's culture and way of life, should be left solely to the artists. Subjects that are taboo and touch on sexuality should be carefully handled, and the artists are the only people who can manage to do it successfully. Not medical workers. Doctors only know the facts. Artists have the methods of passing the facts that are told by the doctors; Artists know how to handle the taboo subjects and will go round it safely without stepping on anybody's toes.

Kistrech works with female circumcisers and the new religious sect, *Ime Yo Mwana*. The women circumcisers stand on the platform and give testimonies while the religious people preach about Abraham who was circumcised and Sarah who was not cut.



A Kistrech Youth group performing as part as activities against FGM.

At Kistrech, we also has Mary Ratemo as one of our members. She is the first woman chief in Kenya, appointed by the president himself in April, 1997. She is the club's adviser. She organizes meetings with the community people to whom the group perform their activities. She speaks on the right of the girl child and the law of Kenya that has banned the practice. She has formed Kistrech women Group, a group of women , members of Kistrech who campaign against the practice alongside the main group. The women Group met Inah Kaloga on her visit to see Kistrech activities in June 2003.

Kistrech at the moment has formed Kistrech Teachers' Group which campaigns against the practice alongside the main Kistrech Group. Also we have 80 Kistrech Junior members who are going to graduate this September 7<sup>th</sup> and will vow that they will never be circumcised before their parents, guests and the community people. They will be awarded with certificates. The sponsors' representative, Natasha, will be present. Our sponsor is Rainbo.

The FGM project sponsored by RAINBO, will come to an end on 7<sup>th</sup> September. We shall have to look for new sponsors again to fund the project in other divisions. We hope to be able to bring the effectiveness of drama and theatre in to other people.

*This newsletter is a compilation of contributions from different sources. The views of the authors may in no way reflect Amnesty International's views or positions.*

## ILLITERACY AS A FACTOR CONTRIBUTING TO THE CONTINUATION OF FGM

EIGHTY per cent of the girls who undergo female genital mutilation (FGM) in Trans Mara district, in the Rift Valley province of Kenya, are school dropouts or did not attend school at all.

Almost all the parents of these girls according to various surveys are illiterate a factor that has entrenched the practice in the district.

According to the German organisation, GTZ, education levels among the girls and their parents, greatly influenced the decision on whether female circumcision should be carried out or not.

"Forty Seven per cent of the initiated girls interviewed said they had never been to school, a situation which applied to 75 percent of their mothers", says a report by the German Technical Corporation (GTZ).

An interview carried out by the GTZ few months ago among 300 girls from at least two administrative divisions in Trans Mara revealed that " a mere 3.6 per cent had completed primary school".

According to the Ministry of Planning and National Development in Kenya illiteracy levels in Trans Mara are high with more than 80 per cent of the population in Trans Mara is considered illiterate.

"Majority of those who can read and write do not support the continuation of female circumcision with 52 per cent of the girls interviewed who could read and write wanting the practice stopped", says Mr Philip Limpaso, an education officer in the district.

In addition, the study found that most community leaders interviewed admitted that female circumcision has had negative effects on the education of the girls in the district, as most are married off soon after circumcision hence terminating their education.

"The seclusion period after circumcision is also so long that most girls report to school late hence being unable to cover what was missed", Mr Limpaso adds.

A prominent retired chief Mr Tukai Ole Naigurran says: "In my case, my daughter refused to go back to school and decided to get married, I think this was caused by the kind of education she was given during the seclusion period".

The free primary education programme now in place in Kenya, according to the outgoing District Commissioner Mr Fred Mutsami may help curb the high number of girls dropping out of school and falling victim to the FGM practice.

Two churches, the Seventh Day Adventist and Catholic with the support of the outgoing District Commissioner have offered sanctuary to some of the girls who have fled from their homes to evade circumcision and are interested in continuing with school.

(Shem Oirere is a reporter with Kenya Times daily newspaper in Kenya and can be reached at

[oirereo@yahoo.co.uk](mailto:oirereo@yahoo.co.uk)).



## → COUNTRY FOCUS:

**Uganda:** Uganda does not have a law on FGM so far, but the practice can be considered illegal under:

- The 1996 Children Statute: Section 8 provides that it is 'unlawful to subject a child to social or customary practices that are harmful to the child's health'

- FGM is also illegal under criminal law provisions concerning the felony of grievous harm can be applied to the ritual practice.

FGM in Uganda reportedly concerns slightly less than 5% of the women and is mainly concentrated in Kapchorwa district.

Most of the sensitization is done by UNFPA and its partners.

There has so far been no criminal prosecution of FGM cases. In February 1996, a court is reported to have issued an injunction to protect a girl from an impending operation. There is no further information on this case.

### Recent Development (September 2003):

A man from Korea village banished two of his daughters for refusing to undergo FGM. The two girls had left the family home earlier this year during the period when the ritual is being performed and sought refuge at a relative's place in Kenya. Upon their return home, their father disowned them for opposing the traditional ritual. Mr. Kapchesoy says he cannot afford to pay for his daughters school fees and want them to undergo the ritual in order to be married off (certainly in exchange for a hefty bride price).

We are currently working with contacts in Uganda to document the cases as well as protection alternatives available to girls opposing FGM in Uganda.

**Ambiguous official declarations:** On 12 October 2003, President Yoweri Museveni declared in Mbale that he might organize to have medically qualified personnel carry out public circumcision to protect the interests of the communities where it is practiced, in order to improve the sanitary conditions under which the procedure is carried out and prevent contamination by the HIV/ AIDS virus.

We all agree that the sanitary conditions under which male circumcision is performed constitutes a health risk. However, considering the fact that the President was addressing representatives of regions where both male and female circumcision rituals are practiced, and did not differentiate between the two, his statement does not help in clarifying the government's position on FGM. Similar statements are known to have been used in Sudan and Egypt for example, to condone medicalisation of the practice. The Ugandan government need to clarify its position in regard to FGM and actively condemn medicalisation of the practice.

**Kenya:** On 6 July 2003, Pastor Mpurukoi from Transmara District interrupted a circumcision ceremony in Oronkai village and rescued a 13 year old girl. It appears like no action was taken following this case. Following another incident in Kilgoris, the District Commissioner (DC) prosecuted three women aged 42 -58 charged with causing grievous bodily harm to a 13 year old girl.

This is the first time anyone has been prosecuted in relation with FGM in Kenya (see article below by Shem Oirere).



*Article:* A Kilgoris court on November 20, sentenced three suspects to two years probation for circumcising a 15- year old girl. The three Ms Jennifer Kingasunye Nakuro and two health workers in Trans Mara Ms Jane Terry Shikoli and Ms Florence Wabwire Matholo were charged with circumcising the under age girl on 27 April this year at Masurura location in Trans Mara district. Parents of the girl had reported the incident to a local chief before the trio was arrested and arraigned in court charged with the offence.

Mr and Mrs Kitunga Kelema reported to Lolgorian police station that strangers unknown to their daughter had circumcised her without their or her consent contrary to the Children's Act 2001. Senior Resident Magistrate Grace Masi found the trio guilty and placed them on probation for the two years. Ms Masi noted that the girl who is a Standard Seven pupil at Kinyibol Primary School in Trans Mara had admitted in court that she was forcefully circumcised by anyone. The girl had told the court that on the very day she underwent the ritual she was visiting the home of one of the accused who is her aunt Mrs Nakuro during the April holidays where she met a group of other girls, about her age preparing to be circumcised the following day and who went ahead to convince her to undergo the rite. Infuriated parents of the girl reported the incident to the local chief who alerted the police and arrested the trio before the girl was issued with P3 form paving way for their prosecution. Kilgoris Hospital Medical Officer of Health Dr Robert Wekesa testified in court that after examining the girl she found her genitals incised and termed her injuries "grievous". Shem Oirere, 21 November 2003

## Ghana:

[Accra Mail](#) (Accra), January 27, 2004

A Circuit Court at Bawku has sentenced a 70-year-old woman to five years' imprisonment for circumcising seven girls at Yelogo in the Bawku East District. The presiding judge, Mr. Jacob Boon jailed Abampoaka Mbawini, a native of Koloku near Bawku on her own plea of guilty.

Prosecuting Detective Sergeant Lawrence Amanquandor said Mbawini was arrested on January 8, following a tip-off that she had performed female circumcision on a number of girls, including a 16-year-old girl named Sharatu Issifu at Yelogo. He said the accused led the police to the house of Sharatu Issifu and identified the girl as one of her victims.

Subsequently, Sharatu was sent to the Bawku Hospital for medical examination, the results of which confirmed that the clitoris and the inner lips of her vagina had been cut off. In his judgement, Mr. Boon said he was compelled to jail the accused for five years, despite her advanced age because even though she admitted knowledge of the offence yet went ahead to commit it.

He said the sentence was to serve as a deterrent to other practitioners of the outmoded custom and the law would not deal leniently with anyone who continued to perpetuate it.

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## Tanzania:

In 1999 the Legal and Human Rights Centre and Equality Now reported the case of three girls from Morogoro who ran away from their father who had decided to submit them to the ritual. They sought refuge in a local church for protection, and the pastor took them to a police station, in Matombo. The police proceeded to arresting the pastor on the grounds that he had unlawfully taken custody of minor children. The police then turned the girls over to their father, who had them mutilated the next day and married soon after. No report of any action taken against the policemen is available.

In 2002, the pastor who tried to help the girls, assisted by the Legal and Human Rights Centre took the case to court and an hearing was re-scheduled for 20 August 2003, the accused having failed to present himself at the first hearing on 11 August 2003. Following the 20

## Protection:

Focus - In the small town of Narok (Kenya), where FGM is rampant, Agnes Pareyio heads a shelter, The V-Day Safe House (48 beds) where girls fleeing away from FGM and early marriage can seek temporary protection. During their stay, the V-Day Center contacts their families as well as competent local authorities to arrange for a return of the girls in their families whenever possible. When not possible, the girls remain at the center and are provided an education. In most of the cases however arrangements are found and the girls return to their families. The Center monitors the situation of the girls and tries to avoid any open conflict between the girls and their families, thereby recognizing the very important social role of the family in the development of these children. The girls in the picture below are aged between 7 and 17 and all fled from FGM and early marriages. A second safe house might open later this year.

August hearing the father was acquitted. The Legal and Human Rights Center which was representing the plaintiff, noted in its October 2003 Newsletter (available at <http://www.humanrightstz.org/whatsnew/LHRC-Newsletter-October2003.htm>) that the case should nonetheless be regarded as "a victory when it comes to debate, knowledge and rising awareness on FGM - not least in the home community of the accused father where it is now widely known, that parents forcing their daughters to undergo FGM might end up in court."

**Recent development:** On 12 October 2003, the High Court in Singida sentenced three women to years imprisonment for manslaughter after a girl died following an FGM procedure carried out by them. While welcoming the action taken by the Tanzanian authorities we deplore that such action only comes when death occurs as a result of FGM, leaving cases where the victims survive un-punished.



A group of girls who have sought refuge in the V-Day Center.



The V-Day Safe House Building.

## Medical

### Reversing Female Genital Mutilation:

Comfort Momoh is a nurse specialized in caring for women affected by FGM:

Mrs. Momoh feels she is well placed to raise awareness about female circumcision and the risks associated with it.

But the women seen by Comfort Momoh are usually suffering from the consequences of circumcisions carried out in Africa when they were children.



Comfort Momoh

Ms Momoh said:  
"Some communities believe it is a religious obligation, but now we're moving away from that.

"Some people do it to safeguard the girl's virginity, or as a sign of cleanliness because they believe the clitoris is dirty."

But she said: "Women tend to have psychological problems. They often experience flashbacks.

"When they come and see me, how they feel depends on what experience they have been through.

"Some are emotional, some are sad that they have had to have it done, and some just want help."

No restorative operations can be carried out on women who have had type one or two FGM, but type three can be reversed.

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She says: "I'm totally against it, but because I'm an African myself, I understand the culture behind it."

Female genital mutilation (FGM) has been illegal in the UK since 1985, although there are fears that it is still carried out illegally.

Comfort is the only midwife in the UK to carry out the procedure, which involves making an incision and reforming the labia by stitching over the edges. Some women come to see her in pain during labour.

She became interested in FGM 15 years ago, while training as a midwife, and worked in an area with a large Somali community.

Comfort said attitudes to FGM were changing in African communities in the UK.

"Even when I visited Somalia in 2000, I saw attitudes in the cities were changing."

Comfort, a specialist midwife at St Thomas' Hospital, London, which has opened a high-tech women's health centre, also tries to raise awareness amongst communities, teaching them about the law. But she also has to educate health professionals about female circumcision. Many are not even aware the practise is illegal in the UK, she said. "If they are not aware of that fact, how can we expect women in these communities to be aware?"

Campaigners are also trying to make it illegal to take children back to Africa for female circumcision to be carried out.

Comfort said: "I wouldn't say I felt angry about female circumcision or felt it was barbaric. "My work is not about attacking

the practice, it's about mobilising the community, it's about mobilising men and women, and supporting them.

"To the communities themselves, where they come from, it is the norm. Here, it is a different environment." *BBC, 02.2003*



**Dr. Pierre Foldes**

Dr. Foldes is a surgeon specialized in urology who has been performing operations to reverse ALL forms of FGM. He is practicing in France. You can read his interview about difficulties he is encountering in his work with women affected by FGM (death threats...) here: <http://www.afrik.com/article6941.html> (in French)

## International Developments

Attached to this newsletter are the texts of the Protocol on the Rights of Women in Africa as adopted by the African Union in July 2003 at the African Union Summit in Maputo (Mozambique) and the Cairo Declaration on Legal Tools for the Prevention of FGM.

*Comfort can be contacted for information and advice on FGM by calling (0207) 960 5595, or by emailing her on [cmomoh@hotmail.com](mailto:cmomoh@hotmail.com).*

## Upcoming events:

- ✓ The Djibouti Ministry of Health is planning to organize a sub-regional conference convening religious leaders from the Horn of Africa (Somalia, Sudan, Djibouti, Ethiopia, Eritrea plus Yemen). The conference hopes to obtain the formulation of a fatwa outlawing FGM. This is particularly important coming from religious leaders of countries where FGM is rampant and where its most invasive form, infibulation is the most practiced. We will keep you informed as soon as we have more information.
- ✓ As you already know, on 8 March 2004, International Women's Day, Amnesty International will launch a global campaign to expose and challenge violence against women (VAW) and girls and to work towards the eradication of one of the most widespread of human rights violations.