

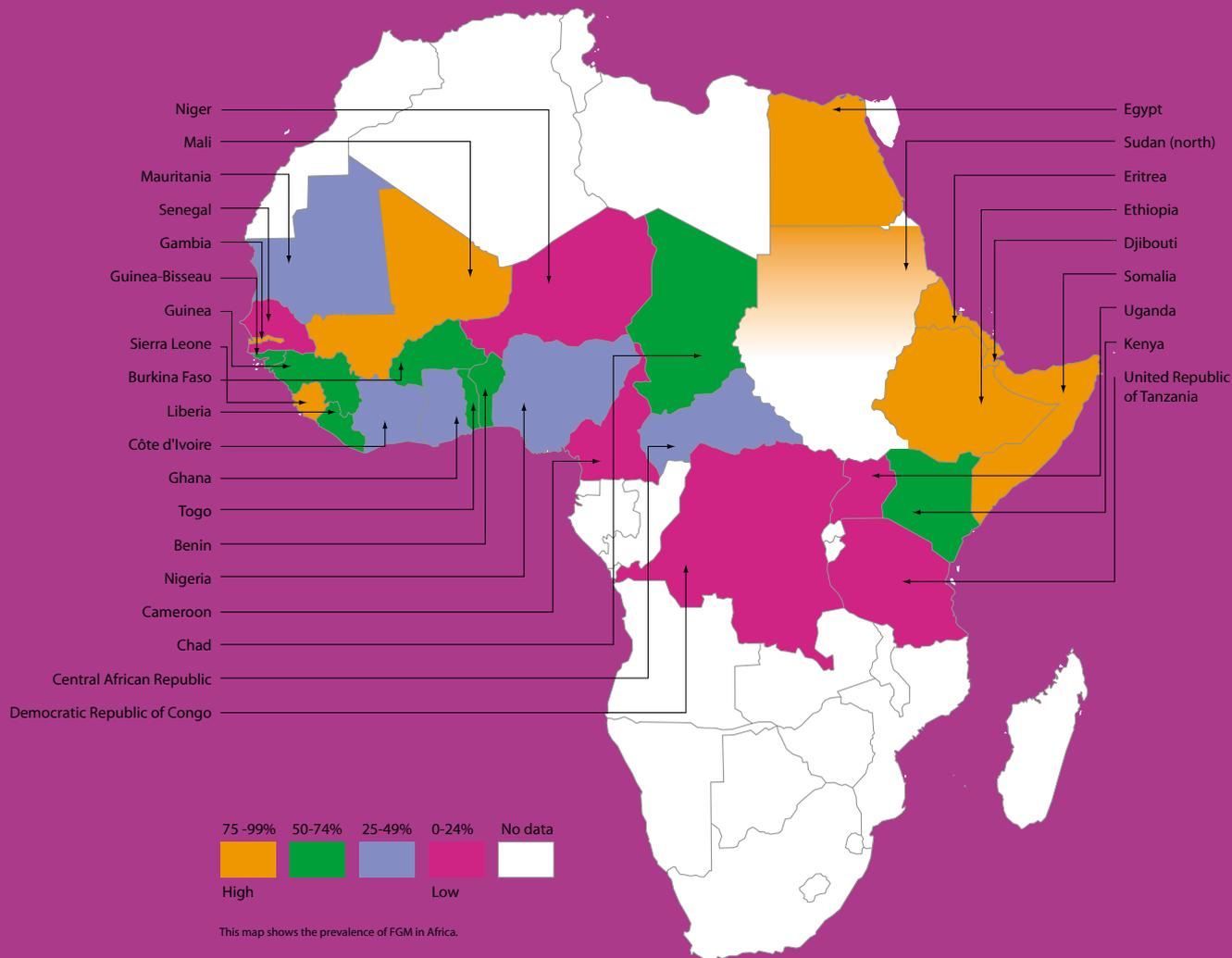
# The Norwegian Government's International Action Plan for Combating Female Genital Mutilation

2003



MINISTRY OF FOREIGN AFFAIRS

## Prevalence of female genital mutilation



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## A brutal custom

Female genital mutilation is a gross violation of the fundamental human rights of children and women. The custom is a brutal manifestation of the social injustice and oppression under which many girls and women live in the societies where it is practised. The fight against female genital mutilation is a fight for gender equality, equity, dignity, integrity and the right of girls and women to exercise control over their own lives.

Every day more than 5000 girls are subjected to genital mutilation. In the course of a single year around two million girls are the victims of this brutal violation and of the pain, trauma and physical and psycho-sexual damage it causes. It is estimated that between 100 and 130 million girls and women are currently living with the consequences of this practice.

In the past 10 to 20 years there has been considerable progress in the efforts to obtain recognition of the unacceptability of female genital mutilation, both internationally and in the countries where it occurs. Nevertheless, the challenges are formidable. Despite the increased awareness that this is a problem, the prevalence of female genital mutilation is about the same as it was 10 years ago in some of the most severely affected countries. This is difficult to understand, and impossible to accept. We cannot be aware of the existence of this custom without doing everything in our power to abolish it.

This action plan is a contribution to the efforts to promote the fundamental human rights and health of girls and women, and is a follow-up to the Norwegian Government's Action Plan for Combating Poverty in the South, which was launched in March 2002. The work of combating genital mutilation must be done by those who are affected – the women, men and leaders who have the courage to defy traditions that have existed for hundreds of years. And we will intensify our efforts. It is possible to eliminate female genital mutilation. The Norwegian Government and the organisations we work with can contribute resources, expertise and ideas. With the aid of partnership and sensitive leadership we can come closer to our goal of eliminating female genital mutilation, and help girls and women to live their lives without having to experience unnecessary pain or health risks.



Hilde F. Johnson  
Minister of International Development



Tove Strand  
Director General of the Norwegian  
Agency for Development  
Co-operation (NORAD)



Photo: Ken Opprann / Norwegian Church Aid

*The women who performed the procedure in Musow Jigi say they've now put away their razor blades for good.*

## Female genital mutilation must be combated

The Norwegian Government's International Action Plan for Combating Female Genital Mutilation is based on the promotion and protection of the human rights of girls and women who have been, or are in danger of being, subjected to genital mutilation.

The Action Plan for Combating Poverty in the South is the Government's contribution to achieving the Millennium Development Goals – the eight goals for combating poverty and promoting development to which the entire international community committed itself in 2000. Several of these goals are concerned with promoting gender equality and improving the health of girls and women. Thus in addition to being a step towards achieving the Millennium Development Goals, this action plan is an integral part of our efforts to promote rights-based development for girls and women. It is also our contribution to reaching the goal of the UN Children's Summit of 2002 to eliminate female genital mutilation by 2010.

The Government will intensify its efforts to combat female genital mutilation by introducing a number of measures to:

- prevent female genital mutilation and promote social mobilisation against it,
- treat and rehabilitate girls and women who have undergone mutilation,
- build competence at all levels in the efforts to combat female genital mutilation.

The Government will intensify its efforts to combat female genital mutilation by, among other things, emphasising this issue in political discussions and increasing allocations to NGOs and international organisations. By 2005 the present action plan will have an annual budget of NOK 20 million.

The Government's international action plan is linked with the Action Plan to Combat Female Genital Mutilation launched by the Ministry of Children and Family Affairs in 2000 and followed up by a list of measures announced in spring 2002. The Government will help intensify the efforts to combat female genital mutilation by co-operating

with the authorities of the countries where it is practised, and supporting Norwegian and local NGOs and multilateral organisations.

In order to be effective, the efforts to combat female genital mutilation require broad, co-ordinated international co-operation based on internationally recognised human rights. The campaign is anchored in a number of conventions that are binding on Norway and on most of the countries with which Norway has development co-operation. Among the principles enshrined in these conventions are non-discrimination, the right to life, and the right to physical integrity and the highest possible standard of physical and mental health. A country that is bound by these conventions is committed to developing national legislation, national policies and measures to combat female genital mutilation. Norway's rights-based approach makes it possible for us to emphasise the authorities' responsibility to protect and safeguard the rights of girls and women.

Efforts to combat female genital mutilation must be based on an understanding of gender relations in a broad socio-economic and religious context. The measures that are introduced must be part of an integrated, interdisciplinary, cross-sectoral approach. The Government will therefore strengthen its co-operation with a number of local and Norwegian NGOs, and increase its support for their vital efforts. We will also intensify the work we are doing through the UN agencies that are actively seeking to combat this practice, such as the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the United Nations Population Fund (UNFPA).

## Distribution and prevalence

Most girls who are subjected to genital mutilation live in Africa, in almost 30 different countries. These countries lie within a geographical triangle that stretches from Egypt in the northeast to Tanzania in the south and Senegal in the west. Such mutilation is also practised in certain communities elsewhere in Africa and among certain ethnic groups outside Africa. The various types of mutilation are not practised to the same extent everywhere, and customs vary considerably between different ethnic groups, countries and regions. The various forms of genital mutilation can also occur in different combinations.

The number of girls and women in the world who have undergone genital mutilation is estimated at between 100 million and 130 million, but these figures are uncertain. We know too little about women's reproductive health in the countries concerned. It is estimated that around two million girls are subjected to genital mutilation each year. The procedure is usually carried out by a traditional birth attendant, most often a woman. Usually no anaesthetic is used. More affluent city dwellers often have the procedure carried out at a private health clinic. It is carried out on girls of all ages, from one week old until adolescence. In some cases the procedure is performed on adult women, but it is usually carried out before a girl enters puberty.

It is important to realise that what we call female genital mutilation is not only a physical procedure, but also a cultural custom that is of great significance in the communities where it is practised. It is vital to understand this in order to avoid stigmatisation, and to create the best possible starting point for a dialogue for change with those who practise the custom.

The use of terms connected with the practice we now call female genital mutilation or cutting (FGM/C) has been the subject of discussion in international fora. The term circumcision was often used previously. We have chosen to follow international practice and the terminology used in the Action Plan to Combat Female Genital Mutilation of 2000, and therefore use the term female genital mutilation in this action plan. We use the expression "genital mutilation of girls" to emphasise that it is, in most cases, girls ranging in age from infancy to just before puberty who are subjected to this procedure. The efforts to combat female genital mutilation are therefore mainly aimed at protecting girls.

### **Surveys and research provide new knowledge**

*NORAD is supporting surveys of the prevalence of female genital mutilation in Ethiopia and Eritrea. The findings are important both in terms of enhancing the authorities' and donors' understanding of the practice and for planning measures to combat it. In Eritrea the survey is nearing completion. The work is being co-ordinated by Norwegian Church Aid. According to the preliminary data, 97.7 per cent of the 3000 women participating in the survey have undergone genital mutilation, despite the fact that this is prohibited by law and is not performed at public hospitals and clinics. The procedure is carried out by local "wise women" or traditional birth attendants. The survey also shows that the prevalence is not influenced by ethnic affiliation, only the form of the mutilation.*

*In 1997, a report on harmful traditional practices was released in Ethiopia. The work behind the report was co-ordinated by the National Committee on Traditional Practices in Ethiopia. The report outlines the reasons for female genital mutilation and the prevalence of the practice among the various ethnic groups in the country. According to the report, 73 per cent of the women and girls in the country have undergone genital mutilation, and the practice is equally common among Orthodox Christians and Muslims. The findings indicate, however, that attitudes are changing. Approximately 30 per cent of those interviewed replied that they would like to see the practice abolished in Ethiopia.*

*(A Study on Female Genital Mutilation in Eritrea, by Worku Zerai, to be published in 2003, [www.nca.no](http://www.nca.no).)*



Photo: Ken Opprann / Norwegian Church Aid

*Patients waiting in line to see a doctor.*

## Health consequences of the procedure

According to WHO, female genital mutilation constitutes all procedures which involve partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons.

The various forms of female genital mutilation differ between regions and ethnic groups. The procedures are believed to have both immediate and long-term physical and psychological consequences, but there is little research-based information available. The primary reasons for this are that research in this area is not given high priority, and that the study of female genital mutilation presents methodological problems. However, although the documentation of the harmful health consequences resulting from these procedures is incomplete, there is no doubt that the elimination of female genital mutilation would dramatically improve the quality of life for girls and women in the societies where the custom is practised. The most common physical complications are haemorrhages, infections, shock, and problems with urination and walking. The procedure may also lead to tetanus, hepatitis, HIV and other diseases. In most cases the procedure is carried out without the use of any anaesthetic, and many girls are held down by force while it is being performed. This may result in broken bones and cuts. Although the immediate complications may result in death, because of the lack of data it is not possible to determine exactly how many girls die as a direct consequence of the procedure.

The long-term consequences of the most extreme forms of female genital mutilation are cysts, scar tissue, incontinence due to damage to the urinary tract, urinary tract infections, infertility, difficulties with menstruation, pain during intercourse and psychosexual problems. Women whose labia majora have been sewn together need qualified help when giving birth. In the African countries where female genital mutilation is practised, however, health services are very inadequate, and the reproductive health situation is generally poor. The rates of pregnancy-related mortality and illness in these countries are among the highest in the world. Because of the lack of data, it is impossible to determine the extent to which genital mutilation causes complications during childbirth. It is probable that the most

extreme procedures increase the likelihood of the mother dying during childbirth because of obstruction of the birth canal and haemorrhage, or of the child being stillborn or brain damaged as a result of a protracted birth. There is also an increased risk of haemorrhage and infections during the delivery. Women whose labia majora have been sewn together are more susceptible to HIV infection because of cuts and bleeding during intercourse. In addition to the physical damage, female genital mutilation can have negative consequences for girls' and women's personality development and psychosexual health. The social and psychological consequences of female genital mutilation have long been overlooked. Today we characterise female genital mutilation as a traumatic experience that may result in a need for psychological and physical rehabilitation.

## Reasons for the custom

There are many reasons given for practising female genital mutilation in the various communities where it is prevalent, and there are many ideas about the actual origins of the custom. Some of the reasons given are enhanced femininity, beauty, ritual purification and increased fertility. Others are that it protects young girls from their own "uncontrollable" sexuality, and that women's sexuality needs to be controlled. All these reasons are closely linked with local customs, and are rooted in powerful social norms. This makes the procedure appear important and necessary. The practice is also sometimes explained in terms of popular religious beliefs. Although religion is sometimes cited as a reason for the practice, it is important to be aware that female genital mutilation is not prescribed in any religious writings, whether they are Christian, Muslim or of any other religion. In many communities where female genital mutilation is practised it is used as a rite of passage, to mark the transition from childhood to adulthood. In these cases the procedure is crucial in order for the girl to feel she has become an adult and for her sense of belonging to the community. There is a great deal of literature and other information available today on the subject of female genital mutilation (see Internet Links and Select Bibliography).

## International framework and human rights obligations

Female genital mutilation is a grave violation of fundamental human rights. The right to liberty, the right to physical and psychological integrity and the right to reproductive and sexual health are violated when a girl is genitally mutilated. Her right to equality, to equal treatment and to non-discrimination are violated, as is her right to development and the highest possible standard of health. Ultimately, her right to life is threatened. Female genital mutilation raises questions of equality, dignity and integrity, and of the right of girls and women to retain control of their own lives. In the face of genital mutilation, women, and girls in particular, have little opportunity to protect themselves. This makes it even more important to focus on the responsibility of governments and the authorities to safeguard the security and rights of girls.

The Norwegian Government has adopted a rights-based approach to female genital mutilation, which enables Norway to emphasise other governments' responsibility to protect their citizens. Norway intends to put female genital mutilation on the agenda through political dialogue that includes a discussion of states' international human rights obligations.

In 1948, the Universal Declaration of Human Rights laid down the right to a standard of living adequate for health and well-being. The International Covenant on Civil and Political Rights prohibits discrimination on grounds of gender, and so does the International Covenant on Economic, Social and Cultural Rights, which also requires states to safeguard their citizens' right to health. The Convention on the Rights of the Child contains a wide range of rules for children's protection and requires states to safeguard children's health and abolish traditional practices that are prejudicial to their health. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) also contains provisions with a bearing on reproductive health and female genital mutilation. The states parties to the convention are required to abolish laws and customs that result in discrimination against women.

In the UN General Assembly and at the annual sessions of the Commissions on Human Rights and the Status of Women, resolutions are regularly adopted against violence against women, discrimination and traditions that are prejudicial to women's health. These resolutions are not legally binding but are declarations of political will, and often contain recommendations for action. The Sub-Commission on

### *The OK Project – changes in one place call for changes in another*

*As a result of new migration flows and patterns, the genital mutilation of girls has now become a pressing problem in Norway as well. The OK Project was set up by the Ministry of Children and Family Affairs in autumn 2001 to prevent this practice and provide care for those who have been subjected to it. Its main task is to develop information methods and materials for immigrant groups, organisations and the Norwegian health and social services. The main target group are immigrants living in Norway, where the way of life, health, political and legislative systems and gender roles are different from those they are accustomed to. The OK Project has met with a positive response and is now in a unique position to change this practice.*

*Many immigrants feel pressured by their own community to subject their daughters to genital mutilation. For example, parents may fear social exclusion in their home country if they should return. This is why it is so important that people living in exile are kept up to date about changes taking place in their country of origin.*

*The OK Project has collaborated with Dialog Film on two films about the genital mutilation of girls. The project is intended to provide people*

*with arguments and help them find the strength and courage to resist the social pressure to subject their children to genital mutilation. One film is a documentary and the other is fictional. The documentary shows what is being done to combat female genital mutilation in Burkina Faso, where street theatre is being used to generate involvement. The film also provides information about the negative health consequences of mutilation. The fictional film is based on a discussion between a mother and a father who are living in exile. The actors show how people feel caught between their own ideas and experience and the pressure being exerted by their own parents in the country of origin.*

*The films will be distributed via television networks in Africa and will also be shown in Western countries. They will primarily be shown in connection with meetings in the local community, for example as an introduction to information meetings at schools and health centres. NORAD and Norwegian NGOs will also make use of these films in their efforts to combat female genital mutilation.*

*([www.okprosjekt.no](http://www.okprosjekt.no))*



*Little girls celebrating a wedding in Sudan, unaware of what they will have to go through before their own wedding.*

the Promotion and Protection of Human Rights has had traditions harmful to women on its agenda since the early 1980s.

Norway has been working to strengthen the focus placed by these bodies on female genital mutilation as a serious form of violence against girls and a violation of human rights provisions concerning the right to physical integrity, health and life, and to freedom from discrimination. Norway will continue to keep a high profile in multilateral fora where the rights of girls and women, including the issue of female genital mutilation, are on the agenda. We will also work to strengthen the implementation of existing rules in this area.

A number of international conferences and summits have been held where violence against women and female genital mutilation have been discussed, and these have resulted in declarations of great significance for the fight against the practice. These include the Vienna Declaration (1993), the Programme of Action from the Conference on Population and Development in Cairo (1994), the Beijing Declaration and Platform for Action from the Fourth World Conference on Women (1995) and the Final Document from Women 2000 – Beijing + 5 (2000). According to the

Platform for Action, violence against women, including female genital mutilation, is an obstacle to women's enjoyment of their human rights.

Another important milestone in the international co-operation on eliminating female genital mutilation was reached at the Children's Summit in 2002, where the UN member countries set themselves the goal of eliminating this practice by 2010. The present action plan is Norway's contribution to reaching this goal.

The issue of female genital mutilation shows the strong link between the various human rights, and the necessity of adopting a coherent approach to the problem. Violations of girls' and women's right to health and physical integrity must be viewed in the context of the fact that girls are being systematically deprived of their civil, political, economic, social and cultural rights. Comprehensive international efforts are being made to combat violence against women. There are a number of declarations that establish that the fight against female genital mutilation is part of a larger campaign to eliminate all forms of violence against women. The Commission on Human Rights has appointed a Special Rapporteur on Violence against Women.

### ***The Koran – a basis for changing practices in Somalia***

*In Somalia NORAD is supporting the efforts of Norwegian Church Aid, in co-operation with religious leaders, to explain to local communities that female genital mutilation is not ordained by religion but by cultural tradition. A workshop was held at which religious leaders declared that female genital mutilation has no basis in the Koran. They stressed that the Koran neither describes nor prescribes any form of genital mutilation of women or girls; on the contrary, it emphasises that any form of physical mutilation should be punished. The people of the local community were very angry, indignant and surprised that they had not been told about this earlier.*

*([www.nca.no](http://www.nca.no))*



*Too few women who have undergone genital mutilation are offered treatment. This woman is one of the fortunate ones.*

The eight Millennium Development Goals are set out in the UN Millennium Declaration adopted by the General Assembly in autumn 2000. The global community has committed itself to the ambitious, overriding objective of eradicating world poverty. There is general agreement that the situation of girls and women must be improved, and in fact four of the eight Millennium Development Goals are related to the rights and health of girls and women.

Our fight against female genital mutilation is our contribution to the achievement of the following MDGs :

No. 3: Promote gender equality and empower women.

No. 4: Reduce under-five child mortality by two thirds by 2015.

No. 5: Reduce the maternal mortality ratio by three quarters by 2015.

No. 6: Halt and reverse the spread of AIDS, malaria and other diseases that afflict humanity by 2015.

### **The Norwegian Government's international efforts to combat female genital mutilation**

An effective campaign against female genital mutilation calls for a broad, integrated approach. The Government will raise the issue in our talks with the relevant authorities, and will seek to ensure that our partner countries fulfil their international commitments. A number of UN agencies, especially WHO and UNICEF, are important partners in these efforts. They have the advantage of being perceived as neutral, trustworthy discussion partners for governments, and can often play a constructive role in dialogues with the local authorities. Through its efforts to identify the psychological and physical damage done by female genital mutilation, WHO provides an important knowledge base for changing perceptions of how this custom affects the health of girls and women. WHO also prepares and supports the development of educational materials and training programmes for health workers at different levels in the countries concerned. This work has a preventive effect, and helps ensure that circumcised women with health problems receive the best possible treatment and care. An important part of this approach is raising the awareness of health workers.

#### **Health workers and traditional birth attendants against female genital mutilation**

*Norway is supporting the efforts of Norwegian NGOs to raise the awareness of health workers and traditional birth attendants in several African countries. Many of these people have been performing female genital mutilation outside the public health system for years.*

*Norwegian People's Aid, Save the Children Norway, Norwegian Church Aid and FOKUS (Forum for Women and Development) are seeking to raise the awareness of women and men and those performing mutilation. Their methods range from public seminars and meetings to street theatre, poetry, videos, radio programmes and newspaper articles.*

*In Somalia the efforts of these organisations have resulted in a considerably greater awareness of the negative health consequences of female genital mutilation. This has led many of the practitioners to question what they are doing. Many have stopped carrying out the practice and are recommending to parents that they do not subject their daughters to genital mutilation. The Norwegian organisations are offering alternative means of livelihood to practitioners who take the initiative to combat mutilation, for example through the micro-credit programme.*

*([www.npa.no](http://www.npa.no), [www.reddbarna.no](http://www.reddbarna.no), [www.nca.no](http://www.nca.no), [www.fokusvinner.no](http://www.fokusvinner.no))*

UNICEF is working actively to encourage prominent community figures who play some role in efforts to combat female genital mutilation to take responsibility within their respective areas. Religious leaders are an important target group here, and UNICEF has had considerable success in getting them involved in communication campaigns. In many countries, such as Sudan, Somalia, Senegal, Burkina Faso, Eritrea and Egypt, these campaigns have resulted in official declarations on abandoning the practice.

Ethiopia, Eritrea, Uganda and Tanzania are all partner countries where Norway needs to intensify its efforts to combat female genital mutilation. However, other countries, such as Sudan, Mali and Nigeria, are also potential co-operation partners in these efforts. Norwegian support will be channelled to specific measures and projects through country programmes, possibly through sector programmes for health and education, as well as through regional organisations and institutions. Measures targeted at the genital mutilation of girls will also be linked to support to institutions and organisations working to promote human rights in these countries.

NGOs play a vital role in efforts to combat female genital mutilation. According to a study carried out by WHO, 65 per cent of the organisations that work in this area are national NGOs, while 19 per cent are international NGOs. In countries where Norway is not directly involved in comprehensive development co-operation activities, the Government will work through NGOs to support efforts to combat female genital mutilation. This applies particularly to countries in West Africa. Through the Women's Front and FOKUS, the Norwegian Agency for Development Co-operation (NORAD) has supported the Inter-African Committee on Traditional Practices, which is an umbrella organisation comprising 26 national organisations in 26 African countries. In addition to specific projects, measures to combat female genital mutilation should be integrated into ongoing activities, for example support for women's groups and education. The success of this work depends on an expedient division of labour and requires the organisations concerned to learn from each other's experience and approaches.

### ***A courageous woman***

*In Sudan a very brave woman – Dr Amna A.R. Hassan – is leading a campaign calling for a fatwa (legal prohibition) on female genital mutilation. Dr Hassan is Executive Director of the Sudan National Committee on Harmful Traditional Practices, which is working actively to involve religious leaders in efforts to combat female genital mutilation.*



Photo: Kari Oyen / Norwegian Church Aid

*Information is essential for eradicating the practice.*

# Measures

The Action Plan contains measures for preventing female genital mutilation and strengthening social mobilisation against it, measures for treating and rehabilitating girls and women who have been subjected to it, and measures for building knowledge and competence. The level of financial support to NGOs will be increased by 25 per cent, and the Action Plan will have an annual budget of NOK 20 million by 2005.

## Changing attitudes by building confidence

*Norway has been supporting a programme targeted at HIV/AIDS and reproductive health in Ethiopia since 1999, of which eliminating female genital mutilation is an important part. The programme, which is being co-ordinated by the United Nations Population Fund (UNFPA), includes support to local NGOs. The National Committee on Traditional Practices in Ethiopia is among the beneficiaries. Its activities are focused on changing behaviour through building confidence, enhancing awareness of the influence of cultural and religious affiliation on the practice of genital mutilation and focusing on how to eliminate the practice through guidance and dialogue. It is important to draw on local knowledge of the practice when developing educational programmes for schools, health workers and teachers. The other NGOs in the programme have been able to draw on the Committee's experience when developing methods for changing attitudes.*

*Local knowledge acquired through the Committee's work has been useful to UNFPA in its more general efforts to promote women's rights. UNFPA is working together with the Ethiopian authorities in drawing up and revising national action plans for gender equality, reproductive health, etc.*

*([www.norad.no](http://www.norad.no), [www.unfpa.org](http://www.unfpa.org))*

## I. Preventive measures and social mobilisation against female genital mutilation

The Government will:

- further develop and strengthen our dialogue with the authorities at political level with regard to the importance of combating female genital mutilation through public transparency and by setting clear national goals, drafting legislation and giving priority to resources for combating the practice
- work actively to ensure that measures to combat female genital mutilation are incorporated into national sector programmes in the areas of education and health in our partner countries, including support to strengthen the schools and their role in protecting girls and disseminating knowledge about female genital mutilation
- encourage the authorities of the countries concerned to document the prevalence of female genital mutilation, and increase support to efforts in this area
- focus on efforts to combat female genital mutilation in a dialogue with the relevant authorities on rights-based development
- increase support by 25 per cent to local and Norwegian organisations that are working actively to combat female genital mutilation, including organisations that are seeking to influence local authorities, religious leaders and other people in positions of authority
- provide support to the Norwegian NGO network, currently administered by Norwegian Church Aid, that is working to increase the focus on the problem
- intensify co-operation with UN agencies that are working actively to combat the genital mutilation of girls (WHO, UNICEF and UNFPA) by increasing the support to these organisations that is channelled through the embassies in Ethiopia, Tanzania and Uganda
- through the Norwegian embassies, spread information about female genital mutilation in the local language, and about Norwegian legislation in this area to people who are applying for a visa or residence permit in Norway
- help girls who are legal residents of Norway, but who are being sent out of the country to undergo female genital mutilation

## II. Treatment and rehabilitation

The Government will:

- provide support, through NGOs, international organisations and the authorities of the countries concerned, for concrete measures for treating and rehabilitating girls and women who have been subjected to female genital mutilation
- provide support for education and competence-building for the authorities and health personnel in developing countries, and contribute to the development of national strategies in this area
- further develop the knowledge base by supporting documentation efforts and new research on the practice, including documentation of measures that have proved to be effective (best practices)
- disseminate information across national borders and between organisations, so that the knowledge and experience gained reach as many people as possible (see Internet Links and Select Bibliography)

## III. Building competence

The Government will:

- help the authorities in the countries where female genital mutilation is practised to build knowledge and capacity
- support competence-building in NGOs, for example women's groups, that are working to educate families and change attitudes in local communities
- support targeted and locally-tailored information activities concerning the health consequences of female genital mutilation aimed at those who perform the procedure, including health personnel
- support agents of change who are influential in shaping attitudes, for example religious leaders and key figures in the local community
- enhance knowledge of female genital mutilation in the administration of development co-operation in Norway and in the Norwegian embassies in the countries where the custom is prevalent
- build competence in Norwegian embassies in order to assist girls who seek help
- take an active, leading role in the efforts to combat female genital mutilation in multilateral fora such as the UN, the World Bank and the African Development Bank, as well as in fora for donor co-operation

## Following up the action plan

The measures in this Action Plan are Norway's contribution to the goal of eliminating female genital mutilation by 2010, a goal endorsed by all the member countries of the UN. The Action Plan entails an escalation of our efforts to combat female genital mutilation through an active focus on the problem in the political debate, through intensified co-operation, and through increased support to local and international NGOs. By 2005 the Action Plan will have an annual budget of NOK 20 million. Implementation of the plan will be evaluated every other year, and the measures will be updated in accordance with regular assessments of the status of the efforts in this area.

# Internet Links

## Norwegian NGOs and government organisations working in the South:

The following organisations have websites with pages on female genital mutilation, with information about health consequences, prevalence, international conventions, etc.:

Forum for Women and Development [www.fokuskvinner.no](http://www.fokuskvinner.no)

Norwegian People's Aid [www.folkehjelp.no](http://www.folkehjelp.no)

Care Norway [www.care.no](http://www.care.no)

Norwegian Church Aid [www.nca.no](http://www.nca.no)

Norwegian Agency for Development Co-operation (NORAD) [www.norad.no](http://www.norad.no)

Norwegian Ministry of Foreign Affairs [www.dep.no/ud](http://www.dep.no/ud)

Save the Children [www.reddbarna.no](http://www.reddbarna.no)

## Institutions working in Norway:

### OK Project

A national project set up to implement the Norwegian Government's Action Plan for Combating Female Genital Mutilation. The focus is on groups and organisations based in Norway. [www.okprosjekt.no](http://www.okprosjekt.no)

### The Mira Centre

A resource centre for immigrant and refugee women. The Centre has published a brochure on female genital mutilation which deals with the health consequences of the practice, provides advice to nurses and other health personnel who work with women who have undergone the procedure, discusses political means of combating the practice, etc. [www.mirasenteret.no/](http://www.mirasenteret.no/)

### Norwegian Board of Health

Has published guidelines for health personnel in Norway on matters relating to female genital mutilation.

[www.helsetilsynet.no/trykksak/ik-2723/ik-2723.pdf](http://www.helsetilsynet.no/trykksak/ik-2723/ik-2723.pdf)

### KLARA-KLOK

A website funded by the Directorate of Health and Social Affairs where young people can anonymously ask questions about health, family matters, relationships, drugs and alcohol, sexuality, etc. [www.klara-klok.no](http://www.klara-klok.no)

### SEIF Selvhjelp for Innvandrere og Flyktninger

An NGO that assists immigrants and refugees in Norway

[www.seif.no](http://www.seif.no)

### FOKO

A Nordic network for research on female genital mutilation in African and other countries

[www.med.uio.no/ism/inthel/foko/index.html](http://www.med.uio.no/ism/inthel/foko/index.html)

## International organisations:

### Inter-African Committee on Traditional Practices (IAC)

A network that has national committees in 26 African countries to combat female genital mutilation [www.iac-ciaf.ch/](http://www.iac-ciaf.ch/)

### RAINBO (Research, Action and Information for the Bodily Integrity of Women)

An international non-profit organisation that is working to promote and protect women's sexual and reproductive health and rights [www.rainbo.org/](http://www.rainbo.org/)

### Foundation for Women's Health, Research and Development

A UK-based international NGO that is working in particular to combat female genital mutilation [www.forward.dircon.co.uk/](http://www.forward.dircon.co.uk/)

### World Health Organisation (WHO).

On its website, WHO has pages on female genital mutilation with information, statistics, videos, etc. [www.who.int](http://www.who.int)

### United Nations Population Fund (UNFPA)

On its website, UNFPA has a page with questions and answers about female genital mutilation. [www.unfpa.org](http://www.unfpa.org)

### United Nations Children's Fund (UNICEF) [www.unicef.org](http://www.unicef.org)

### International Planned Parenthood Federation (IPPF)

A large NGO working in more than 180 countries on issues related to reproductive rights. The IPPF has compiled a list of recommended literature on female genital mutilation (FGM Bibliography). [www.ippf.org/fgm/](http://www.ippf.org/fgm/)

### Amnesty International

Amnesty International has published a package of information on human rights, which describes female genital mutilation, how and why it is practised and the psychological and physical effects it has on women.

[www.amnesty.org/ailib/intcam/femgen/fgm1.htm](http://www.amnesty.org/ailib/intcam/femgen/fgm1.htm)

### Population Reference Bureau [www.prb.org](http://www.prb.org) and

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