**Strategy for intensifying international efforts for the elimination of female genital mutilation for the period 2014–2017**

**What is female genital mutilation?**

Female genital mutilation (FGM) is a practice related to culture, tradition and religious belief. Its origins are not known for sure, but it is most often linked to a wish to preserve girls' and women's chastity, ensure that they are accepted for marriage, and control their sexuality. FGM is a violation of the human rights of girls and women, and its negative health consequences are significant and far-reaching.

**Definition**.[1] A distinction is usually made between the following four types of FGM, depending on how invasive the procedure is:

1. Clitoridectomy: partial or total removal of the clitoris
2. Excision: partial or total removal of the clitoris and the labia minora (the inner 'lips' that surround the vagina)
3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.[2]

Recently, we have seen a move away from infibulation to a practice known as 'Sunna' in several regions where infibulation has traditionally been carried out. In purely surgical terms, 'Sunna' is supposed to be a minor procedure, but the degree of cutting varies.

**The terms used** have been the subject of much debate. Many people consider it appropriate to use the term 'genital mutilation', as this makes their standpoint on the practice plain and clearly reflects how it differs from male circumcision. Others are of the view that the term 'female circumcision' gives a more accurate impression of how those engaging in the practice experience it and understand it. In Norway, the term 'genital mutilation' is generally used in public documents, and it has also been selected as the term to be used in this strategy document.

**Norway's ambition**

**Norway will work to ensure that no girls are subjected to FGM, and that those who already have been are given the best possible care.**

## 1. The current global situation

[1] Report by Marit Berggrav published by the Norwegian Agency for Development Cooperation (Norad), September 2011, in Norwegian only (Rapport 13/2011 Diskusjon: Kjønnslemlesting. Hva skjer, og hva gjør Norge? Erfarings notat av Marit Berggrav)

2 Definitions here taken from WHO fact sheet No. 241 on female genital mutilation, updated February 2014. Available here: http://www.who.int/mediacentre/factsheets/fs241/en/

According to WHO estimates, **between 125 and 130 million women alive today have been cut, and more than three million girls are at risk of being subjected to FGM annually**. In a number of countries where minority groups carry out the practice, there has been a decline. This can be seen when statistics for different age groups are compared. For example, in Kenya and Tanzania, women in the age group 45–49 years in the ethnic groups that carry out the practice are three times more likely to have undergone FGM than girls in the age group 15–19 years. In Sudan and Somalia the majority of women have undergone FGM, and in countries like these there has been little or no decline in the practice. Although we are witnessing a decline in FGM in most countries where the practice is widespread, the World Health Organization (WHO) has registered an increase in the actual number of girls subjected to FGM, due to population growth. The practice is often closely associated with child marriage and too-early pregnancy, because FGM is the ritual seen as preparing girls for sexual activity. The practice is most prevalent in Africa, in a band that stretches across the continent from Ethiopia in the east to Senegal in the west. FGM follows ethnicity and cultural affiliation, and is practised mainly by Muslims and Christians, across all social classes. In North Sudan and Somalia, it is estimated that more than 90 % of women have been subjected to FGM. The practice is also found in diaspora communities in a number of European countries and in the US. Monitoring developments in the practice is difficult.

Experience from efforts to combat FGM so far has shown that other problems, such as a lack of water, food and education, are often felt to be more pressing.[3] Having said this, other development efforts can have positive ripple effects for the work to combat FGM. Education helps give girls higher social status, as well as the knowledge and power to make their own choices, and the ability to support themselves – and in due course their families.

Several studies indicate that the practice of FGM is changing, in that the girls who are subjected to it are steadily becoming younger. Paradoxically, in some places this may be due to the introduction of legislation prohibiting FGM, as it is easier to carry out an illegal procedure on a younger girl without being discovered. Moreover, there is a growing medicalisation of FGM, i.e., it is increasingly being performed by healthcare personnel. It is estimated that around 18 % of cases of FGM are carried out by healthcare professionals, and this is a growing trend.

## 2. Global momentum for intensified efforts for the elimination of FGM

Over the last ten years, there has been a breakthrough with regard to efforts to combat FGM, and in many of the most affected countries there seems to be growing momentum for change.[4] Many years of work in this field have led to effective methods being found, which in turn are expected to lead to investments in measures that may have a greater impact. These methods draw on social convention theory, according to which genital mutilation is seen as a social norm – something people do because others do it, and to avoid social exclusion. In order to encourage behavioural change, it is important to create arenas for dialogue on FGM in local communities; arenas that facilitate collective reflection on the communities' own practices and enable the people to find their own solutions. It is easier to establish dialogues of this kind in programmes that focus more broadly on health, gender equality,

---

[3] Report by Marit Berggrav published by the Norwegian Agency for Development Cooperation (Norad), September 2011, in Norwegian only (Rapport 13/2011 Diskusjon: Kjønnslemlesting. Hva skjer, og hva gjør Norge? Erfarings notat av Marit Berggrav)

[4] *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change.* UNICEF report, July 2013.

education and other aspects of local community development.

Another important breakthrough in this work was the adoption by the UN General Assembly in 2012 of the resolution *Intensifying global efforts for the elimination of female genital mutilations,* which was cosponsored by the African Group. The resolution is an important global instrument that can promote the development of concrete policies at country level in the fight to eliminate FGM.

## 3. Norway's role and international efforts to eliminate FGM

In the Government's political platform, the work to prevent female genital mutilation is specified as a priority. Norway is already one of the main contributors to efforts in this field. In 2003, the *Norwegian Government's International Action Plan for Combating Female Genital Mutilation* was launched, for the period 2003–2013. Under this action plan, most of Norway's support has been provided for preventive efforts and social mobilisation against FGM. Since 2007, Norway has channelled between NOK 40 and 60 million annually to the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting and to a number of civil society organisations.

The Government will now intensify Norway's efforts in this area by providing political, technical and financial support for the work to eliminate genital mutilation.

## 4. How will Norway seek to intensify efforts to eliminate FGM?

### a) Channels to be given priority

Norway will continue to provide support through many of the same channels as it does now, but it also intends to increase its support to civil society organisations, including diaspora organisations and international organisations working to eliminate female genital mutilation.

**The Government will:**

- **Double its allocation to civil society and international organisations working to eliminate FGM, from NOK 25 million to NOK 50 million, as of 2015.**

The UNICEF and UNFPA Joint Programme on Genital Mutilation/Cutting is the world's largest programme against genital mutilation. UNICEF and UNFPA have supported the authorities at country level in coordinating efforts to combat FGM and they also play an important role in monitoring developments. Norway is a strong supporter of the programme, and worked actively to establish it in 2007. Norway has concluded a new agreement for the period 2013–2017, under which it will provide an annual allocation of NOK 20 million. The programme, which cooperates with a range of civil society organisations, covers 15 African countries and has helped to ensure that several thousand local communities have publicly declared that they have stopped practising FGM. The programme has also supported the development of national laws and policies prohibiting FGM or aiming to eliminate the practice. To a large extent, its role has been one of contributing to the coordination of efforts, providing guidance, and promoting the exchange of experience and the development of policies.

**The Government will:**

- **Continue to be a strong supporter of the UNFPA-Unicef Joint Programme on Female Genital Mutilation/Cutting and maintain its financial support for the programme in the 2014–2017 period through an annual allocation of NOK 20 million.**

**The World Health Organization (WHO)**, given its global mandate in the field of health, is a relevant channel in the context of efforts to prevent FGM and treat medical complications arising from the practice. In Norway's view, WHO has an important role to play in helping to enhance knowledge about FGM and promoting the training of health workers. Health care personnel still have too little knowledge about the prevention of FGM and how to treat the medical complications caused by it. Health workers, in their meetings with individuals and in their dialogues with local communities, can play an important role in preventing FGM. They also play a key role in treating those who have been subjected to FGM, by dealing with acute complications such as bleeding and infections, and long-term effects such as pain, cysts and problems related to intercourse, pregnancy and childbirth. Moreover, health workers have an important role to play in dealing with the psychological effects of FGM, and in offering treatment for women who want surgery to correct the damage caused by FGM.

**The Government will:**

- **Work to strengthen WHO's efforts to eliminate FGM, including its efforts to combat the medicalisation of the practice**
- **Support competence-building measures for health workers in the prevention of FGM and treatment of medical complications caused by the practice**

**b) Relevant arenas and synergies**

Norway will intensify its efforts to combat FGM by making more active use of relevant arenas where Norway has a certain standing and can exert influence.

This means that the issue of FGM will be mentioned in presentations and speeches, and will be raised in talks at senior official and political level.

FGM is often a matter of controlling female sexuality, and efforts to combat the practice need to be seen in the context of gender equality, and as an important component of efforts to promote sexual and reproductive health and rights.

The UN system plays a key role in setting norms and providing guidance, and as an arena for international cooperation. Norway can play an active role in a range of UN organisations by participating in their boards and in other forums. The mandates of many of these organisations touch directly on the issue of FGM.

**The post-2015 agenda**

It is crucial that the issue of FGM is included in the post-2015 agenda, so that the abandonment of FGM is included in the national goals of countries where it is practised.

**The Government will:**

- **Use global normative processes to combat the practice of FGM**

- **Give priority to active participation, cooperation and mobilisation in the UN Commission on Population and Development, the UN General Assembly, the UN Human Rights Council, the UN Commission on the Status of Women and World**

**Health Assembly with a view to intensifying efforts to eliminate FGM**

- **Cooperate closely with UNICEF, UNFPA, UN Women and WHO in their efforts to combat FGM, and seek to cooperate with the African Union to promote follow-up of the UN resolution on intensifying global efforts for the elimination of female genital mutilations (2012) and of other relevant international instruments**

- **Work for the inclusion of the issue of FGM in the efforts to promote sexual and reproductive health and rights**

- **Cooperate with like-minded countries, in the first instance countries where FGM is practised, with a view to intensifying efforts to combat FGM**

- **Enhance synergy between the efforts to combat FGM and other development policy priority areas, for example through follow-up of the forthcoming white paper on human rights and in the white paper on education and development.**

### c) Strengthening the links between efforts to combat FGM in Norway and abroad

Some of the diaspora communities in Norway originate from countries that are among those with the highest prevalence of FGM, such as Eritrea, Ethiopia and Somalia. Many of the people in Norway originating from these countries are actively engaged in the issue of FGM, and engage in efforts to combat the practice in Norway as well as in their countries of origin. In our view, it is clearly worthwhile to exchange experience from efforts to combat FGM in Norway and abroad. Together with the Ministry of Children, Equality and Social Inclusion, we will seek to find ways of doing so in our continued work in this area.

### d) Pilot countries

In addition to engaging in multilateral efforts to combat FGM, Norway intends to strengthen its cooperation with specific countries that have clear links to diaspora communities in Norway, and that are among the priority countries for our support to the UN.

#### Somalia

Somalia is one of the countries with the highest prevalence of FGM. According to UNICEF, 98 % of girls in Somalia have been cut. However, while the prevalence of FGM in Somalia is almost universal, recent research[5] indicates that the prevalence of the practice in the Somali diaspora in Norway is declining dramatically. This is thought to be due to greater awareness of the negative health effects and of the lack of a basis for the practice in Islam, as well as the social environment in Norway. In

[5] Gele, Abdikadir Ali; Kumar, Bernadette. N; Hjelde, Karin Harsløf; Sundby, Johanne (2012). *Attitudes towards female circumcision among Somali immigrants in Oslo: a qualitative study*. International Journal of Women's Health, 2012, Volume 4. doi: 10.2147/IJWH.S27577

Somalia, Norway is providing support for projects to combat FGM run by civil society actors and international organisations.

**The Government will:**

- **Seek to intensify its cooperation with the Somali authorities on enhancing prevention of FGM in Somalia**
- **Assess possible channels for more targeted support as of 2015.**

**Ethiopia**

Norway has been engaged in efforts to eliminate FGM in Ethiopia since the mid-1990s. Currently, Norway supports two projects in Ethiopia under the UNFPA-UNICEF Joint Programme. This support will be continued. In addition, Norway supports a strategic partnership launched by Save the Children Norway-Ethiopia and Norwegian Church Aid-Ethiopia, to fight FGM in the country. There has recently been an evaluation of the UNFPA-UNICEF Joint Programme and a mid-term review of the strategic partnership (in 2013), and both initiatives received favourable reviews.

**The Government will:**

- **Continue Norway's efforts to eliminate FGM in Ethiopia.**