



**MANUAL ON INTEGRATING  
FEMALE GENITAL MUTILATION  
(FGM) INDICATORS INTO THE  
NIGERIA'S HUMAN RIGHTS  
TREATY REPORTING TEMPLATE**

**Produced by the**

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(NHRC)  
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The input of UNFPA and CIRDDOC in enriching this manual cannot be emphasized

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**Mrs. Ngozi Okechukwu Okore**  
**Assistant Director Research/ Project Coordinator**

## **Foreword**

Even though Nigeria is a party to all major international and regional human rights treaties, it is yet to develop robust institutional framework for ensuring efficient discharge of its reporting obligations to the various human rights treaty bodies and special mechanisms. Reporting mechanisms assists the international community in monitoring national level implementation of international human rights standards.

Female Genital Mutilation is a major violation of the rights of girls and women. Every year, millions of children worldwide face the prospect of this life-threatening practice. Therefore, it is important to leverage on the complementary mechanisms offered by the international and regional human rights monitoring systems.

This manual is a product of effective collaboration between the National Human Rights Commission of Nigeria and the United Nations Population Fund on the promotion and protection of human rights of women in Nigeria, particularly, their sexual and reproductive rights.

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**Oti Anukpe Ovwah(Mrs.)**  
**Ag. Executive Secretary**  
**National Human Rights Commission**

## **Introduction for Users**

Research has shown that in many countries over the world, protection and supervisory gaps exist in the national legal framework for the protection of human rights. International human rights law through its standard setting processes, institutions and mechanisms (the Human Rights Treaty Bodies and Special Mechanisms) therefore serve the purpose of complementing national mechanisms in the protection of human rights of all persons particularly the vulnerable groups, who are routinely ignored or kicked out of the national human rights protection framework.

This manual provides a general background analysis of women's human rights; Female Genital Mutilation (FGM) which is a type of violence against girls and women. The manual also provides the human rights treaty framework for reporting FGM.

A tabular analysis of the relevant human rights treaty provisions as well as the General Comments of the treaty bodies on Female Genital Mutilation are presented with greater clarity to help state officials in making efficient reporting to the various human rights treaty bodies and Special Mechanisms.

This manual is a great resource for National Human Rights Institutions and human rights non-governmental organizations which also prepare independent and shadow reports respectively to these bodies. Finally, it will serve as a reference material to the academia, development partners and the public.

**Wahab Oyedokun**  
**Deputy Director, Legal**  
**Office of the Executive Secretary.**  
**National Human Rights Commission of Nigeria.**

## Abbreviations

ACHPR	-	African Charter on Human and People's Rights
CAT		-Convention Against Torture
CEDAW	-	Convention on the Elimination of all Forms of Discrimination Against Women
CIRDDOC		-Civil Resource Development and Documentation Centre
CRC		-Convention on the Rights of the Child
CRC-OP-SC		-Convention on the Rights of the Child on the Sale of Children
CSW	-	Committee on the Status of Women
FGM	-	Female Genital Mutilation
HIV/AIDS	-	Human Immuno Deficiency Virus/Acquired Immuno Deficiency Syndrome
ICCPR	-	International Covenant on Civil and Political Rights
ICESCR	-	International Covenant on Economic, Social and Cultural Rights
ICPD	-	International Conference on Population and Development
NHRC	-	National Human Rights Commission
NPC		-National Population Commission
NPHCDA	-	National Primary Health Care Development Agency
SDGs	-	Sustainable Development Goals
TBAs	-	Traditional Birth Attendants
TB	-	Treaty Bodies
UDHR	-	Universal Declaration of Human Rights
UN	-	United Nations
UNFPA	-	United Nations Population Fund

# Chapter 1

## Women's Rights as Human Rights

### 1.1 Introduction

Women's rights have become a subfield of international human rights law. Women's Human Rights have been defined as -

*“The theory and practice of human rights from the perspective of women as a conceptually valid and practically useful category of rights without implying that women are not equally concerned with all human rights”<sup>1</sup>*

#### What are women's human rights?

Women's rights are the fundamental human rights that were enshrined by the United Nations for every human being on the planet nearly 70 years ago. These rights include the right to live free from violence, slavery, and discrimination; to be educated; to own property; to vote; and to earn fair and equal wage.

As the now-famous saying goes, “women's rights are human rights.” Women are entitled to all these rights. Yet almost everywhere around the world, women and girls are still denied of them, often simply because of their gender.

Winning rights for women is about more than giving opportunities to any individual woman or girl; it is also about changing how countries and communities work. It involves changing laws and policies, winning hearts and minds, and investing in strong women's organizations and movements.

*Global Fund for Women (GFW)*

Although the international Bill of rights<sup>2</sup> provides for the legal protection of rights of all irrespective of race, colour, nationality, sex, language, religion, political or other opinion, social origin, property, birth or other status, etc., the general wording of the instruments do not address sufficiently the specific human rights issues associated with women. As a result, no significant change was recorded in the protection of the rights of women

worldwide until the coming into force of the Convention on the Elimination of All forms of Discrimination against Women (CEDAW). This is reflected in a United Nations (UN) report;

*“Recent efforts to document the real situation of women worldwide have produced alarming statistics on the economic and social gaps between men and women. Women are the majority of the world's poor and the number of women living in rural poverty has increased by 50% since 1975. Women are the majority of the world's illiterate; the number rose from 543 million to 597 million between 1970 and 1985...worldwide, women earn 30 to 40 % less than men for doing equal work. Women hold between 10 to 20% of managerial and administrative job in manufacturing. Women make up less than 5 percent of the world's head of state...”<sup>3</sup>*

This state of the world's women results from the dominant patriarchal structure of most societies which has ensured institutionalized male dominance. Kate Millet illustrated the implications of patriarchy as follows;

<sup>1</sup>An-naim, A.A, “Islamic Foundations for Women Human Rights” in report of proceedings in Women's Rights Under Islamic Law organized by Sisters in Islam, Malaysia.(1996). P.15

<sup>2</sup>The International Bill of Human Rights consists of the Universal Declaration of Human Rights (adopted in 1948), the International Covenant on Civil and Political Rights (ICCPR, 1966) with its two Optional Protocols and the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966)

<sup>3</sup>Discrimination Against Women: The Convention and the Committee... UN Fact Sheet No 22(1994) Geneva. P.1

*“powers of the fathers, a familiar social, ideological, political system in which men (by force, direct pressure or through ritual, tradition, law and language, customs, etiquette, education and division of labour), determine what part women shall or shall not play, and in which the female is subsumed under the male”<sup>4</sup>*

This has resulted in the appropriation of women’s sexual and reproductive roles as well as the devaluing of women’s contributions in the economic, social and political spheres.<sup>5</sup> Frazer, A.S (1987), explains this narrative as one which often makes women seemingly perpetually subordinate to men;

*“Much of the debate involved traditional demeaning of women...Demeaning an individual or group over time results in stereotyping and the denial of recognition of that group’s accomplishments or contributions to society. As the demeaning becomes customary, discriminatory results establishing a rationale for different treatment of groups and individuals within the group...the great irony is that women have and often participate in securing and maintaining custom and tradition, thus institutionalizing the discrimination against them through the education and socialization of children...”<sup>6</sup>*

Recognizing the protection and supervisory gaps in the International Bill of Rights, particularly with respect to the rights of women, the international community under the auspices of the United Nations, adopted a range of specialized instruments to address the various issues beyond formal equality between men and women.

A major step forward in this direction was the adoption of the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) on

**VIOLENCE AGAINST PERSONS PROHIBITION ACT (VAPP), 2015**

Section 6 of the VAPP, which relates to FGM, states in full:

(1) The circumcision or genital mutilation of the girl or woman is hereby prohibited.

(2) A person who performs female circumcision or genital mutilation or engages another to carry out such circumcision or mutilation commits an offence and is liable on conviction to a term of imprisonment not exceeding 4 years or to a fine not exceeding N200,000.00 or both.

(3) A person who attempts to commit the offence provided for in subsection (2) of this section commits an offence and is liable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding N100,000.00 or both.

(4) A person who incites, aids, abets, or counsels another person to commit the offence provided for in subsection (2) of this section commits an offence and is liable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding N100,000.00 or both

of all forms of Discrimination against Women (CEDAW) on 18<sup>th</sup> December 1979 which entered into force on 3<sup>rd</sup> September 1981 and the Optional Protocol to CEDAW. The issue of women’s human rights resonated at the Second International conference on human rights held in 1993. One of the key resolutions contained in the declarations issued at the end of the conference was that:

<sup>4</sup> Millet, K- Sexual Politics, reprint, London: abacus 1972. Quoted in Othman, N, - Sexuality and Gender Rights: Sociological perspectives, Proceedings of a workshop organized by Sisters in Islam, Malaysia, 1966.77.A

<sup>5</sup> A detailed analysis of the historical subordination of women in all spheres of life and the emerging progressive steps towards addressing the discriminatory practices are captured in the paper by, Oyedokun, A.W, “Women’s Human Rights under Islamic Law: An Analytical Perspective” unpublished LL.M Thesis., Obafemi Awolowo University, Ile- Ife Nigeria.

<sup>6</sup> Frazer, A.S – The UN decade for women: Documents and Dialogue (1754) – (1987). P.69

*“The human rights of women and of the girl child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in political, civil, economic, social and cultural life at the national, regional and international levels, and the eradications of all forms of discriminations on grounds of sex are priority objectives of the international Community,*

Various regions of the world have since then gone on to adopt women specific regional treaties in the spirit of the international agreements. At the African regional level additional treaties further strengthened the legal framework to protect the rights of African women. One of such treaties is the Optional Protocol to the African Charter on Human and Peoples Rights on the Rights of Women which was adopted on the 11<sup>th</sup> July 2003. Furthermore, under the Sustainable Development Goals (SDGs), the international community reiterated its determination to eliminate all harmful practices including FGM. Local national actions in Nigeria on eliminating harmful traditional practices such as FGM include the National Policy and the Plan of Action on the Elimination of FGM (2013 -2017); Violence Against Persons (Prohibition) Act, 2015 and other laws at state level such as the Edo State law against FGM, 1999. Nigeria is however yet to domesticate the provisions of CEDAW and the AU optional protocol on women’s rights.

## **1.2 Violence Against Women**

The UN General Assembly Declaration on Elimination of Violence Against Women adopted in 1993, defines Violence Against Women as follows:

*“Any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.*

Generally, violence takes different forms and may be suffered by any person. However, there are some forms of violence that are peculiar to women and girls because of their sex. In Nigeria, women suffer many forms of violence which is a major issue in all parts of the country. Acts of violence are likely to result in physical, sexual or emotional suffering to female victims of violence. Violence occurring within the home and family sphere (domestic violence) is widespread and perpetrated mostly by male members of the family against women and children. These may be physical assaults, verbal abuse, marital rape (forced sex), incest, forced marriage and child marriage.



Another form of gender-based violence is sexual harassment. This is common in the workplace including both formal and informal sectors, public or private spaces (on the streets, at parties, in schools). In its extreme form, it becomes sexual violence. This is manifested in unwanted touching, insertion of objects into female private parts, refusal to have protected sex, sexual intercourse that involves force, threats, blackmail, even when there is no penetration such as forced oral sex.



Participants at a training workshop on FGM

## Chapter 2

### Female Genital Mutilation and Human Rights

#### 2.1 Introduction

Female Genital Mutilation (FGM) is the practice of partially or totally removing the external female genitalia or other - wise injuring the female genital organs for non-medical reasons. It is often believed to be a requirement for marriage and to control women's sexuality. FGM is

a reproductive health and human rights concern that has devastating short-term and long-term impacts on the lives of women and girls. The procedure is risky and life-threatening for the girl both during the procedure and throughout her life. FGM is considered a harmful practice and a form of violence against women.<sup>7</sup>

The FGM procedure which in many cases is life threatening, violates a range of human rights of girls and women including the right to life, right to be free from gender discrimination, the right to physical and mental integrity (including freedom from violence); the right to the highest attainable standard of

#### Female Genital Mutilation: Key facts

- Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- The procedure has no health benefits for girls and women.
- Procedures can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of new-born deaths.
- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated.
- FGM is mostly carried out on young girls between infancy and age 15.
- FGM is a violation of the human rights of girls and women.
- The Sustainable Development Goals in 2015 calls for an end to FGM by 2030 under Goal 5 on Gender Equality, Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.
- The elimination of FGM has been called for by numerous inter-governmental organizations, including the African Union, the European Union and the Organization of Islamic Cooperation, as well as in three resolutions of the United Nations General Assembly.

Source WHO: <http://www.who.int/mediacentre/factsheets/fs241/en/>

health, the right to security and safety, dignity and associated rights to bodily integrity and self- sovereignty, right to health ,the right not to be subjected to torture, cruel, inhuman, and degrading treatment/punishment, and the rights of persons with disabilities .FGM increases the risk of maternal mortality and morbidity and of contracting sexually transmitted infections, including HIV. FGM reflects the inequality between the sexes and constitutes a form of discrimination against women and girls. It is nearly always carried out on minors and is therefore a violation of the rights of children. The classification of FGM as an international human rights violation has been reinforced by various United Nations agencies. The 1997, joint statement against FGM by the World Health Organization (WHO), United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF)<sup>8</sup> as well as the 'Eliminating female genital mutilation: an interagency statement' in 2008<sup>9</sup> both state that female genital mutilation is a human rights violation.

<sup>7</sup> UNFPA 2014; Implementation of the International and Regional Human Rights Framework for the Elimination of Female Genital Mutilation

<sup>8</sup> World Health Organization, Female Genital Mutilation: A joint WHO/UNICEF/UNFPA Statement, 1997

<sup>9</sup> World Health Organization, "Eliminating female genital mutilation, An inter-agency statement", OHCR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, 2008

The practice of FGM is a form of gender discrimination. It reflects deep-rooted inequality between the sexes. FGM is a practice aimed at controlling women's sexuality thus it incorporates a fundamental discriminatory belief in the subordinate role of women and girls in society. In the most extreme cases, when the procedure results in death, FGM violates the right to life. It may also contribute to maternal and neonatal death. FGM contravenes the right to physical integrity because the practice is premised on the notion that women's bodies are inherently imperfect and require correction. FGM harms or destroys all of a woman's outer sexual organs and may cause psycho-logical damage. The partial or complete loss of sexual function constitutes a violation of a woman's right to physical integrity and mental health. This is an act of violence that threatens girls' and women's safety and disrespects their inherent dignity as human beings.

**Female Genital Mutilation: Key facts**

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized<sup>1</sup>. WHO strongly urges health professionals not to perform such procedures.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

*Source WHO:* <http://www.who.int/mediacentre/factsheets/fs241/en/>

FGM is a violation of the right to the enjoyment of the highest attainable standard of health, because women and girls who are subjected to it are exposed to short and long-term harm to their physical, psychological, sexual and reproductive health, including during childbirth. Also, the practice of FGM has been considered a form of torture and cruel, inhuman and degrading treatment. The Committee Against Torture (CAT) clearly stated in the General Comment No. 2 that FGM falls within its mandate<sup>10</sup> thus clearly

identifying it as a form of torture and degrading treatment. In addition, the UN Special Rapporteur on violence against women<sup>11</sup> and the UN Special Rapporteur on torture<sup>12</sup> have both recognized that FGM amounts to torture under CAT.

FGM is commonly performed on girls in the age range of zero to fifteen years. Children generally cannot adequately protect themselves or make informed decisions about matters that may affect them for the rest of their lives. Thus FGM is forced on children who have no say to whether they should be cut or not. There is evidence that FGM can result in disability and maternal morbidity. The health consequences of FGM (especially from infibulations) can be considered a disability inflicted after birth.<sup>13</sup>

<sup>10</sup> UN committee against Torture, General Comment No.2 (UN

<sup>11</sup> The previous UN Special Rapporteur on violence against women has clearly stated that FGM amounts to torture - Commission on Human Rights, fifty-eight sessions, 31 January 2002 (E/N 4/2002/83) para.6

<sup>12</sup> Report by the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 15<sup>th</sup> January 2008 (UN Doc. A/hrc/7/3) paras 50-54

<sup>13</sup> A. Rahman and N. Toubia, Female Genital Mutilation, A Guide to Laws and Policies Worldwide, Zed Books, 2000; p.28

### Female Genital Mutilation: Procedures

Female genital mutilation is classified into 4 major types.

- *Type 1:* Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- *Type 2:* Often referred to as excision, this is the partial or total removal of the clitoris and the labia minors (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
- *Type 3:* Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
- *Type 4:* This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

**Deinfibulation** refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.

Source WHO: <http://www.who.int/mediacentre/factsheets/fs241/en/>

The practice of FGM remains acceptable in some parts of Nigeria due to cultural factors, social pressure and the erroneous belief that it discourages promiscuity, increases eligibility for marriage, promotes aesthetics and cleanliness of the female genitalia. The acceptance of FGM can be addressed through sensitization of communities to enable them to have a clear understanding of what the practice does to women and how it poses a threat to not just women but the community. Some of the ways to address the practice include;

- a. Education and awareness creation
- b. Setting up a structure for reporting
- c. Enforcement and implementation of the existing laws prohibiting the practice
- d. Budgeting for FGM tracking in the Ministry of Health
- e. Strengthening the health sector response with provision of guidelines, tools etc.
- f. Training to ensure that health professionals can provide medical care and counseling to girls and women living with FGM.
- g. Increasing advocacy: developing publications and advocacy tools for international, regional and local efforts to end FGM within a generation.



Discussions at a meeting on FGM

"With the dignity, health and well-being of millions of girls at stake, there is no time to waste. Together, we can and must end this harmful practice."

UN Secretary-General António Guterres,  
February 6, 2018

### **Female Genital Mutilation: No health benefits, only harm**

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies. Risks increase with increasing severity of the procedure.

#### ***Immediate complications can include:***

- severe pain
- excessive bleeding (hemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death

#### ***Long-term consequences can include:***

- urinary problems (painful urination, urinary tract infections);
- vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- scar tissue and keloid;
- sexual problems (pain during intercourse, decreased satisfaction, etc.);
- increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- need for later surgeries: for example, the FGM procedure that seals or narrows a vaginal opening (type 3) needs to be cut open later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
- psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.).

Source WHO: <http://www.who.int/mediacentre/factsheets/fs241/en/>

The United Nations General Assembly (GA) has repeatedly called for States to give more attention to the practice of FGM and increase their efforts towards its elimination as well as in protecting women and girls from the practice. The following are a few examples of the GA's repeated statements on FGM;

a. Report of the Secretary-General (Fifty-third Session, 10 September 1998) A/RES/53/354, paras. 17-18);

b. The United Nations, General Assembly Resolution on Traditional or Customary Practices Affecting the Health of Women and Girls; Report of the Third Committee (30 January 2002) A/RES/56/128; United Nations, General Assembly Resolution on Traditional or Customary Practices Affecting the Health of Women and Girls, Report of the Third Committee (7 February 2000) A/RES/54/133

## Chapter 3

### Human Rights Framework for Addressing Female Genital Mutilation

#### 3.1 Introduction

A human rights-based approach to FGM places the practice within a broader social justice agenda. An agenda that emphasizes the responsibilities of governments to ensure the realization of the full spectrum of women and girls' human rights.

Female Genital Mutilation is a violation of human rights. These includes; right to life, right to freedom from torture, right to health, right to education, right to freedom from discrimination and the right to privacy. Two UN treaty bodies, the Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Discrimination against Women (CEDAW), have, in their exposition of their respective treaty provisions<sup>14</sup> concluded that women's right to health includes their sexual and reproductive health .FGM is an issue of the sexual and reproductive rights of women and girls.

At the International Conference on Population and Development (ICPD) in1994, one of the key resolutions was the recognition of sexual and reproductive health as essential to development. The 2005 World Summit reiterated the 2015 target in the ICPD document for the achievement of universal access to reproductive health which mentioned FGM.

Nigeria is a state party to all major international and regional human rights treaties<sup>15</sup>. Some of these treaties relevant to this manual on violence against women (VAW) and FGM include;

- i. International Covenant on Civil and Political Rights (ICCPR),1966(came into force in 1976) <sup>16</sup>
- ii. International Covenant on Economic Social and Cultural Rights (ICESCR);<sup>17</sup> (came into force in 1976)
- iii. Convention Against Torture and other Degrading Treatment or Punishment (CAT);<sup>18</sup>
- iv. Convention on the Rights of the Child(CRC)<sup>19</sup>;
- v. Convention on Elimination of all Forms of Discrimination Against Women (CEDAW)<sup>20</sup>;
- vi. Optional Protocol to the Convention against Torture(CAT-OP)<sup>21</sup>
- vii. Optional Protocol to the Convention on Elimination of all Forms of Discrimination Against Women (CEDAW-OP)
- viii. Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (CRC-OP-SC).<sup>22</sup>

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<sup>14</sup>UN GA Report A/61/338]Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 13/09/2006

<sup>15</sup> Nigeria's ratification status of international human rights treaties are available at [http://tbinternet.ohchr.org/\\_layouts/TreatyBodyExternal/Treaty.aspx](http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx) accessed on 17th October, 2017.

<sup>16</sup> Acceded to on 29<sup>th</sup> July 1993

<sup>17</sup> Acceded to on 29<sup>th</sup> July 1993,

<sup>18</sup> Signed on 28<sup>th</sup> July 1988 and ratified on 28<sup>th</sup> June 2001.

<sup>19</sup> Signed on 26<sup>th</sup> January 1990 and ratified on 19<sup>th</sup> April 1991.

<sup>20</sup> Signed on 23<sup>rd</sup> April 1984 and ratified on 13th June 1985

<sup>21</sup> Acceded to on 27 July 2009

<sup>22</sup> Signed on 8<sup>th</sup> September 2000 and ratified on 24<sup>th</sup> September 2010

The relevant regional treaties to which Nigeria is a party include;

- i. African Charter on Human and Peoples Rights (ACHPR) 1981<sup>23</sup>
- ii. The African Charter on the Rights and Welfare of the Child, 1990<sup>24</sup>
- iii. Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa-<sup>25</sup>
- iv. Protocol to the African Charter on Human and Peoples Rights on the Establishment of an African Court on Human and Peoples Rights<sup>26</sup>

These international human rights treaties to which Nigeria is a party to, oblige state parties to undertake a comprehensive review of legislation in the light of the treaty; to amend or repeal legislation which does not meet the State party's commitments under the treaty and to adopt new legislation as required to fulfill those aspects of rights not covered by existing legislative framework. <sup>27</sup>Section 12 (1) of the Constitution of the Federal Republic of Nigeria provides the basis for the domestication of such international treaty provisions. It states that;

*“No treaty between the Federation and any other country shall have the force of law except to the extent to which any such treaty has been enacted into law by the National Assembly”*

The Human Rights Committee in its General Comment No. 31<sup>28</sup> interpreted the treaty domestication obligations of states as follows;

*“The requirement under article 2, paragraph 2, to take steps to give effect to the Covenant rights is unqualified and of immediate effect. A failure to comply with this obligation cannot be justified by reference to political, social, cultural or economic considerations within the State”*

One of the key tools of treaty compliance is reporting obligations of state parties. Most human rights treaties require State parties to make periodic reports to the respective treaty bodies. The initial report is usually made within one year and subsequently, as decided by the rules set by the respective treaty bodies, usually at an interval of four to five years. For ease

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<sup>23</sup>Entered into force in 1986, Nigeria – signature-31-08-82;; ratification 22 06- 83; deposit 22/07 83

<sup>24</sup>Entered into force in on 29<sup>th</sup> November 1999. OAU Doc. CAB/LEG/24.9/49(1990)

<sup>25</sup>Adopted By the 2<sup>nd</sup> Ordinary Session of the Assembly of the Union, Maputo, CAB/LEG/66.6(Sep. 13, 2000)

<sup>26</sup>June 9, 1998 – OAU Doc. OAU/LEG/EXP/AFCHPR/PROT(III)

<sup>27</sup> For detailed analysis of constitutional framework for the reception of human rights treaties into Nigeria’s domestic Law, see “ Oyedokun, A.W., Formal Dualism and Creeping Monism: A critical Analysis of the Emerging Convergence of Channels of Incorporation of Human Rights Treaties into Nigeria’s Domestic Law.”. PhD Seminar Paper presented to the Faculty of Law, Bayero University, Kano, Nigeria. May 2016,p.1-40.

<sup>28</sup>Eightieth Session of the Human Rights Committee - CCPR/C/21/Rev.1/Add. 1326 May 2004 “ Th e Nature of the General Legal Obligation Imposed on States Parties to the Covenant” Adopted on 29 March 2004 (2187<sup>th</sup> meeting)

of reference, Treaty bodies indicate the date of the next periodic report in the last paragraph of the concluding observations of its latest report.<sup>29</sup>

### 3.2 Structure of Reports to Treaty Bodies

Typically, reports to treaty bodies are composed of two parts: the first part deals with what is referred to as the “common core document”. Under this part, a summary of a country’s basic information- constitutional and legal framework, demographic, political, economic and social structure – is provided.

The second part of the report deals with the implementation of the substantive provisions of the treaty. Each treaty body has developed and published guidelines to be followed by state parties in this regard. Some of the common features of the second part are;

1. Legislative and executive measures (these include those federal and state enactments as well as rules adopted in furtherance of the treaty obligations; policy instruments adopted by federal and state governments; administrative steps and the practical realization of such)
2. Judicial measures
3. Factors and difficulties affecting the degree of fulfillment of the obligations contained in the treaty
4. Nature and extent of; and reasons for every such factor and difficulty
5. Details of steps being taken to overcome difficulties

Examples of substantive provisions for CEDAW and CRC reporting which a state party is obliged to address in the second part of the report are;

<b>Convention on Elimination of all Forms of Discrimination Against Women(CEDAW)</b>		
<b>S/n</b>	<b>Title of article</b>	<b>Article no.</b>
1	Eliminating discrimination against women	Articles 1, 2 and 9
2	Effective development and advancement measures	Article 3
3	Accelerating equality between men and women	Article 4
4	Gender roles and stereotypes	Article 5
5	Trafficking in women and exploitation for prostitution	Article 6
6	Representation at international level politics and public life	Articles 7 and 8
7	Bridging gender disparity in education	Article 10
8	Employment	Article 11
9	Health	Article 12

<sup>29</sup> For detailed analysis, see, Deutsches Institut für Menschenrechte, *The Role of National Human Rights Institutions in the United Nations Treaty Body Process* (2007).

10	Social and economic benefits	Article 13
11	Women in rural areas	Article 14
12	Equality before the law	Article 15
13	Equality in marriage and family	Article 16
<b>Convention on the Rights of the Child (CRC)</b>		
1	General measures of implementation	Article 4, 41, 42, 44
2	Definitions	Article 1
3	Guiding Principles _	Article 2, 3, 6, and 12
4	Civil rights and freedom	Article 7, 18,13, 14, 15, 16, 17 and 37
5	Family environment and alternative care	Article 5,9,10,11, 18, 19, 21, 25, 27 and 39
6	Basic health and welfare	Article 5, 18, 24, 27, 28, 29, and 31
7	Education, leisure and cultural activities	Article 28 and 29
8	Special protection measures	Article 22, 30, 32- 4

## **Chapter 4**

### **Indicators for Reporting FGM to Treaty - Bodies/Mechanisms**

#### **4.1 Introduction**

Various human rights treaty reports considered FGM a major human rights issue either directly or indirectly. Thus, various treaty bodies and mechanisms explicitly request states to report on measures taken to eradicate the practice. The measurement indices for such reports usually include;

##### **1. Availability or non- availability of:**

- a. Policy
- b. Laws
- c. Programmes
- d. Projects
- e. Strategic options on FGM

##### *Proposed indicators*

- Number of States supported having at least three of the five features (policy, laws, coasted action plans, budget lines, monitoring and evaluation framework) of an enabling environment for FGM elimination
- Number of States that are using the FGM tracking tool to monitor the implementation of FGM laws and policies
- Number of annual global and national reports (e.g. CEDAW, Committee on the Status of Women (CSW)) with recommendations on FGM elimination produced by Country level and presented to policymakers
- Number of States providing services without undue financial and administrative burden
- Number of FGM cases reported to the police/law enforcement agencies in States
- Number of States that have investigated reported FGM cases
- Number of States with trained service providers in the police and law enforcement agencies managing FGM reportage
- Number of States with justice system coordination structure on FGM

##### **2. Public sector funding and budgeting on FGM:**

- a. Federal and State Ministry of Health, Primary Health Care Centre.
- b. National Primary Health Care Development Agency (NPHCDA)
- c. National Population Commission(NPC)
- d. National Orientation Agency

##### *Proposed Indicators:*

- Number of Ministries, Departments and Agencies(MDAs) at national and state levels with budget lines for FGM programmes/activities
- No of programme/activities implemented by MDAs utilizing their budgets

### **3. Level of civil society engagement:**

- a. Sensitization
- b. Participatory budgeting
- c. Data collection

#### *Proposed indicators:*

- Number of communities that have established a community-level surveillance system to monitor the compliance with commitments made during public declarations
- Number of girls and women who have received social and legal services related to FGM.
- Number of states where FGM service is mainstreamed in the curricula of medical and para-medical schools.

### **4. Service provision for FGM**

- a. Management/Treatment of FGM by health workers
- b. Routine health platforms integrating FGM prevention and protection information

#### *Proposed indicators:*

- Number of service delivery points providing FGM related services to girls and women in the interventions areas. This includes assessment of the following;
  - provision of FGM related services to girls and women
  - where health care staff apply FGM case management protocols
  - where at least one health care staff is trained on FGM prevention, protection and care services
- Number of organizations (government/NGOs/private sector) in programme intervention areas that provide social and legal services to girls and women
- Number of girls and women who have received health services related to FGM.

### **5. Level of data collection: collation and analysis from**

- a. Traditional Birth Attendants (TBAs)
- b. National Bureau of Statistics or State Bureau of Statistics
- c. Ministry of Health – Primary Health Care Centres/institutions
- d. Ministry of Gender and Social Development
- e. Non- Governmental Organizations etc.



NHRC representative making a presentation at a training on FGM



Group picture of participants at a training on FGM, Enugu Nigeria

## Chapter 5

### Tabular Analysis of Treaties and their Jurisprudence for Reporting FGM

Laws/ Treaties		Article/ Section	Text	TBs General Comments/ Recommendations
<b>INTERNATIONAL LAWS/ TREATIES</b>	<b>Universal Declaration on Human Rights</b>	Article 2	Article 2: “Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex.”	UDHR is not a legally binding instrument However some of its provisions have now been recognized as having acquired the status of jus cogens. Thus, there is no administering body or committee to oversee its implementation.
	<b>International Covenant on Civil and Political Rights</b>	Articles 3, 6, 7, 9, 24,26	<p>Article 3. The States Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all civil and political rights set forth in the present Covenant.</p> <p>Article 6(1). Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.</p> <p>Article 7. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In</p>	<p><b>Human Rights Committee. General Comment No. 28 on Article 3 (Equality of rights between men and women) of the International Covenant on Civil and Political Rights. 29 March 2000.</b></p> <p>11. To assess compliance with article 7 of the Covenant, as well as with article 24, which mandates special protection for children, the Committee needs</p>

			<p>particular, no one shall be subjected without his free consent to medical or scientific experimentation.</p> <p>Article 9(1). Everyone has the right to liberty and security of person.</p> <p>Article 24(1). Every child shall have, without any discrimination as to race, colour, sex, language, religion, national or social origin, property or birth, the right to such measures of protection as are required by his status as a minor, on the part of his family, society and the State.</p> <p>Article 26. All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.</p>	<p>to be provided information on national laws and practice regarding domestic and other types of violence against women, including rape. ... In States where the practice of genital mutilation exists information on its extent and on measures to eliminate it should be provided. The information provided by States parties on all these issues should include measures of protection, including legal remedies, for women whose rights under article 7 have been violated.</p>
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**International Covenant on Economic, Social and Cultural Rights**

Article 3,5, 12

Article 3. The States Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant.

Article 5.

1. Nothing in the present Covenant may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights or freedoms recognized herein, or at their limitation to a greater extent than is provided for in the present Covenant.

2. No restriction upon or derogation from any of the fundamental human rights recognized or existing in any country in virtue of law, conventions, regulations or custom shall be admitted on the pretext that the present Covenant does not recognize such rights or that it recognizes them to a lesser extent.

**Committee on Economic, Social and Cultural Rights. General Comment No. 14 on Article 12 (The right to the highest attainable standard of health) of the International Covenant on Economic, Social and Cultural Rights. 25 April-12 May 2000.**

22. There is a need to adopt effective and appropriate measures to abolish harmful traditional practices affecting the health of children, particularly girls, including early marriage, female genital mutilation, preferential feeding and care of male children.

35. States are also obliged ... to prevent third parties from coercing women to undergo traditional practices, e.g. female genital mutilation...

			<p>Article 12(1). The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.</p>	
	<p><b>Convention on the Elimination of All Forms of Discrimination Against Women</b></p>	<p>Articles 2 (b), (f), 5 and 10 (c) 11, Article 12 (Women and Health)</p>	<p>Article 2: States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake:</p> <p>(b) To adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women;</p> <p>...</p> <p>(f) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women; ...</p> <p>Article 5 States Parties shall take all appropriate measures:</p> <p>(a) To modify the</p>	<p><b>Committee on the Elimination of All Forms of Discrimination against Women. General Recommendation No. 14 on Female circumcision under the Convention on the Elimination of All Forms of Discrimination against Women. 1990.</b></p> <p>Recommends to States parties:</p> <p>(a) That States parties take appropriate and effective measures with a view to eradicating the practice of female circumcision. Such measures could include:</p> <p>The collection and dissemination by universities, medical or nursing associations, national women's</p>

			<p>social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women;</p> <p>...</p> <p>Article 10 States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women:</p> <p>...</p> <p>(c) The elimination of any stereotyped concept of the roles of men and women at all levels and in all forms of education by encouraging coeducation and other types of education which will help to achieve this aim and, in particular, by the revision of textbooks and school programmes and the adaptation of teaching methods;</p>	<p>organizations or other bodies of basic data about such traditional practices;</p> <p>The support of women's organizations at the national and local levels working for the elimination of female circumcision and other practices harmful to women;</p> <p>The encouragement of politicians, professionals, religious and community leaders at all levels including the media and the arts to cooperate in influencing attitudes towards the eradication of female circumcision;</p> <p>The introduction of appropriate educational and training programmes and seminars based on research findings about the problems arising from female circumcision;</p> <p>(b) That States parties include in their national health policies appropriate</p>
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				<p>strategies aimed at eradicating female circumcision in public health care. Such strategies could include the special responsibility of health personnel including traditional birth attendants to explain the harmful effects of female circumcision;</p> <p>(c) That States parties invite assistance, information and advice from the appropriate organizations of the United Nations system to support and assist efforts being deployed to eliminate harmful traditional practices;</p> <p>(d) That States parties include in their reports to the Committee under articles 10 and 12 of the Convention on the Elimination of All Forms of Discrimination against Women information about measures taken to eliminate female circumcision.</p>
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				<p><b>Committee on the Elimination of Discrimination against Women. General Recommendation No. 19 on Violence against women under the Convention on the Elimination of All Forms of Discrimination against Women. 1992.</b></p> <p>Comments on specific articles of the Convention</p> <p>Articles 2 (f), 5 and 10 (c) 11.</p> <p>11. Traditional attitudes by which women are regarded as subordinate to men or as having stereotyped roles perpetuate widespread practices involving violence or coercion, such as family violence and abuse, forced marriage, dowry deaths, acid attacks and female circumcision. Such prejudices and practices may justify gender-based violence as a form of protection</p>
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				<p>or control of women. The effect of such violence on the physical and mental integrity of women is to deprive them of the equal enjoyment, exercise and knowledge of human rights and fundamental freedoms. While this comment addresses mainly actual or threatened violence the underlying consequences of these forms of gender-based violence help to maintain women in subordinate roles and contribute to their low level of political participation and to their lower level of education, skills and work opportunities.</p> <p><b>Committee on the Elimination of All Forms of Discrimination against Women. General Recommendation No. 24 on Article 12 (Women and health) of the Convention on the Elimination of All</b></p>
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**Forms of Discrimination against Women. 1999.**

5. The Committee refers also to its earlier general recommendations on female circumcision, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), disabled women, violence against women and equality in family relations, all of which refer to issues that are integral to full compliance with article 12 of the Convention.

12. States parties should report on their understanding of how policies and measures on health care address the health rights of women from the perspective of women's needs and interests and how it addresses distinctive features and factors that differ for women in comparison to

				<p>men, such as:</p> <p>(b) Some cultural or traditional practices such as female genital mutilation also carries a high risk of death and disability;</p> <p>...</p> <p>15. The obligation to protect rights relating to women's health requires States parties, their agents and officials to act to prevent and impose sanctions for violations of rights by private persons and organizations. Since gender-based violence is a critical health issue for women, States parties should ensure:</p> <p>(d) The enactment and effective enforcement of laws that prohibit female genital mutilation.</p> <p>18. The issues of HIV/AIDS and other sexually transmitted diseases are central to the rights of women and</p>
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				<p>adolescent girls to sexual health. Harmful traditional practices, such as female genital mutilation may also expose girls and women to the risk of contracting HIV/AIDS and other sexually transmitted diseases. States parties should ensure the rights of female and male adolescents to sexual and reproductive health education by properly trained personnel in specially designed programmes that respect their right to privacy and confidentiality.</p>
	<p><b>Convention on the Rights of the Child</b></p>	<p>Articles 2,3, 6, 12, 19 and 24 (3), 33, 37,39</p>	<p>Article 2 (1) States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.</p>	<p>24. Considering articles 3, 6, 12, 19 and 24 (3) of the Convention, States parties should take all effective measures to eliminate all acts and activities which threaten the right to life of adolescents, including honour killings. The Committee strongly urges States parties to develop and</p>

			<p>(2) States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.</p> <p>Article 3  (1) In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.  (2) States Parties undertake to ensure the child such protection and care as is necessary for his or her wellbeing, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.  (3) States Parties shall</p>	<p>implement awareness-raising campaigns, education programmes and legislation aimed at changing prevailing attitudes, and address gender roles and stereotypes that contribute to harmful traditional practices. Further, States parties should facilitate the establishment of multidisciplinary information and advice centres regarding the harmful aspects of some traditional practices, including early marriage and female genital mutilation.</p> <p>39. States parties must take all appropriate legislative, administrative and other measures for the realization and monitoring of the rights of adolescents to health and development as recognized in the Convention. To this end, States parties must</p>
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		<p>ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.</p> <p>... Article 6</p> <p>(1) States Parties recognize that every child has the inherent right to life.</p> <p>(2) States Parties shall ensure to the maximum extent possible the survival and development of the child.</p> <p>Article 19</p> <p>(1) States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the</p>	<p>notably fulfill the following obligations:</p> <p>(g) To protect adolescents from all harmful traditional practices, such as early marriages, honour killings and female genital mutilation;</p>
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child.

(2) Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

#### Article 24

(1) States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

(3) States Parties shall take all effective and appropriate measures with a view to abolishing traditional

			<p>practices prejudicial to the health of children.</p> <p>Article 37 States Parties shall ensure that: (a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment.</p> <p>Article 39 States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment, which fosters the health, self-respect and dignity of the child.</p>	
	<p><b>Convention against Torture and other Cruel, Inhuman and Degrading Treatment and Punishment</b></p>	<p>Articles 2, 4, 12, 13, 14</p>	<p>Article 2 (1) Each State Party shall take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction.</p>	

			<p>Article 4 (1) Each State Party shall ensure that all acts of torture are offences under its criminal law. The same shall apply to an attempt to commit torture and to an act by any person, which constitutes complicity or participation in torture. 2. Each State Party shall make these offences punishable by appropriate penalties, which take into account their grave nature.</p> <p>Article 12 Each State Party shall ensure that its competent authorities proceed to a prompt and impartial investigation, wherever there is reasonable ground to believe that an act of torture has been committed in any territory under its jurisdiction.</p> <p>Article 13 Each State Party shall ensure that any individual who alleges he has been subjected to torture in any territory under its jurisdiction has the right to complain to, and to have his case promptly and impartially examined</p>	
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			<p>by, its competent authorities. Steps shall be taken to ensure that the complainant and witnesses are protected against all ill-treatment or intimidation as a consequence of his complaint or any evidence given.</p> <p>Article 14  (1) Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of a victim as a result of an act of torture, his dependents shall be entitled to compensation.</p>	
<p><b>REGIONAL  LEGAL  INSTRUMENTS</b></p>	<p><b>African  Charter on  Human and  Peoples’  Rights</b></p>	<p>Articles  2, 3, 4,  5, 6, 16,  19</p>	<p>Article 2  Every individual shall be entitled to the enjoyment of the rights and freedoms recognized and guaranteed in the present Charter without distinction of any kind such as race, ethnic group, color, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or other status.</p>	

Article 3

(1) Every individual shall be equal before the law.

(2) Every individual shall be entitled to equal protection of the law.

Article 4

Human beings are inviolable. Every human being shall be entitled to respect for his life and the integrity of his person. No one may be arbitrarily deprived of this right.

Article 5

Every individual shall have the right to the respect of the dignity inherent in a human being and to the recognition of his legal status. All forms of exploitation and degradation of man particularly slavery, slave trade, torture, cruel, inhuman or degrading punishment and treatment shall be prohibited.

Article 6

Every individual shall have the right to liberty and to the security of his person. No one may be deprived of his freedom except for

			<p>reasons and conditions previously laid down by law. In particular, no one may be arbitrarily arrested or detained.</p> <p>...</p> <p>Article 16</p> <p>(1) Every individual shall have the right to enjoy the best attainable state of physical and mental health.</p> <p>(2) States parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.</p> <p>...</p> <p>Article 19</p> <p>All peoples shall be equal; they shall enjoy the same respect and shall have the same rights. Nothing shall justify the domination of a people by another.</p>	
	<p>Protocol to the African Charter on the Rights of Women in Africa</p>	<p>Article 5</p>	<p>Article 5.</p> <p>Elimination of Harmful Practices; States Parties shall prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognized international standards. States Parties shall take</p>	

			<p>all necessary legislative and other measures to eliminate such practices, including: ...</p> <p>(b) Prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation, scarification, medicalisation and para-medicalisation of female genital mutilation and all other practices in order to eradicate them</p>	
	<p>African Charter on the Rights and Welfare of Children in Africa</p>	<p>Article 4, 5, 14, 16, 21</p>	<p>Article 4: Best Interests of the Child (1) In all actions concerning the child undertaken by any person or authority the best interests of the child shall be the primary consideration. ...</p> <p>Article 5: Survival and Development (1) Every child has an inherent right to life. This right shall be protected by law.</p> <p>Article 14: Health and Health Services (1) Every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health. ...</p> <p>Article 16: Protection Against Child Abuse and Torture</p>	

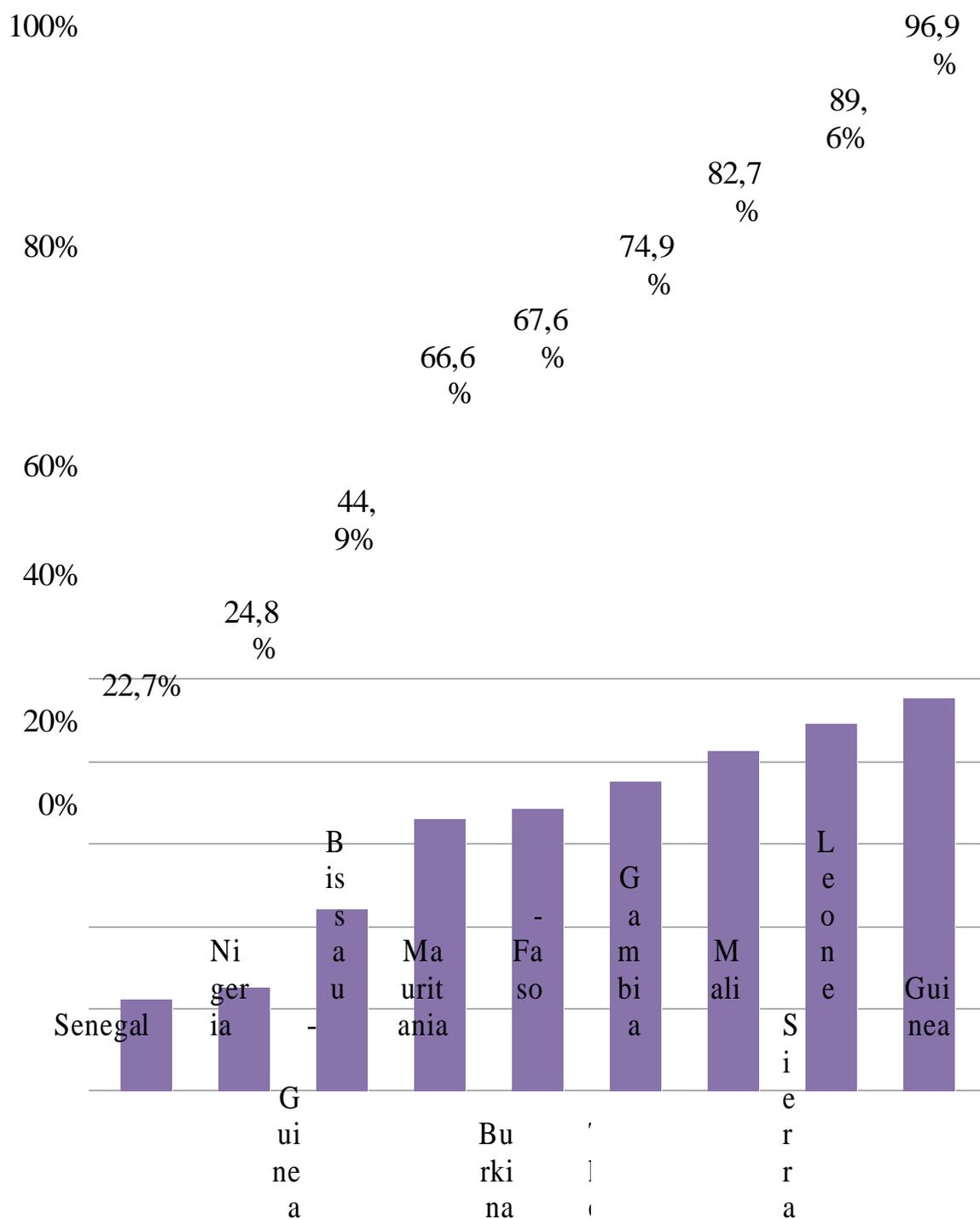
			<p>(1) State Parties to the present Charter shall take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse, while in the care of the child.</p> <p>(2) Protective measures under this Article shall include effective procedures for the establishment of special monitoring units to provide necessary support for the child and for those who have the care of the child, as well as other forms of prevention and for identification, reporting referral investigation, treatment, and follow-up of instances of child abuse and neglect.</p> <p>Article21: Protection against Harmful Social and Cultural Practices</p> <p>(1) State Parties to the present Charter shall take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare,</p>	
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			<p>dignity, normal growth and development of the child and in particular: (a) those customs and practices prejudicial to the health or life of the child; and (b) those customs and practices discriminatory to the child on the grounds of sex or other status</p>	
National Legal Instruments	The Constitution of the Federal Republic of Nigeria 1999	Section 33, 34, 42	<p>Section 33. Right to life: (1) Every person has a right to life, and no one shall be deprived intentionally of his life...</p> <p>Section 34. (1) Every individual is entitled to respect for the dignity of his person, and accordingly; (a) no person shall be subject to torture or to inhuman or degrading treatment.</p> <p>Section 42. (1) A citizen of Nigeria of a particular community, ethnic group, place of origin, sex, religion or political opinion shall not, by reason only that he is such a person: -</p> <p>(a) be subjected either expressly by, or in the practical application of, any law in force in Nigeria or any</p>	

			<p>executive or administrative action of the government, to disabilities or restrictions to which citizens of Nigeria of other communities, ethnic groups, places of origin, sex, religious or political opinions are not made subject; or</p> <p>(b) be accorded either expressly by, or in the practical application of, any law enforce in Nigeria or any such executive or administrative action, any privilege or advantage that is not accorded to citizens of Nigeria of other communities ,ethnic groups, places of origin, sex, religious or political opinions.</p>	
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**ANNEX 1: Extracts from the ‘Analysis of legal framework on Female Genital Mutilation in selected countries in West Africa’, January 2018, UNFPA Regional Office for West and Central Africa<sup>30</sup>**

**Figure 1: National FGM prevalence in West Africa, women aged 15–49 years**



The widely used definition of FGM prevalence—that is, the percentage of girls and women

<sup>30</sup> <http://wcaro.unfpa.org/en/publications/analysis-legal-frameworks-female-genital-mutilation-selected-countries-west-africa-1>

aged 15–49 who have experienced any form of FGM—does not capture recent changes in FGM prevalence. Therefore, UNFPA uses girls aged 15–19 as the indicator to measure FGM prevalence. Indicators that measure girls younger than age 15 only reflect the current FGM status of these girls and can therefore result in underreporting of the actual prevalence of FGM because the girls are still at risk of undergoing this practice. Also, the indicator looking at the 15–19 age group is the closest to FGM incidence (new FGM cases), and it focuses on girls most recently cut. Another reason to use the 15–19 age groups is data availability. All household surveys allow the calculation of FGM prevalence among this age group.<sup>7</sup>

**TABLE 1: PREVALENCE OF FEMALE GENITAL MUTILATION IN WEST AFRICA, WOMEN AGED 45–49 AND GIRLS AGED 15–19**

Country	Percentage of women aged 45–49	Percentage of girls aged 15–19	Data source
<b>High-prevalence countries</b>			
Guinea	99.6	94.0	2012 DHS
Mali	83.9	83.1	2015 DHS
The Gambia	75.9	76.3	2013 DHS
Sierra Leone	97.8	74.3	2013 DHS
Mauritania	75.2	65.9	2011 MICS
<b>Medium-prevalence countries</b>			
Burkina Faso	87.4	42.4	2015 EMC
Guinea-Bissau	45.2	41.9	2014 MICS
Senegal	26.0	20.6	2016 DHS
<b>Low-prevalence countries</b>			
Nigeria	35.8	15.3	2013 DHS

DHS, Demographic and Health Survey; EMC, Continuous Multi -sectorial Survey; MICS, Multiple Indicator Cluster Survey. Mauritanian data: The national FGM prevalence data of Mauritania from the 2015 MICS. Since the 2015 MICS does not specify the different age groups, this table refers to the FGM prevalence data of the MICS 2011. Burkina Faso data: The EMC is a survey that was conducted by the National Institute of Statistics and Demography in Burkina Faso in 2015.

Table 1 show that, when comparing the FGM prevalence among older women (aged 45–49) and young girls (aged 15–19), prevalence has fallen in many countries among younger girls. For example, in Burkina Faso, 42.4 per cent of girls aged 15–19 have undergone FGM, compared with 87.4 per cent of women aged 45–49 years (a 45 per cent difference). In Nigeria, 15.3 per cent of girls aged 15–19 have undergone FGM, compared with 35.8 per cent of women aged 45–49 years (a 20 per cent difference). The lower prevalence rate among young girls suggests that abandonment of FGM is under way.<sup>9</sup>

<b>TABLE 2: RATIFICATION STATUS, AS OF 24 OCTOBER 2017</b>							
<b>Country</b>	<b>International Covenant on Civil and Political Rights</b>	<b>International Covenant on Civil and Political Rights</b>	<b>Convention on the Elimination of All Forms of Discrimination Against Women</b>	<b>African Charter on Human and Peoples' Rights</b>	<b>Convention on the Rights of the Child</b>	<b>African Charter on the Rights and Welfare of the Child</b>	<b>Protocol to the ACHPR on the Rights of Women in Africa</b>
Burkina Faso	4 Jan, 1999	4 Jan, 1999	14 Oct, 1987	6 Jul, 1984	31 Aug, 1990	8 Jun, 1992	9 Jun, 2006
The Gambia	22 Mar, 1979	29 Dec, 1978	16 Apr, 1993	8 Jun, 1983	8 Aug, 1990	14 Dec, 2000	25 May, 2005
Guinea	24 Jan, 1978	24 Jan, 1978	9 Aug, 1982	16 Feb, 1982	13 Jul, 1990	27 May, 1999	16 Apr, 2012
Guinea-Bissau	1 Nov,	2 Jul, 1992	23 Aug, 1985	4 Dec, 1985	20 Aug,	Yet to be ratified	19 Jan, 2008

	2010				1990		
Mali	16 Jul, 1974	16 Jul, 1974	10 Sept, 1985	21 Dec, 1981	20 Sept, 1990	3 Jun, 1998	13 Jan, 2005
Mauritania	17 Nov, 2004	17 Nov, 2004	10 May, 2001	14 Jun, 1986	16 May, 1991	21 Sept, 2005	21 Jul, 2005
Nigeria	29 Jul, 1993	29 Jul, 1993	13 Jun, 1985	22 Jan, 1983	19 Apr, 1991	23 Jul, 2001	16 Dec, 2004
Senegal							
	13 Feb, 1978	13 Feb, 1978	5 Feb, 1985	13 Aug, 1982	31 Jul, 1990	29 Sept, 1998	27 Dec, 2004
Sierra Leone	23 Aug, 1996	23 Aug, 1996	11 Nov, 1988	21 Sept, 1983	18 Jun, 1990	13 May, 2002	Yet to be ratified.

### 2.3 Recommendations of treaty monitoring bodies

Most human rights treaties have established a committee of independent experts—a treaty monitoring body (TMB)—that is tasked with monitoring the implementation of and compliance with the treaty by its State Parties.<sup>46</sup> Table 3 provides an overview of the treaties and respective TMBs that are relevant to the elimination of FGM. Only the African Youth Charter does not have a TMB to monitor its implementation.

In the past decades, the TMBs at both the United Nations and the AU level have made a plethora of recommendations to governments about FGM and, more specifically, about the legal and policy framework on FGM. These recommendations can be grouped into three categories (annex 5 contains details of the most recent recommendations in the nine countries of this study on legal and policy frameworks on FGM).

**TABLE 3: TREATIES AND THEIR MONITORING BODIES**

<b>Treaty</b>	<b>UN /AU</b>	<b>Treaty monitoring body</b>
International Covenant on Civil and Political Rights	UN	Human Rights Committee
International Covenant on Economic, Social and Cultural Rights	UN	Committee on Economic, Social and Cultural Rights
Convention on the Elimination of All Forms of Discrimination Against Women	UN	Committee on the Elimination of Discrimination Against Women
African Charter on Human and Peoples' Rights (Banjul Charter)	AU	African Commission on Human and Peoples' Rights
Convention on the Rights of the Child	UN	Committee on the Rights of the Child
African Charter on the Rights and Welfare of the Child	AU	African Committee of Experts on the Rights and Welfare of the Child
Protocol to the ACHPR on the Rights of Women in Africa (Maputo Protocol)	AU	African Commission on Human and Peoples' Rights
African Youth Charter	AU	None

AU, Africa Union; UN, United Nations.

**TABLE 4: RATIFICATION STATUS, AS OF 24 OCTOBER 2017**

<b>Country</b>	<b>Year</b>	<b>Recommendations on FGM (no.)<sup>a</sup></b>	<b>Recommendations on legal and policy frameworks on FGM (no.)</b>
Burkina Faso	2013	11	4
The Gambia	2014	15	10
Guinea	2015	19	11
Guinea-Bissau	2015	14	7
Mali	2013	13	6
Mauritania	2015	7	5
Nigeria	2013	8	5
Senegal	2013	8	5
Sierra Leone	2016	21	16
<b>Total</b>		<b>116</b>	<b>69</b>

**TABLE 5: CONSTITUTIONAL GUARANTEES OF NON-DISCRIMINATION AND EQUALITY**

Country	Non-discrimination	Equality	Provision
Burkina Faso	Article 1	Preamble	<p>All the Burkinabe are born free and equal in rights.            All have an equal vocation to enjoy all the rights and            All the freedoms guaranteed by this Constitution.            Discrimination of all sorts, notably those founded on            race, ethnicity, region, color, sex, language, religion,            caste, political opinions, wealth and birth, are prohibited.            recognizing that the promotion of gender is a factor            for realization of the equality of law between men and women of Burkina Faso.</p>
The Gambia	Article 33	Article 28	<p>33.1 All persons shall be equal before the law.            33.4 In this section, the expression “discrimination” means affording different treatment to different persons attributable wholly or mainly to their respective descriptions by race, color, gender, language, religion, political or other opinion, national or social origin, property, birth or other status whereby persons of one such description are subjected to disabilities or restrictions to which persons of another such description are</p>

			<p>not made subject, or are accorded privilege or advantages which are not accorded to persons of another such description.</p> <p>28.1 Women shall be accorded full and equal dignity of the person with men.</p> <p>28.2 Women shall have the right to equal treatment with men, including equal opportunities in political, economic and social activities.</p>
Guinea	Article 8	Article 8	<p>All human beings are equal before the law. Men and women have the same rights. No one may be privileged or disadvantaged by virtue of their sex, of their birth, of their race, of their ethnicity, of their language, of their beliefs and of their political, philosophical or religious opinions.</p>
Guinea-Bissau	Article 23	Article 24	<p>23.0 All citizens shall be equal before the law, shall have the same rights, and shall be subject to the same duties, without distinction regarding race, sex, social, intellectual or cultural level, religious belief, or philosophical conviction.</p> <p>24.0 Men and women shall be equal before the law in all areas of political, economic, social, and cultural life.</p>
			<p>Every Malian shall be born and remain free and equal</p>

Mali	Article 2	Article 2	in rights and obligations. All discrimination founded on social origin, color, language, race, sex, religion and political opinion shall be prohibited.
Mauritania	Article 1	Article 1	The Republic assures to all citizens without distinction of origin, of race, of sex, or of social condition, equality before the law.
Nigeria	Article 15	Article 17	15.2 Accordingly, national integration shall be actively encouraged, whilst discrimination on the grounds of place of origin, sex, religion, status, ethnic or linguistic association or ties shall be prohibited. 17.2 Every citizen shall have equality of rights, obligations and opportunities before the law.
Senegal	Article 5	Article 7	5.00 Any act of racial, ethnic, or religious discrimination, as well as any regionalist propaganda infringing the internal security of the State or the territorial integrity of the Republic is punished by the law. 7.00 All human beings are equal before the law. Men and Women are equal in right.
			27.3 In this section the expression “discriminatory” means affording different treatment to different persons attributable wholly or mainly to their respective descriptions by race, tribe, sex, place

Sierra Leone	Article 27	Article 27	of origin, political opinions, color or creed whereby persons of one such description are subjected to disabilities or restrictions to which persons of another such description are not made subject, or are accorded privileges or advantages which are not accorded to persons of another such description
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**TABLE 6: NATIONAL LAWS ON FEMALE GENITAL MUTILATION**

<b>Country</b>	<b>FGM law</b>	<b>Article</b>	<b>Date</b>	<b>Type of law</b>
Burkina Faso	Law No. 043/96/ADP	Articles 380, 381, 382	13 Nov 1996	Penal Code
The Gambia	Women's (Amendment) Act	Sections 32A and 32B	27 Dec 2015	Women's Act
Guinea	1965 Penal Code	Article 265	1965	Penal Code
	1998 Penal Code	Article 305	31 Dec 1998	Penal Code
	2016 Penal Code	Articles 258-261	01 Nov 2016	Penal Code
	Law No. L/2000/010/AN	Article 6 and 13	10 Jul 2000	Reproductive Health Law
	Law No. L/2008/011/AN	Articles 405-410	19 Aug 2008	Children's Code
Guinea-Bissau	Law No. 14/2011	Articles 1-15	5 Jul 2011	Penal Law
Mauritania	Order No. 2005-015	Article 12	5 Dec 2005	Children's Code
Nigeria	Violence Against Persons (Prohibition) (VAPP) Act	Article 6	5 May 2015	Violence Against Persons Act
Senegal	Law No. 99-05	Article 299bis	29 Jan 1999	Penal Code

Source: Provisions from the laws in Burkina Faso, Guinea, Mali, Mauritania and Senegal are translated from French to English by the Constitute Project (<https://www.constituteproject.org/search?lang=en>; developed by the authors of the Comparative Constitutions Project at the University of Texas at Austin).

**TABLE 7: DEFINITION OF FEMALE GENITAL MUTILATION IN NATIONAL LAWS**

<b>Country</b>	<b>Definition in the national law</b>
Burkina Faso	Anyone who harms or attempt to harm the integrity of the female genital organ by total ablation, excision, infibulation, by desensitization or by any other means
Guinea	Female genital mutilation means the partial or total removal of the external genital organs of girls or women or any other injury to these organs
Guinea-Bissau	For the purposes of this law, the term “excision” means any form of amputation, incision or partial or total ablation of the external genitalia of the female person, as well as all physical offenses committed against that organ for social, cultural, religious, hygiene or any other reason invoked
Mauritania	The act of harming or attempting to harm the genital organ of a female child
Nigeria	“Circumcision of a girl or women” means the cutting off all or part of the external sex organs of a girl or women other than on medical ground
Senegal	An attack on the integrity of the female genital organ by partial or total removal of one or more of its parts

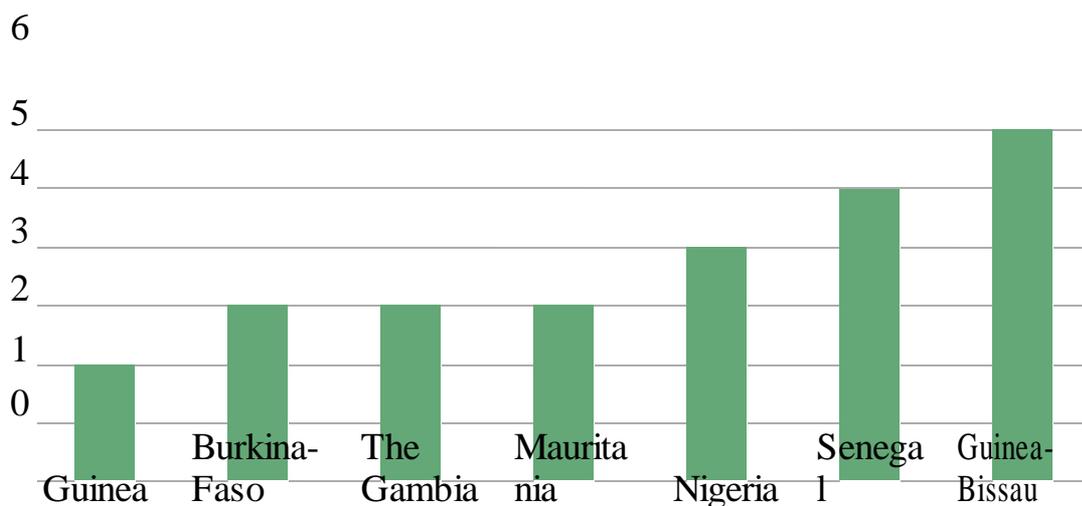
Note: The law in Gambia (the Women’s (Amendment) Act) does not provide a definition of FGM, but section 32A is very elaborate on the different types of FGM that are prohibited; see also section 3.2.7.

**TABLE 8: TYPES OF FEMALE GENITAL MUTILATION PROHIBITED IN DIFFERENT COUNTRIES**

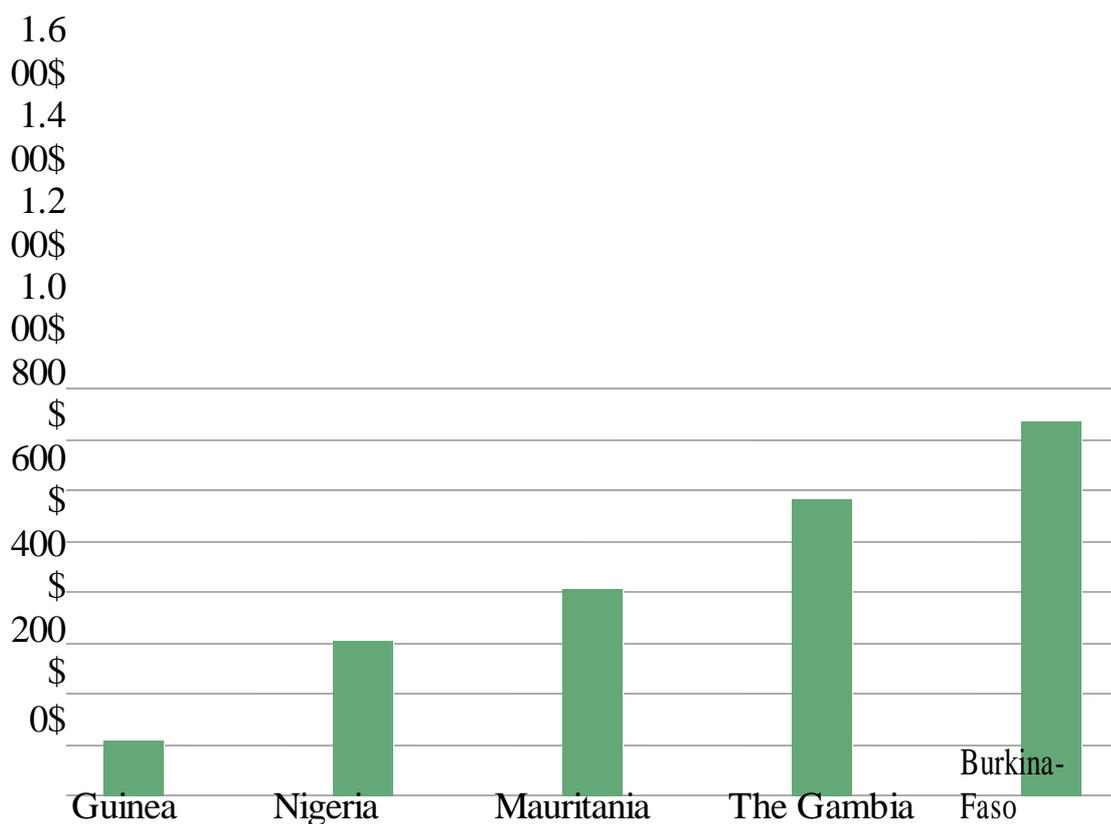
Country	All Types	Not specified	Specification
Burkina Faso			Anyone who harms or attempt to harm the integrity of the female genital organ by total ablation, excision, infibulation, by desensitisation or by any other means ...
The Gambia			<p>Female circumcision includes:</p> <p><b>(a)</b> the excision of the prepuce with partial or total excision of the clitoris (clitoridectomy);</p> <p><b>(b)</b> the partial or total excision of the labia minora;</p> <p><b>(c)</b> the partial or total excision of the external genitalia (of the labia minora and the labia majora), including stitching;</p> <p><b>(d)</b> the stitching with thorns, straw, thread or by other means in order to connect the excision of the labia and the cutting of the vagina and the introduction of corrosive substances or herbs into the vagina for the purpose of narrowing it;</p> <p><b>(e)</b> symbolic practices that involve the nicking and pricking of the clitoris to release drops of blood; or</p> <p><b>(f)</b> engaging in any form of female genital mutilation or cutting</p>
			All forms of female genital mutilation practiced by any person regardless of their quality are prohibited in the Republic of Guinea, in particular:

Guinea			<p>(1) the partial or total removal of the prepuce of the clitoris;</p> <p>(2) the removal of the labia minora or labia majora;</p> <p>(3) infibulation which consists of sewing the labia minora or majora to leave only the meatus</p>
Guinea-Bissau			<p>Whoever, for any reason, performs the female excision in one of its various forms (clitorectomy, excision, incision, infibulation) ...</p>
Mauritania			<p>The act of harming or attempting to harm the genital organ of a female child by infibulation, anaesthetization, or by any other means</p>
Nigeria			<p>Not applicable</p>
Senegal			<p>By partial or total removal of one or more of its parts, by infibulation, by desensitization or by any other means</p>

**Figure 3:** Maximum prison sentences for FGM in selected West African countries



**Figure 4:** Maximum fines for FGM in selected West African countries



**TABLE 9: PENALTIES FOR FEMALE GENITAL MUTILATION IN SELECTED WEST AFRICAN COUNTRIES**

<b>Country</b>	<b>Penalty</b>	<b>Penalty when FGM leads to death</b>	<b>Penalty when FGM leads to disability</b>	<b>Penalty when FGM is done by (para) medical personnel</b>
Burkina Faso	6 months to 3 years imprisonment, and/or a fine of CFA150,000–900,000 (US\$244–1,465)	5–10 years of imprisonment	Not specified	Maximum penalty
The Gambia	3 years imprisonment and/or a fine of 50,000 Dalasis (US\$1,150)	Life imprisonment	Not specified	Not specified
Guinea <sup>a</sup>	3 months to 2 years imprisonment, and/or a fine of GNF500,000–2,000,000 (US\$54–216)	5–20 years of imprisonment	5–10 years of imprisonment and/or a fine of GNF1,000,000 – 3,000,000 (US\$108–326)	Maximum penalty
Guinea-Bissau	2–6 years imprisonment	4–10 years of imprisonment	2–8 years of imprisonment	Not specified
Mauritania	1–3 years imprisonment, and/or a fine of	Not specified	Not specified	4 years of imprisonment and

	MRO120,000–300,000 (US\$335–835)			/or a fine of MRO 160,000–300,000 (US\$445–835)
Nigeria	Up to 4 years imprisonment and/or a fine of up to 200,000 Naira (US\$630)	Not specified	Not specified	Not specified
Senegal	6 months to 5 years imprisonment	Hard work for life	Not specified	Maximum penalty

a. This is the penalty in the Penal Code of November 2016. The fine in the Children’s Code is slightly lower (GNF300,000–1,000,000).

**TABLE 10: OFFENDERS PUNISHABLE BY LAW**

Country	Anyone	Medical professionals	Parents	Other	Provision
<b>Burkina Faso</b>					<p>Anyone who harms or attempt to harm the integrity of the female genital organ by total ablation, excision, infibulation, by desensitisation or by any other means (article 380)</p> <p>The maximum penalty shall apply if the offender is a member of the medical or paramedical profession (article 381)</p>
<b>The Gambia</b>					<p>A person who engages in female circumcision (section 32A)</p> <p>A person who requests, incites or promotes female circumcision by providing tools or by any other means commits an offence and is liable on conviction to imprisonment for a term of three years or a fine of fifty thousand Dalasis or to both (section 32B)</p>
<b>Guinea</b>					<p>Anyone who, by traditional or modern methods, practices or favors female genital mutilation or participates in it, is guilty of willful violence against the person excised (article 259)</p> <p>The ascendants or any other person having authority over the child or the custodial who has authorized or favored female genital mutilation, are punished with the same penalties as the perpetrators (article 259)</p> <p>The maximum penalty is applied when female genital mutilation is practiced in public or private health facility and favored by a person in the paramedical or medical corps, in particular doctors, nurses, midwives and technical health workers (article 259)</p>
<b>Guinea-</b>					Whoever, for any reason, performs female

<b>Bissau</b>				<p>excision</p> <p>Whoever facilitates, urges, encourages, or contributes in any way to the practice of female excision (article 7)</p> <p>Parents, guardians, mentors in charge of education or any person who has custody of the child has a duty to prevent the practice of excision. Failure to comply with the provisions of the previous number and punishable by imprisonment from 1 to 5 years (article 5)</p>
<b>Mauritania</b>				<p>The act of harming or attempting to harm the genital organ of a female child (article 12)</p>
				<p>The penalty is increased to four years imprisonment and a fine of 160,000 to 300,000 ouguiyas when the offender belongs to the medical or paramedical profession (article 12)</p>
<b>Nigeria</b>				<p>A person who performs female circumcision or genital mutilation or engages another to carry out such circumcision or mutilation (article 6)</p>
				<p>A person who incites, aids, abets, or counsels another person to commit the offence provided for in subsection (2) of this section commits an offence and is liable on conviction to a term of imprisonment not exceeding 2 years or to a fine not exceeding N100,000.00 or both (article 6)</p>
<b>Senegal</b>				<p>Those who have carried out or tried to carry out an attack on the integrity of the female genital organ (article 299bis)</p>
				<p>The maximum penalty will be applied if the sexual mutilations are carried out or promoted by a person in the medical or paramedical field (article 299bis)</p>

					The same punishment will be given to any person who gives instructions to commit these sexual mutilations or causes them by gifts, promises, enticements, threats, intimidation, abuse of authority or of power (article 299bis)
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<b>Country</b>	<b>Policies, national strategies and action plans on FGM</b>	<b>Ministry responsible for implementation policy framework</b>	<b>National committee</b>
Burkina Faso	<ul style="list-style-type: none"> <li>• National Action Plan on FGM (1992 – 1995)</li> <li>• National Action Plan on FGM (1999–2003)</li> <li>• National action plan on Promoting the Elimination of FGM in the perspective of Zero Tolerance (2009–2013)</li> <li>• National Strategic Plan for Promoting the Elimination of FGM in Burkina Faso (2016–2020)</li> </ul>	Ministry of Women, National Solidarity and Family.	Permanent Secretariat of the National Council for the fight against the Practice of Excision.
The Gambia	• National Plan of Action on	Ministry of Women’s	National

	FGM/C (2013–2017)	Affairs	Steering Committee on FGM/C
Guinea	<ul style="list-style-type: none"> <li>National Strategic Plan to Combat female genital mutilation (2001–2010)</li> <li>National Strategic Plan for the acceleration of the Elimination of female genital mutilation (2012–2016)</li> </ul>	Ministry of Social Affairs and Promotion of Women and Children	National Committee for the Abandonment of female genital mutilation
Guinea-Bissau	<ul style="list-style-type: none"> <li>National Action Plan to Combat female genital mutilation/Cutting (2010–2015).</li> </ul>	Ministry of Women, Ministry of Justice, Ministry of Education, Ministry of Youth, Ministry of Health	National Committee for the Abandonment of Harmful Practices
Mali	<ul style="list-style-type: none"> <li>National Plan of Action on FGM (2003–2007)</li> <li>National Plan of Action on FGM (2008–2012)</li> <li>National Plan of Action on FGM (2015–2019)</li> </ul>	Ministry of Women, Family and Children	National Action Committee for the Abandonment of Harmful Practices
Mauritania	<ul style="list-style-type: none"> <li>National Strategy to Promote the Abandonment of FGM (2017)</li> <li>National Strategy to Promote the Abandonment of FGM and National Action</li> </ul>	Ministry of Social Affairs, Children and the Family	National Committee against Gender – Based Violence

	<p>Plan (2016 -2019)</p> <ul style="list-style-type: none"> <li>• National Strategy for the Promotion of Women (SNPF): (1995 – 2000) and (2004 – 2008)</li> <li>• National Strategy on the Institutionalization of Gender (2015)</li> </ul>		
Nigeria	<ul style="list-style-type: none"> <li>• National Policy and Plan of Action on Elimination of female genital mutilation in Nigeria (2002)</li> <li>• National Policy on female genital mutilation (2005)</li> <li>• National Policy and Plan of Action for the Elimination of female genital mutilation in Nigeria (2013–2017)</li> </ul>	Federal Ministry of Health	<p>National Advisory Committee on the Elimination of FGM FGM National Technical Committee</p>
Senegal	<ul style="list-style-type: none"> <li>• National Plan of Action for the Abandonment of Female Genital Mutilation(2000-2005)</li> <li>• National Plan of Action to Accelerate the Abandonment of FGM/C (2010–2015)</li> <li>• Medical Argument about Excision (2011)</li> <li>• Islamic Argument for the Abandonment of Excision in Senegal (2013)</li> </ul>	Ministry of Women, Family and Children	<p>National Technical Committee to Combat FGM</p>
Sierra	National Strategy for the	Ministry of Social	National

Leone	Reduction of FGM/C (2016–2020) <sup>a</sup>	Welfare, Gender and Children’s Affairs	Steering Committee for FGM/C Abandonment
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