GWI United Nation Representative
Advocacy Report
2018

GWI advocacy goals

1. 100% of United Nations Member States commit to policy, legislation, budget and infrastructure to facilitate transition of girls from primary to secondary school and ensure gender parity and gender equality throughout secondary education by 2030.
2. By 2030 100% of United Nations low income Member States have increased access to tertiary education for girls and women by 50%.
3. 100% of United Nations Member States commit to and implement policies for continuing education to empower women throughout the life course, within the formal and informal economies.
4. Influence the implementation of Sustainable Development Goal (SDG) 4.
5. All 17 SDGs will include girls’ education targets.

Meeting attended: President Wilson Hotel, Geneva, Switzerland, 18 September 2018 – 13.00 – 14:00, “Policy Dialogue: Emerging Issues in Addressing Female Genital Mutilation in West Africa” by Helen LOM, GWI UN Representative in Geneva

Subject of meeting: Female Genital Mutilation in West Africa
Despite tremendous efforts by governments to put in place legal mechanism to address female genital mutilation (FGM), the prevalence remains high in West Africa with some countries such as Guinea recording a rate of about 96 percent. With the exception of countries such as Burkina Faso, runaway FGM practice appears to be impervious to interventions. Other than making assumption that the practice is a matter of culture and therefore difficult to change, there is urgent need, to interrogate the drivers of this harmful practice as well as the prevailing circumstances and emerging issues exacerbate this practice. In collaboration with Association Mauritanienne des Droits de l’Homme and Inter-African Committee, Equality Now will convene a policy dialogue to identify key actions to be taken by different key stakeholders to end FGM to address factors that perpetuate the practice.

Distinguished speakers:
Fatima Mbaye, Director, AMDH, Experiences in ending FGM in Mauritania
Christina Catherine Pallito, WHO: WHO’s efforts to strengthen the health sector to prevent FGM
Grace Uwizeye, Equality Now: Emerging contemporary issues
Judy Gitau Nkuranga, Africa Regional Coordinator, Equality Now
Bisi Adebayo: Moderator, Inter-African Committee

Refers to SDG no #: 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 is also integral to the realization of SDG 3, good health and well being, SDG 4, quality education and SDG 5, gender equality.
Relevant treaties/conventions/resolutions:
FGM is a violation of the human rights of girls and women.

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.

Graduate Women International is committed to denouncing this harmful practice and contribute to all efforts towards the elimination of all forms of genital mutilation. In 2016, on the occasion of the 32nd GWI General Assembly, GWI adopted Resolution 6 on FGM. Through this resolution, GWI Urge governments to pass laws forbidding all forms of Female Genital Mutilation (FGM). Encourage the enactment of legislations making FGM illegal with the effect that anyone found involved in aiding, abetting, perpetrating this practice will be punished in a court of law.

Intervention by GWI rep: (what you did)
1) When I asked about what was being done to raise awareness among men and to identify male champions to combat FGM, it was explained (surprisingly) that FGM is mainly a woman driven practice, by mothers and grandmothers, by the women who perform FGM, and sometimes even by the girls themselves who insist on the intervention because they want to be like the other girls.

2) It seems that an increasing number of Islamic leaders and scholars are beginning to speak out against the practice, explaining that FGM is not required by Islam, in some cases even promulgating fatwas against this practice. However, cultural traditions persist, and in some countries and regions, progress gained in past years is even being lost.

3) A continuing issue of contention: whether medical professionals who perform FGM at least to ensure sterile and pain-free cutting are complicit in promoting this practice? WHO’s position is that medical FGM should also be prohibited by law in order to combat and eventually end the practice. Apparently, many upper class and well-educated parents turn to medical professionals to perform FGM, thinking that this is more humane and therefore makes it acceptable.

What needs to be done:

“To promote the abandonment of FGM, coordinated and systematic efforts are needed, and they must engage whole communities and focus on human rights and gender equality. These efforts should emphasize societal dialogue and the empowerment of communities to act collectively to end the practice. They must also address the sexual and reproductive health needs of women and girls who suffer from its consequences” (Source: UNOG)