Programme of Action
for the
Elimination of Female Genital Mutilation

Presidência do Conselho de Ministros
CIG
dgidc Direcção-Geral de Inovação e de Desenvolvimento Curricular
IPAD Instituto Português de Apoio ao Desenvolvimento
MTSS
IOM • OIM
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UMAR
APF Associação para o Planeamento da Família
daphne

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Programme of Action for the Elimination of Female Genital Mutilation[1], integrated in the III Citizenship and Gender – Nacional Plan (2007 – 2010)

PRESIDÊNCIA DO CONSELHO DE MINISTROS

1 Developing National Plans of Action to Eliminate FGM in the EU - Daphne Project of EuroNet-FGM

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Foreword

The I Programme of Action for the Elimination of Female Genital Mutilation is the result of a wide civil society initiative that was able to bring together, in the form of a group responsible for its elaboration, both relevant public institutions, non-governmental organizations and inter-governmental organizations, therefore providing a positive example of possible synergy and collaboration between public power organisms and civil society in the search for innovative models to penetrate and transform the social dynamics, responsible for such a cruel form of discrimination and violation of the human rights that still exists in the 21st Century.

The Female Genital Mutilation (FGM) or Female Genital Cutting (FGC) is part of a wider concept of Gender-Based Violence, since this draws from the stereotypes that form the fundaments of the social and cultural concepts for men and women's roles which is translated, most of the time, into the devaluation of the women's social role when compared to men's. This devaluation leads to several expressions of inequity and discrimination, among which all acts of violence towards women of all ages and cultural backgrounds.

FGM/C is a practice that imposes irreversible damage to women's health throughout their life, and especially to their sexual and reproductive life, often causing death. If the aim of banning the practice has been considered for a long time as an intrusion into other people's traditional customs, today it has become the focus of attention of a diverse group of international instruments subscribed by Portugal, both at European and international level.

I would like to end by thanking the invitation I have received, as responsible for the Gender Equality policies, to become the mentor of the I Programme of Action for the Elimination of Female Genital Mutilation, to be included in the 3rd Citizenship and Gender – Nacional Plan (2007 – 2010), released during the International Day of Zero Tolerance to Female Mutilation Day.

Lisbon, February 6, 2009

Jorge Lacão
Secretary of State for the Presidency of the Council of Ministers

Intersectorial Work Group for Female Genital Mutilation/Cutting
With the Mentorship of the Secretary of State for the Presidency of the Council of Ministers.

Part I

1. Introduction

The present Programme of Action is included in the **III Citizenship and Gender – Nacional Plan (2007 – 2010)**, approved by the Resolution of the Council of Ministers number 82/2007, of June 6, 2007, a particularly relevant political tool for the promotion and consolidation of the strategies regarding gender equality. It addresses the issue of Female Genital Mutilation explicitly, under "Area 4 – Gender-Based Violence", and implicitly, under "Area 5", where goals and measures of action for the Development Cooperation are presented, namely those related to the promotion of better public health care and services for women and children in other countries, as well as its support to programs that benefit health and sexual and reproductive rights.

Female Genital Mutilation (FGM) is still practiced under the cover of alleged cultural, religious and ancestral practice reasons. This and other traditional, harmful practices, such as stoning, burning with acid, public punishment, forced marriage, dowry related homicide, slavery, sexual traffic and exploitation, represent an unmistakeable violation of the fundamental rights and affect women of all ages, cultures and religions, underpinning inequity between men and women that keep blocking a complete enjoyment of all the human rights and liberties.

The FGM, also known as Female Genital Cutting (FGC), is one of the traditional practices with the heaviest impact on girls, women and young women's[1] rights and health, including their sexual and reproductive health, violating their fundamental rights and hindering full equality of opportunities and complete citizenship. Its discouragement and abandonment require the promotion of the necessary consistency in inter-governmental action, technical sectors and civil society in the countries where FGM/C[2] is a reality, which include all the respective European homologous.

This is a seldom visible reality in our society, which urges for the promotion of a wider

1 The expression "girls, young women and women" will be used within this Programme of Action, since female genital mutilation / cutting can be performed at different stages of the woman's life, although usually between ages 4 to 14 and even earlier, in some countries and communities. By using the term "girls", the purpose is to comprise the female children up to puberty; the designation "young girls" describes the adolescent and young adult women, i.e. under 25 years old; "women" refers to adults.

2 The present Programme of Action adopts the designation "Female Genital Mutilation/Cutting" (FGM/C), to be coupled with actions such as to deal with, eliminate, abandon, prevent and discourage such practices.

knowledge, as well as of the field of interventions on the subject. Therefore, this programme of Action aims to establish and/or reinforce coherence within policies and the synergy in actions developed, in open dialogue between the public sector and civil society, both at national and international levels.

The Programme of action results from the work developed by the **Intersectorial Group for FGM/C**, consisting of representatives from different organisms: **Public Administration** – the Portuguese Institute of Support for Development (Instituto Público de Apoio ao Desenvolvimento – IPAD), the Office of the High Commissioner for Immigration and Intercultural Dialogue (Alto-Comissariado para a Imigração e Diálogo Intercultural – ACIDI), the Commission for Citizenship and Gender Equality (Comissão para a Cidadania e a Igualdade de Género – CIG), the Institute of Employment and Professional Training (Instituto de Emprego e Formação Profissional – IEFP), Directorate-General for Health (Direcção-Geral da Saúde – DGS), Directorate-General for Curriculum Development and Innovation (Direcção Geral de Inovação e Desenvolvimento Curricular – DGIDC); **inter-governmental organizations**: International Organization for Migration (IOM); **non-governmental organizations**: Family Planning Association (Associação para o Planeamento da Família – APF), the Alternative and Response Women Association (União de Mulheres Alternativa e Resposta – UMAR) and the Uallado Folai Association (Associação Uallado Folai); these organisms have met since October 2007, with the mentorship of the Secretary of State for the Presidency of the Council of Ministers, under an APF initiative and included in the Daphne Project "Developing National Plans of Action to Eliminate FGM in the EU" of Euronet-FGM Partnership.

The building of new partnerships and the involvement of new sectors, in a *de facto* perspective of citizenship, inter-cultural dialogue, development, equality of opportunities and non-discrimination, is paramount for the correct achievement of this Programme, aiming for the Human Rights of every woman, regardless of their age, marital status, sexual orientation, family role, occupation, social and cultural background and religious belief. Therefore, the intersectorial work group for FGM/C will be expanded to other sectors so to form a taskforce, during the completion of the Programme and according to the suggestions received during the public consultation phase.

2. Framing and background

The universality, interdependence and indivisibility of the Human Rights are principles that must not be open for relativization underpinned by religious, cultural or traditional based factors that put at risk the most elemental values of human nature. The **Universal Declaration of Human Rights**, adopted in 1948 as an unavoidable tool when addressing these questions, states that "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment." – Art. 5.

These principles have been expressed and proclaimed in documents and instruments adopted in conferences that have addressed the subject directly, including it in the thematic of gender-based violence. It is, thus, important to highlight, among others, in the context of the United Nations, the **Vienna Declaration and Programme of Action** (1993), the **International Conference on Population and Development in Cairo** (1994) and its **Programme of Action**, in addition to the **Beijing Declaration and its Platform for Action** (1995). The latter declaration calls upon the States to approve and enforce relevant legislation to combat practices and acts of violence against women, such as FGM/C.

Regarding International Law, the **Convention on the Elimination of all Forms of Discrimination against Women** (1979), usually referred to as the **"Charter of Fundamental Rights of Women"**, calls on member States to promote change in the models of social and cultural behaviour, with the purpose of eliminating customs and practices based on stereotyped roles or the idea of superiority or inferiority of either of the sexes. In the Convention, Member States agree to take the required measures to modify any legal, practical or traditional regulations that may lead to situations of discrimination against women, in which FGM/C is included, as stated under Art. 5. The campaign conducted by the Secretary-General of the United Nations with the goal of stopping violence against women, started in March 2008, should be noted, as well as the Commission's Resolutions on the Status of Women adopted during Sessions 51 and 52, dedicated to de elimination of the female genital mutilation, and the General Recommendation 14 of the Elimination of All Forms of Discrimination against Women.

Since the practice of FGM/C affects children with greatest impact, it is important to make reference to the **Convention on the Rights of the Child**, adopted on November 20, 1989 by the General Assembly of the United Nations, clearly expressing the urge for Member States to engage in respecting the rights of the child with no discrimination based on sex. At the same time, it expects States to adopt efficient and adequate measures to abolish any traditional practices that may be harmful to their health.

In the **Millennium Development Goals (MDG)**[3], adopted in 2000 by the General Assembly of the United Nations, in which the international community takes up the ambitious commitment to eradicate poverty, the subject of FGM/C is implicit in Goal III, referring to gender equality and empowerment, as well as in Goal IV and V, whose fundamental principles are the reduction of child and maternal mortality.

With regard to **the Council of Europe, its Resolution on Female Genital Mutilation** of April 12, 1999 and the **Recommendation Rec (2002) 5 of the Committee of Ministers to Member States on the protection of women against violence** are to be noted. The Recommendation, in addition to the planned measures regarding

3 Goal 1: eradicate extreme poverty and hunger; Goal 2: Achieve universal primary education; Goal 3: promote gender equality and empower women; Goal 4: reduce child mortality; Goal 5: improve maternal health: Goal 6: combat HIV/AIDS, malaria and other diseases; Goal 7: ensure environmental sustainability; Goal 8: develop a Global Partnership for Development.

violence against women, presents an array of additional measures specifically conceived regarding genital mutilation. Therefore it demands, besides the need for the criminalization of those practices, the implementation of information and prevention campaigns, the sensitization and awareness of health professionals and the support of bilateral agreements dedicated to preventing and prohibiting FGM/C.

At the European Union level, the European Parliament approved a **Resolution on Female Genital Mutilation (2001/2035 [INI)]** in which, in addition to the urgency to classify as crime any situation of FGM/C, it pleads the development of a social-structured preventive strategy, the dissemination of information on the theme, the implementation of guidelines aimed at professionals that might be in contact with this reality as well as the support of Non-Governmental Organizations [4] (NGO's) committed to the cause of FGM/C.

The European Union's **Roadmap for Equality between Women and Men** (2006 – 2010), in its chapter dedicated to the gender violence elimination related intervention, makes reference to the need of prompt action with the purpose of eliminating attitudes, practices and traditional harmful customs, explicitly identifying female genital mutilation. Among the main actions described, one can find sensitization and awareness campaigns, networking implementation support and dissemination of good practices, encouraging Member States to carry out plans of action at national level.

The European Union has recently incorporated an agreement against FGM/C in its **Cotonou Agreement**, signed in 2000 and that currently regulates the 27 members' relations with 79 countries from Africa, the Caribbean and the Pacific.

The **Africa-EU Strategic Partnership**, signed in September of 2007, which aims towards the political strengthening and the improvement of cooperation between the parties, advocates, alongside with its goals, the promotion of the Human Rights, as well as of the fundamental liberties, equality among men and women and children's rights. In a closer analysis of the document one can find, in its article 63 (Equity Between Men and Women), unequivocal reference to the need for the African countries to focus their efforts in abandoning FGM/C and other traditional harmful practices.

As FGM/C remains a deeply rooted reality in the African continent, for reasons related to traditions and customs, it is important to highlight the **African Charter on Human and Peoples' Rights** (1981) and its **Protocol on the Rights of Women in Africa**, adopted in July 11, 2003, in Maputo, documents of reference where the respect for life and physical and moral integrity of the person is emphasized, reiterating that all forms of cruel, inhuman or degrading treatment are forbidden.

4 The designation NGO is to be understood in this document in a broad sense, with no differentiation based on the legal status and, therefore, comprising NGO's dedicated to human rights, women's rights, the defence of the rights of immigrant men and women, community intervention associations, development associations and others.

Accordingly, the Member States are prompted to eliminate all forms of discrimination against women, ensuring the protection of their rights, as well as children's, such as stipulated by international legal tools.

According to WHO (2000) and in what concerns the practice of FGM/C, Portugal is country at risk. The evaluation of the level of risk is based on the assumption that the migrating communities originating from practising countries and residing in Portugal may carry on with the practice, both in the country and by arranging the visit of minors to their country of origin in order to be submitted to the FGM/C. Also, Portugal is estimated to be the country of residence where women who, having been submitted to mutilation in their home countries, may need to undergo specialized physical and psychological health care.

In a national context, the document **Uma Visão Estratégica para a Cooperação Portuguesa** (RCM nº 196, of November 24, 2005) aims at "providing enlightenment, objectivity and transparency" to the Portuguese interventions in what concerns the subject. In its chapter on gender equality, the principle of equity between men and women is presented as a universal priority, in the sense that it should integrate the different Development Aid actions, following the creeds of combating poverty and the respect for Human Rights. The intention is to improve the Portuguese Cooperation's efficiency, effectiveness, relevance and impact in this transversal area and, in addition to that, to contribute to the fulfilment of the commitments agreed internationally.

The recent changes in the **Criminal Law**[5] are also worthy of attention, particularly Art. 144 which includes an enlightening definition that classifies as attack on corporal integrity every act carried on the body or the health of a person with the effect of "severely affecting or eliminating (...) the ability to attain sexual fulfilment". The fact that the law is applicable outside the Portuguese territory must be highlighted.

However, it is necessary to remind that the theme of FGM/C in Portugal is not limited to a legal approach, with several other tools being prepared currently, in which the issue is faced in a broader manner. In addition to the above-mentioned **III Citizenship and Gender – Nacional Plan (2007 – 2010)**, in which the present Programme of Action is included, it is relevant to point out the **I National Plan Against Human Trafficking** (2007 – 2010), the **III National Plan Against Domestic Violence** and the **I Plan for the Integration of Immigrants**.

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5 Diário da República, 1ª Série – Nº. 170 – September 4, 2007 – Art. 144 - Attack on corporal integrity: "Whoever attacks the body or the health of another person with the purpose of: a) to deprive them of an important organ or limb, or to severely and permanently disfigure them; b) to eliminate or severely affect their working, intellectual capacities, their capacity to procreate or to attain sexual fulfilment, or the possibility of using their body, senses or speech; c) to cause them a painful or permanent illness, severe or incurable psychological anomaly; or d) to endanger their life; shall be punished by a jail sentence of two to ten years."

3. Facts about FGM/C

3.1 Definition and classification

FGM/C consists in “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.” [6]

Since the work developed during the last two decades and the use of a classification for FGM/C have produced some ambiguities, at the beginning of 2008, the World Health Organization (WHO) released a new classification of the different types of FGM/C, which was agreed upon in the document “Eliminating Female Genital Mutilation – an Interagency Statement: OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO”[7], approved by ten senior executives of the main organizations of the United Nations. According to the document, female genital mutilations are classified in the following structure:

3.2 Terminology

The specific terminology applied to the practices harmful to the female genitalia is diverse and extensive and may vary according to an array of factors like context, who conducts the procedures and who defends or condemns them. Consequently, one may find reference to various designations, such as: female circumcision, excision, female genital mutilation, female genital cutting, *sunna*, operation, female genital surgery, clitoridectomy, tradicional practice, *fanado pequeno* [#], among others.

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6 WHO, UNICEF, UNFPA, 1997.

7 “Eliminação da Mutilação Genital Feminina – Declaração Conjunta OHCHR, ONUSIDA, PNUD, UNECA, UNESCO, UNFPA, ACNUR, UNICEF, UNIFEM, OMS”, Portuguese Edition: APF, 2009.

The *fanado grande* is a festivity with great communal and social relevance, in which is included the cutting. *Fanado pequeno* designates the moment of cutting, which is usually an integral part of the celebration. The expressions are usually employed in the context of Portuguese-speaking African communities (Translator’s Note).

At an international level, in documents such as the **Convention on the Elimination of all Forms of Discrimination Against Women** (revised in 2003), the **Maputo Protocol** (2005) and the **Africa - EU Strategic Partnership** (2007), the more commonly applied designation is "Female Genital Mutilation", which reflects the universal and ruling principles of the rights of men and women, in conformity with the **Universal Declaration of Human Rights**.

The need to adopt an appropriate terminology adjusted to the context is a determining factor to the success of any intervention to be promoted. Therefore, in spite of the consensus around "Female Genital Mutilation", the expression can be undermining and limitative when it comes to building empathy and trust with women and within communities, and should be replaced with "Female Genital Cutting" or other designations, in the context of actions aiming at women who have been or may be submitted to the practice.

In 2008, WHO published the above-mentioned UN Interagency Statement [9] with the title "Eliminating Female Genital Mutilation – as Interagency Statement: OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO" that revised 1997's classification, in which the implications of the practice for the public health and Human Rights had been described. The document keeps and reinforces the option for the designation "mutilation", as it reflects the severity of the act, while recalling that some UN agencies that now sign the document have decided to add the term "cutting" so to remind the necessity of using non-judgemental language when interacting directly with the communities.

3.3 Procedures

Data obtained by WHO estimates that more than 130 to 140 million women, young women and girls have been submitted to FGM/C and that, every year, about another 3 million face the risk of being so.

According to the available data, FGM/C is performed in 28 countries in the African Continent and occasionally in some countries in the Arabian Peninsula, like Oman, Yemen, Bahrain and the United Arab Emirates, as well as in some regions of Indonesia and Malaysia. In India, the practice is carried on by a small ethnical group.

FGM/C has been documented in Muslim, Christian (Protestant, Catholic and Coptic), Jewish, Animistic and atheist groups. FGM/C is not included in any form of religious teaching, the resulting association deriving from specific interpretations made on the religious texts and their message.

Traditionally, FGM/C integrates or is part of a ritualized transition or purification process. These rituals involve procedures that vary according to the practicing group,

9 OHCHR - Office of the United Nations High Commissioner for Human Rights; UNFPA - United Nations Population Fund; UNAIDS - Joint United Nations Programme on HIV/AIDS; UNHCR - United Nations High Commissioner for Refugees; UNDP - United Nations Development Programme; UNICEF - United Nations Children's Fund; UNECA - United Nations Economic Commission for Africa; UNIFEM - United Nations Development Fund for Women; UNESCO - United Nations Educational, Scientific and Cultural Organization; WHO - World Health Organization.

the performer and the type of mutilation

The age at which the procedures are conducted also varies, from birth to the first pregnancy, and can happen before marriage. However, it happens more frequently at ages from four to fourteen years old. According to WHO, ages have been decreasing, especially is urban areas. This precocity may be related with several factors:

- Loss of the meaning of the practice as a rite of passage;
- Existing pressure towards typifying and criminalizing legislation;
- Reduced resistance from the child, thus making the procedure easier both for the child and the circumciser/exciser;
- Less chance and ability of opposition from the child towards the cutting.

3.4 Grounds for the existence and perpetuation of FGM/C

Justifications for FGM/C, either for the practice or the persistence, are closely connected with social, cultural and economic matters, and may even originate from a symbol of heritage and common identity for an ethnical group. These reasons are intimately linked with the devaluation of the social and economical status of women and with the idea of marriage as guarantee for the future. Therefore and according to the practising communities, the reasons for the practice are:

- To protect a woman's virginity until she marries;
- To protect the honour of the family, ensuring the legitimacy of its successors;
- To reduce the woman's sexual desire by making her "less promiscuous", as the clitoris is considered a masculine organ by these communities (connected to the increase of sexual desire, "masculinity", aggressive behaviour and of the number of sexual partners) and, therefore, its removal enhances the difference between male and female genitalia;
- To increase man's sexual pleasure during the sexual act;
- To better hygiene and aesthetics of the genitalia, since the female genitalia are considered to be filthy and unaesthetic;
- The practice is beneficial for the woman's health, enhancing her fertility;
- It is underpinned by religious fundaments;
- To make labour easier;
- To promote social cohesion;
- To better the chances of getting married;
- To maintain good health and prevent stillbirth to first-time mothers;
- To prevent a newborn's death and the child from suffering from mental illness.

The practice is closely related with matters of "family honour" and is understood as an assurance of the role and status the family has in the community, as well as

that of social cohesion itself. Female Genital Cutting is considered common practice for the preservation of moral status and virginity of the girl and, in sceneries of war, is also understood as a way of protecting girls and women against rape.

Furthermore, it should be noted that in many societies the practice of this ritual guarantees economical power and high social status to the performers of the interventions and their families. In many cases, these women conduct not only the excision ritual, but also all the arrangements for the marriage, birth and post-birth procedures as well as the defibulation, each of these happenings consisting in a source of income.

3.5 Physical and psychological consequences

The frequency and type of complications depend on the circumstances in which the procedure has been conducted, namely the conditions of hygiene, the performer's experience and the extension of the cutting and/or trauma inflicted during the procedure.

Among the more frequent immediate complications are urinary system - related complaints (urethra trauma, urinary tract infection and urinary retention), infections-related complaints (local or systemic) and haemorrhage.

There is usually no attention paid to the sterilization of the tools employed, which increases the probability of transmission of infections during the procedure, among which can be highlighted tetanus, hepatitis B and HIV/AIDS.

Chronic complications depend on the anatomical transformations and subsequent level of fibrosis produced. Several transformations have been documented and can be grouped in the following categories:

- Urological and gynaecological consequences: formation of inclusion cysts, keloids (hypertrophic scar tissue), fibrosis formations and vaginal thinning that produces dyspareunia and/or ulcerae by repetition of trauma during sexual intercourse. In the most severe cases, vaginal thinning can obstruct menstrual flow and make vaginal penetration impossible. The formation of urethral calculi deriving form the obstruction of the urethra by infibulation is documented. Scars, infection and the presence of cysts may obstruct or damage the urinary meatus, leading to urinary incontinence.
- Obstetrical consequences: FGM/C may cause obstructed labour and / or tearing of the perineum. Labour obstruction can also be accountable for pre-birth pain.
- Sexual consequences: dyspareunia and female sexual dysfunction. It is worth mentioning that, apart from female sexuality, masculine sexuality can be affected and consequences in the couple's sexual relation may occur. Studies state that men married to excised women look for other women who have not been

excised, with the intention of having sexual intercourse, which they describe as “complete” and “attractive” (Kere in Gonçalves: 2004, 22).

- Psychological consequences: the psychological consequences deriving from the cutting of genitals being harder to investigate than physical ones, the reports from women and children subjected to the practice expose feelings of anxiety, night terrors, humiliation and treason. Post traumatic stress disorder, depression and memory loss have also been observed (Behrendt, Moritz, 2005).

PART II

Programme of Action for the Elimination of FGM/C

4. Reasons for the National Intervention in preventing FGM/C

Migrations have always been a constant throughout human history, nowadays taking up a considerable dimension and a sense of irreversibility that bring up important challenges to both departure and destination countries. According to the International Organization for Migration (IOM), there are 191 million migrants in the World, which makes migrations one of the outlining factors of the 21st Century. The question is no longer the existence of migrating fluxes, but how to manage them efficiently, so to enhance their positive impact and restrict their negative consequences.

Due to the lasting nature of FGM/C, it is important to rethink the approach to the migration phenomenon, aiming for the evolution of the multicultural coexistence towards intercultural experience and supporting the importance of acknowledging cultural diversity and, therefore, of promoting equality in individual rights, regardless of the cultural background.

Ethnical specificity not being the only differentiating criteria between migrating groups, gender dimension has critical relevance in this context, therefore making pertinent to take it into consideration and to support it in the context of the policies for migration. In what regards social structure – in technical terms – the perspective of multiculturalism is insufficient when dealing with the inequity that persists between men and women, which can lead to critical cases, such as the perpetuation of FGM/C in both home and destination countries, by means of temporary travelling to the women's homelands.

Portugal is no exception and – although the real extent of the problem in the country remains unknown, mainly because of the lack of statistical data – it is urgent to create mechanisms and strategies with the purpose of preventing it from becoming a wider reality than it is today; as confined as it may currently be, it still represents by itself an alarming factor that requires prompt integrated action from both Government and civil society.

For that reason, it is now commonly accepted that reacting against actual cases of traditional practices such as FGM/C will only be possible by joining efforts locally and internationally and in a perspective of cooperation at all relevant levels. Not only must there be a close collaboration between the governments of the countries that receive the practicing communities and their home countries, but also between NGO's in the countries on both sides of the flux and international agencies, namely those existing

under the United Nations' framework.

International cooperation and advocacy[10] are vital for the approval and implementation of legislation and of action plans which aim to eliminate the practice, hence favouring effective fulfilment of the fundamental rights as human rights. It is also through advocacy generated by NGO's that governments and development agencies have, in recent decades, promoted consistency in law framing with the purpose of supporting children, youngsters and women subjected or risking subjection to FGM/C and of punishing those who allow, perform and fail to prevent the practice.

FGM/C is a practice that violates the fundamental rights of human beings and, consequently, women and children's rights, the right to health (including sexual and reproductive health), the right to physical integrity, freedom from torture or degrading treatment and the right to freedom from discrimination.

Based on these fundaments and according to the present document, the sensitization and awareness raising, prevention and elimination of FGM/C work must be based on two pillars:

- **Gender equality**

  By its nature and consequences, FGM/C represents an attempt on gender equality that is translated in one of the most violent forms of violence and discrimination against women. This reality perpetuates cases of inequity, hindering the fulfilment of the inalienable right to citizenship. Indeed, deeply rooted in these practices are stereotypes based on the idea of subordination of women in both social and family contexts. The practices of mutilation underpin distorted notions and realities in what concerns the woman's role in the different circles of society. Subjacent to factors allegedly related to customs, tradition or religion, what emerges from this very basic human rights violation is the power asymmetry that devaluates the feminine gender role in private as well as in public life.

- **Sexual and reproductive health**

  Data from international studies demonstrate that the communities that are better informed on the consequences and complications deriving from FGM/C tend to reduce its prevalence in future generations. Therefore, it is very important to address this dimension of the practice by promoting information on its various physical and psychological consequences (*see topic 3.5*). Health care and services, through their characteristics and resources, are essential prevention agents (primary, secondary and tertiary)

10 "Advocacy" is the term used here to describe different forms of political, public and financial support to a particular subject or cause. One advocates to increase support to a cause and to influence others in building a favourable atmosphere and, simultaneously, to try to promote a coherent and adequate legal framework relating to this issue; this indicates promotion, endorsement and exposure of the action.

in a multicultural approach to health and sexual and reproductive information and in the promotion of personal and social skills for women and their families. Therefore, approaching FGM/C as a public health problem shall stimulate the formation and structure of programmes and to broaden the access to basic health care, including sexual and reproductive health.

5. Intervention sectors

Because of the diversity of the effects and consequences of FGM/C to societies and communities (of origin as well as adopted communities), it is important that the sensitization and awareness, prevention and information actions are conducted in different sectors, such as social and community intervention, health, training and investigation, education and cooperation.

5.1 Community

Projects and programmes that address FGM/C must be based on the communication of clear, precise, consistent and culturally adequate information, making good use of the local communities' involvement in planning and proposed activities, taking into consideration the specific needs of the group and its values, beliefs, goals, expectations, conflicts and groups of reference. The community's involvement is crucial, since an effective change in behaviour means that every individual (directly or indirectly affected by FGM/C) is put through a process that includes successive stages: sensitization, alertness to the subject, search for information and availability of that information, assimilation of the information, analysis of the available options and their consequences, decision, change of behaviour and positive communal feedback and the sharing of experiences. In the strategies put forward for this decision making and behaviour change process, the availability of mutual aid groups is critical for the success of the actions.

Knowing that the community has an essential role in this process of change, it is essential to involve the group and the people directly affected by FGM/C (and not just its representatives and leaders) with the public power organisms, NGO's and entities responsible for the effective application and execution of this Programme of Action. This relation may take the form of meetings and conferences, as well as other activities that imply promoting FGM/C related health risks' prevention, information and education campaigns.

As the intermediary between local community and destination society, social and cultural

mediation has a critical role in facilitating dialogue and negotiation between the parties, aiming for the formation of consensus and rejecting imposition and social hierarchies. Apart from dedicated support in different areas such as healthcare, education and social action, it also promotes communication between public and private services' professionals and citizens of diverse cultural background, acts at the prevention level and actively collaborates with all actors involved in the intervention processes.

5.2 Health

Along with the interventions to be conducted with the communities at risk and women victim of FGM/C, it is relevant to highlight the importance of working together with health professionals, with the purpose of:

- Creating dedicated training: it is necessary to come up with specific training workshops for health professionals. The workshops will have to address identification and rules of action in situations of FGM/C, as well as the study and training of corrective procedures.

- Raising awareness on how to identify different types of FGM/C: anatomical transformations produced by FGM/C can be very different. Total or partial excision of the clitoris, minor labia or even the major labia can produce distortion of the vulva in very different ways. Some changes may go unnoticed if under neglectful observation. Awareness of these situations may be the only way to be able to diagnose them.

- Informing on how to react when faced with FGM/C: the practice is more than a physical or anatomical issue. It is inserted in a religious, social and cultural context that shapes the way women live, think, feel and are perceived by society. In order to create a relation of closeness with these women, it is essential to become familiar with their reality. Without that connection, it is impossible to outline adequate and effective interventions within the community. Despite the acceptance of the fact that the approach to the cases of these women must be individualized and focused on their needs and concerns, other behaviour guidelines must be devised (a standard for good practice), to be distributed among the various health services.

Numerous women wish to undergo surgical procedures to rectify the anatomical transformations they have suffered. Some techniques are documented, with that purpose in mind. As FGM/C cases become better known, the qualification of health centres and services will become more important.

5.3 Education, training and research

Sensitization and awareness-raising, information broadcasting as well as qualification of education and training professionals are critical for addressing FGM/C. Among these, priority should be given at general school level, to the qualification of teachers, training professionals and coordinators of health instruction programs, aiming for the acquisition of knowledge and working tools that are essential to the coordination of actions with the reference community and health services. The Iniciativa Novas Oportunidades (New Opportunities Initiative [11#]) is also worth mentioning, as it affects adult women with low academic education, namely immigrant women. As for the increase of knowledge on the subject, the researches developed within universities may offer an important contribution for an adequate and efficient intervention. Cooperation projects with the PALOP (Portuguese-speaking African Countries) must benefit the extension of the girls' learning at school.

Therefore, the Programme's goals regarding education, training and research are:

- To sensitize and instruct education and training professionals for FGM/C, with the purpose of:
  - Flag FGM/C cases, both accomplished and potential, among female students attending to schools and qualification centres;
  - Strengthen partnerships with health centres with the intention of, together with them and following standardized questionnaires, directing the cases to the adequate treatment;
  - Support community work, namely regarding education and training of adult individuals.

- To develop knowledge on FGM/C in Portugal with the help of investigation and research studies.

5.4 Cooperation

With the objective of fulfilling the third Millennium Development Goal (MDG), which targets promoting gender equality and women empowerment, since the participation of women is an essential contribution towards the evolution of development and its sustainability; also, with the objective of the commitments towards sexual and reproductive health as stipulated in the fifth MDG, the dimensions of gender equality and the promotion of maternal health must be part of the policies, programmes and projects of the Cooperação Portuguesa (Portuguese Cooperation). It is also essential to reinforce the attention given to girls and young women's schooling, at the different learning levels, in cooperation and development projects, as an effective contribution

11 The Iniciativa Novas Oportunidades (New Opportunities Initiative) is a programme created by the Ministry of Education and the Ministry of Labour and Social Solidarity with the objective of responding to low-level learning of youngsters, although expanding the target group to other age groups (Translator's Note).

for the fulfilment of the *second* MDG.

Since the Portuguese Government and institutions in other countries have demonstrated their intention of discouraging FGM/C, Portuguese technicians located in those countries may, according to the functions they perform and following the necessary demand, contribute to the debate and clarification of the existing doubts concerning risks for women and children's health that these practices imply.

6. Goals

- To prevent the practice of FGM/C;
- To support young women and women that have been subjected to genital mutilation, as well as their families and communities;
- Reinforce FGM/C prevention measures of the national health, education, social intervention, equality and citizenship and cooperation systems;
- To develop sensitization mechanisms, aiming towards a better knowledge of the population regarding the physical, psychological and social consequences of FGM/C, so to discourage its practice;
- To support the Portuguese contribution at an international level, namely together with the European Commission, European Parliament, Council of Europe, the Community of Portuguese Language Countries (CPLP) and the United Nations, in discouraging and preventing female genital mutilation and related practices, in the context of the sexual and reproductive, gender, education for development and citizenship rights;
- To promote and systemize mechanisms for inter-sectorial dialogue and specific actions with the involvement of both governmental sectors and NGO's, at national and international levels;
- To promote cooperation and academic investigation initiatives, in the context of advocacy for the human rights between national and international organizations.

7. Measures

Measure 1 – sensitization and awareness-raising, prevention, support and integration

Sensitization and awareness-raising to FGM/C is an invaluable instrument for an approach directed towards preventing the practice. Accordingly, a better understanding and the enhancement of the national health, education, social intervention, equality and citizenship and cooperation systems are to be seen as priorities.

Complementary to this preventive approach, another group of integration measures is to be added, specifically intended for girls, women and young women victim of FGM/C, as well as their families and communities.

Measure 2 – training

The focus on training, as well as in the preparation of material to support the different interventions in the area, is fundamental, as it provides numerous professionals with the qualified tools that are indispensable for a better designed intervention.

Measure 3 – knowledge and research

In the national context, FGM/C is a reality whose outlines are still vague. Consequently, knowledge and research are strong bets as support to the intervention policies in the area.

Measure 4 – advocacy

From the perspective of human rights, an advocacy framework is a critical component for the promotion of synergies and transformations that may be capable to boost the consolidation of sustainable policies and practices when addressing the subject.

Advocacy includes ideological ponderation, social reality observation and examination, critical analysis and distribution of written documents, proposal presentation, network operation and establishment of partnerships between NGO's and governmental departments, cooperation with technical and political executives and the media. This methodology is applied in projects and actions at national and international scale and is transversal, in what concerns the subjects addressed in the present Programme.

8. Actors, target groups and partnerships

Political commitment and dedication, consistency and coordinated action within the various sectors of the Portuguese society, in both national and international interventions, are critical requirements for the success of the measures proposed in this Programme of Action. Therefore, the following components are the main actors of the Programme of Action: the Government of Portugal, Central and Local Administration Organisms, Universities and Research Institutions, Civil Society and NGO's, particularly those operating in human rights, cooperation for development, health, citizenship and gender subjects.

Because of the diversity of actors and sectors mobilized by the subjects concerned in the present document, it is considered productive to state all individuals and groups directly or indirectly involved in performing, combating, preventing or eliminating FGM/C as the **target group** of the Programme of Action. Thus, with no intention of hierarchization, the target group is detailed in the following four sections:

1 – Girls, women, young women and families at risk of being submitted to FGM/C; girls, women, young women already submitted to FGM/C; religious and community leaderships and local power entities; communities where FGM/C is carried out, involving young and adult men; NGO's and other associations.

2 – Health, education, training, immigration (including social and cultural mediation), cooperation for development, equality and citizenship, social services, police forces and public ministries professionals.

3 – European Commission, Council of Europe, European Parliament, Assembly of the Republic (*Assembleia da República* – Portugal), CPLP and United Nations technical and political decision making agents, parliament members and representatives.

4 – Agencies for development, universities, research institutions, observation organisms, consultative councils, cooperating platforms and communication media.

The present Programme of Action is based on the promise that the work to be performed with the purpose of changing behaviour implies that the partnership mechanisms and strategies materialising the different measures will take the communities' commitment and empowerment as critical key values.

The **schedule for completion** of the activities presented is 2009/2010, i.e. the validity period of the present Programme of Action.

Part III

Activities and tables of measure

Measure 1 – sensitization and awareness-raising, prevention, support and integration

Activities	Target group	Actors	Evaluation indicators
1 – Promote debates for discussion and elaboration of community work strategies, including the promotion of pedagogy-oriented spaces in the communities.	Girls, women, young women and families risking being subjected to FGM/C. Mutilated girls, women, young women. Religious community and local power leadership. Communities where FGM/C is present, mobilizing young and adult men. NGO's and associations committed in preventing genital mutilation. Professionals of the different areas related with the practice.	PCM / CIG / ACIDI, MJ, MLSS, MH / DGS, NGO, IGO.	Number of debates.
2 – Promote individual counselling and psychological and social counselling.	Girls, women, young women and families risking being subjected to FGM/C and their families.	NGO / PISOS for Health.	Number of entities involved.
3 – Create self-help groups and social support networks (informed participation and community empowerment).	Girls, women, young women and families risking being subjected to FGM/C and their families.	NGO, PISOS for Health.	Number of groups created.
4 – Elaborate IEC material (Information, Education & Communication)	Health, education, social services, justice and cooperation for development professionals. Community associations, City Councils, Civil Parishes (*Juntas de Freguesia*), airports, Departments of Immigration and Citizenship (Serviços de Estrangeiros e Fronteiras), embassies, consulates and civil society. Religious community and local power leadership. Girls, women, young women and families risking being subjected to FGM/C. Mutilated girls, women, young women. Communities where FGM/C is present.	MFA / IPAD, PCM / CIG / ACIDI, MJ, MLSS, MH / DGS, ME / DGIDC, NGO, IGO.	Number of materials.

5 – Translate and publish: a) *Training Kit Prevention and Elimination of Female Genital Mutilation Among Immigrants in Europe*; b) *Female Genital Mutilation – Integrating the Prevention and the Management of the Health Complications Into the Curricula of Nursing and Midwifery – A Teachers Guide*; c) *Eliminating Female Genital Mutilation: an Interagency Statement – UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO*.	Professionals of the different areas related with the practice.	MFA / IPAD, PCM / CIG / ACIDI, MJ, MLSS, MH / DGS, ME / DGIDC, NGO, IGO.	Translation and publication of the manuals and documents.
6 – Promote development, at all levels of schooling, of education and formative works on traditional harmful practices (FGM/C), in the context of education for health, citizenship and development.	Education professionals. Training professionals.	PCM / CIG / ACIDI, ME / MLSS / ANQ, MLSS / IEFP, IGO.	Number of schools and qualification centres starting initiatives.
7 – Sensitize university teachers for the importance of including the study of harmful traditional practices in the academic curricula of Graduate and Post Graduate Degrees, namely in health, human, social and criminal sciences.	University teachers.	MSTHE / universities, polytechnic institutes, schools and higher education institutes, NGO.	Number of developed activities including the subject.
8 – Support immigrant associations in the development of activities that contribute for the elimination of harmful traditional practices.	Immigrants associations.	PCM / CIG / ACIDI, MH / DGS.	Number of supported activities.

9 – Foster the creation of campaigns promoting sexual and reproductive rights in the context human rights.	Journalism and communication professionals. General community.	PCM / ACIDI, MH / DGS, MPA / GMCS, NGO, IGO.	Number of executed activities.
10 – in the media, foster debates and resources for broadcasting information on FGM/C and its relation with health, including sexual and reproductive health, education and human rights development	Research teams, institutions and general community.	PCM / ACIDI, MH / DGS, NGO, IGO.	Number of debates and resources for broadcasting.
11 – Promote the creation of a network involving students living temporarily in Portugal, from countries where FGM/C exists.	Students. Students associations and youth associations. NGO's.	MFA / IPAD, PCM / ACIDI, ME / DGIDC, NGO, students associations and youth associations.	Creation of the network.

Measure 2 – training

Activities	Target group	Actors	Evaluation indicators
1 – Elaborate a protocol of action with technical guidelines in the health context.	Health professionals, including general medicine and family practice, paediatrics, obstetrics, gynaecology, psychology and psychiatry.	MH / DGS, namely in cooperation with associations and partnerships of the different areas.	Conception and publication of one protocol.
2 – Prepare a training material package on FGM/C, for the different intervention areas (education, health, society and community, cooperation).	Professionals of the different areas.	PCM / ACIDI, MJ, ME / MLSS, ANQ, MH / DGS, ME / DGIDC.	One database produced for each area.
3 – Promote the inclusion of the FGM/C subject in the health, citizenship and gender equality training material package.	Non graduate (university) students.	PCM / CIG, MH / DGS, ME / DGIDC.	Inclusion of the subject in the databases.

4 – Conduct training workshops for:			
4.1 – Health professionals, including the creation of a multidisciplinary group for the extension of the training.	Health professionals.	MH / DGS and ARS, namely in cooperation with associations of professionals, partnerships, NGO, IGO.	Number of qualification workshops; Creation of the multidisciplinary group.
4.2 – Social and cultural mediation professionals and cooperation agents.	Social and cultural mediation professionals and cooperation agents.	MFA / IPAD, PCM / ACIDI, ME / MLSS / ANQ, MH / DGS / HCH, namely in collaboration with NGO, IGO.	Number of qualification workshops.
4.3 – Teachers of all non – graduate schooling and technical and professional qualification levels, particularly health education coordinators.	Teachers and training professionals.	ME / DGIDC, MLSS / IEFP, MH	Number of qualification workshops.
4.4 – Magistracy and criminal police organisms.	Magistracy and criminal police organisms.	PCM / CIG, MIA, MJ, MH / DGS, NGO, IGO.	Number of qualification workshops.
4.5 – Social communication and media professionals.	Social communication and media professionals	PCM / ACIDI / CIG; MPA, GMCS, NGO, IGO.	Number of qualification workshops.
4.6 – Phone help lines and shelter centres' teams.	Phone help lines and shelter centres' teams.	PCM / ACIDI / CIG, MH / DGS, NGO, IGO.	Number of qualification workshops.
5 – Promote the enhancement of the education level and schooling for women and young immigrants belonging to FGM/C practising communities.	Families, women and young immigrants belonging to FGM/C practising communities.	PCM / ACIDI / CIG, ME / MLSS / ANQ, MLSS / IEFP, NGO, IGO.	Number of qualified women.

Measure 3 – knowledge and research

Activities	Target group	Actors	Evaluation indicators
1 – Expand knowledge on FGM / C.	General community; Research teams.	PCM / ACIDI / CIG, MJ, MH / DGS, MSTHE / FCT, universities / research institutes.	Number of entities that start processes; Number of entities possessing data; Number of developed studies.
2 – Create indicators for monitoring the number of FGM / C cases in fertile women and number of cases in children.	General community.	MH / DGS, NGO, IGO.	Creation of indicators.
3 – Make online information and hyperlinks on FGM / C available.	-	MFA / IPAD, PCM / ACIDI / CIG, MLSS, MH / DGS, ME / DGIDC.	Number of entities that made information on FGM/C available.

Measure 4 – advocacy

Activities	Target group	Actors	Evaluation indicators
1 – Conduct seminars on FGM/C	Technical and political decision making agents from international organizations, intergovernmental organizations, European institutions, professionals of different areas, development agencies, universities, NGO's and civil society.	Intersectorial work group for FGM/C.	Number of seminars organized.
2 – Develop communication and advocacy strategies and mechanisms along with national, European and international organizations, namely those with direct relation with the countries where FGM/C is practiced.	Technical and political decision making agents, media, civil society, women; Women, young women and girls risking being mutilated or already mutilated.	MFA / IPAD, PCM / CIG / ACIDI, MH / DGS, MLSS, ME / DGIDC, NGO, PISOS, IGO.	Number and type of initiatives generated.
3 – Reinforce preservation of cooperation bilateral and multilateral protocols promoting the engagement of girls in schooling systems, with the purpose of continuity until completion of the compulsory education.	Girls at school age. Teachers. NGO's.	MFA / IPAD, ME, NGO.	Number of protocols generated.
4 – Foster and promote debate and experiences, training and information exchange between Portuguese and other countries' NGO's.	Civil society.	NGO.	Number of partnerships between Portuguese and other practising countries' NGO's.

5 – Promote an adequate context for the development of projects and training and sensitization & awareness actions on human, children and sexual and reproductive rights, maternal and child health and sexually transmitted diseases (including HIV / AIDS), aiming for the abandonment of all the harmful traditional practices.	Women and communities in FGM/C practising countries.	MFA / IPAD, PCM / ACIDI / CIG, MLSS / IEFP, MH / DGS, NGO.	Number of presented projects and interventions.
6 – Foster debate and information on the status of asylum and refugee for girls and women risking being subjected to FGM/C, according to the international mechanisms signed by Portugal, in the European context.	Technical and political decision making agents from international organizations, intergovernmental organizations, European institutions, professionals of different areas, development agencies, universities, NGO's, civil society and media.	MIA, MJ, intersectorial work group on FGM/C, NGO.	Number of informative works, public sessions and published articles on the subject.

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Annex 1 – WHO classification of Female Genital Mutilation in 1995 – 1997 and 2008.

WHO classification, 2007	WHO classification, 1997	WHO classification, 1995
Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). When it is important to distinguish between the major variations of **Type I** mutilation, the following subdivisions are proposed: **Type Ia**, removal of the clitoral hood or prepuce only; **Type Ib**, removal of the clitoris with the prepuce.	**Type I**: clitoridectomy – removal of the skin covering the clitoris or partial or total removal of the clitoris.	**Type I**: Excision of the prepuce, with or without excision of part or the entire clitoris.
Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). When it is important to distinguish between the major variations that have been documented, the following subdivisions are proposed: **Type IIa**, removal of the labia minora only; **Type IIb**, partial or total removal of the clitoris and the labia minora; **Type IIc**, partial or total removal of the clitoris, the labia minora and the labia majora. Note also that, in French, the term „excision“ is often used as a general term covering all types of female genital mutilation.	**Type II**: excision – total removal of the clitoris with partial or total removal of the labia minora.	**Type II**: Excision of the clitoris with partial or total excision of the labia minora.
Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). When it is important to distinguish between variations in infibulations, the following subdivisions are proposed: **Type IIIa**: removal and apposition of the labia minora; **Type IIIb**: removal and apposition of the labia majora.	**Type III**: infibulation – remotion of the clitoris, labia minora and part of the labia majora; both sides of the vagina are then joined together, leaving a small opening for urine and menstrual flow elimination.	**Type III**: Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation).
Type IV: Unclassified: All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization.	**Type IV**: procedures including: piercing or incising of the clitoris or the labia; cauterization by burning of the clitoris and surrounding tissue; cutting of the tissue surrounding of the vaginal orifice (*angurya* cuts) or cutting of the vagina (*gishiri* cuts); use of substances, objects and plants to burn or perforate the genitals.	**Type IV:** Unclassified: pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (*angurya* cuts) or cutting of the vagina (*gishiri* cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it; and any other procedure that falls under the broad definition of female genital mutilation.

Annex 2 – Some international, national and community instruments and documents on human rights

I – National instruments

Universal Declaration of Human Rights, adopted 10 December 1948. General Assembly Resolution 217. UN Doc. A/810. Published in the Diário da República, I Série A, nr. 57 / 58, of March 9, 1978.

Convention Relating to the Status of Refugees, adopted 28 July 1951 (entry into force, 22 April 1954). Ratification approval: Decreto – Lei nr. 43 201 of October 1, 1960, altered by Decreto – Lei nr. 281 / 76 of April 17, published in the Diário da República nr. 91 / 76.

Protocol relating to the Status of Refugees, adopted 31 January 1967 (entry into force, 4 October 1967).

International Covenant on Civil and Political Rights, adopted 16 December 1966 (entry into force, 23 March 1976). Ratification approval: Lei nr. 29 / 78, of June 12, published in the Diário da República , I Série A, nr. 133 / 78 (altered by Aviso de Rectificação in the Diário da República nr. 153 / 78 of July 6).

International Covenant on Economic, Social and Cultural Rights, adopted 16 December 1966 (entry into force, 3 January 1976). Ratification approval: Lei nr. 45 / 78 of July 11, published in the Diário da República, I Série A, nr. 157 / 78.

Convention on the Elimination of all Forms of Discrimination against Women, adopted 18 December 1979 (entry into force, 3 September 1981). Ratification approval: Lei nr. 23 / 80 of July 26, published in the Diário da República, I Série A, nr. 171 / 80.

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted and opened for signature, ratification and accession by General Assembly resolution 39/46 of 10 December 1984 (entry into force, 26 June 1987). Ratification approval: Resolução da Assembleia da República nr. 11 / 88, of May 21, published in the Diário da República, I Série, nr. 118 / 88;
Ratification: Decreto do Presidente da República nr. 57 / 88, of July 20, published in the Diário da República, I Série, nr. 166 / 88.

Convention on the Rights of the Child, adopted 20 November 1989. General Assembly Resolution 44/25. UN GAOR 44th session, Supp. No. 49. UN Doc. A/44/49 (entry into force, 2 September 1990). Aproval for ratification: Resolução da Assembleia da República nr 20 / 90, of September 12, published in the Diário da República, I Série A nr. 211 / 90.
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Human Rights Committee. General Comment No. 20, 1992. Prohibition of torture and cruel treatment or punishment.

Regional treaties

European Convention for the Protection of Human Rights and Fundamental Freedoms, adopted 4 November 1950 (entry into force, 3 September 1953).

American Convention on Human Rights (entry into force, 18 July 1978).

African Charter on Human and Peoples' Rights (Banjul Charter), adopted 27 June 1981. Organization of African Unity. Doc. CAB/ LEG/67/3/Rev. 5 (1981), reprinted in 21 I.L.M. 59 (1982) (entry into force, 21 October 1986).

African Charter on the Rights and Welfare of the Child, adopted 11 July 1990. Organization of African Unity. Doc. CAB/LEG/24.9/49 (entry into force 29 November 1999).

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, adopted 11 July 2003, Assembly of the African Union (entry into force 25 November 2005).

II – other reference documents

Resolution of the Council of Europe on Female Genital Mutilation (2001 / 2035 (INI)).

Recommendation Rec (2002) 5 of the Committee of Ministers to Member States on the Protection of Women Against Violence.

Charter of Fundamental Rights of the European Union, solemnly proclaimed by the European Parliament, Council of Europe and European Commission on December 7, 2000.

European Comission's COM (2006) 92, **Roadmap for Equality between Women and Men** (2006 – 2010).

III – National plans

III Citizenship and Gender – Nacional Plan (2007 – 2010), approved by the Council of Ministers Resolution (Resolução do Conselho de Ministros) nr. 82 / 2007 of June 6, 2007.

III National Plan Against Domestic Violence, approved by the Council of Ministers Resolution nr. 83 of June 22.

I National Plan Against trafficking in Human Beings (2007 – 2010), aproved by the Council of Ministers Resolution nr. 81 of June 22.

Acronyms

ACIDI – Office of the High Commissioner for Immigration and Intercultural Dialogue (Alto-Comissariado par a Imigração e Diálogo Cultural)
ANQ* – National Agency for Qualification (Agência Nacional para a Qualificação, IP)
ARS* – Regional Health Administration (Administração Regional de Saúde)
CIG* – Commission for Citizenship and Gender Equality (Comissão para a Cidadania e a Igualdade de Género)
CPLP – Community of Portuguese Language Countries
CPO – Criminal Police Organisms
DGIDC* – Directorate-General for Curriculum Development and Innovation (Direcção Geral de Inovação e Desenvolvimento Curricular)
DGS* – Directorate-General for Health (Direcção-Geral da Saúde)
FCT* – Foundation for Science and Technology (Fundação para a Ciência e Tecnologia)
HCH – High Commission for Health
FGC – Female Genital Cutting
FGM – Female genital Mutilation
FGM/C – Female Genital Mutilation / Cutting
GMCS* – Media Office (Gabinete para os Meios de Comunicação Social)
HIV/AIDS – Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
IEC – Information, Education and Comunication
IEFP* – Institute of Employment and Professional Training (Instituto de Emprego e Formação Profissional)
IGO – Intergovernmental Organization
IOM – International Organization for Migration
IPAD* –Portuguese Institute of Support for Development (Instituto Português de Apoio ao Desenvolvimento)
MDG – Millennium Development Goals
ME – Ministry of Education
MFA – Ministry of Foreign Affairs
MH – Ministry of Health
MIA – Ministry of Internal Affairs
MJ – Ministry of Justice
MLSS – Ministry of Labor and Social Solidarity
MPA – Ministry of Parliamentary Affairs
MSTHE – Ministry of Science, Technology and Higher Education
NGO – Non-Governmental Organization
OHCHR – Office of the United Nations High Commissioner for Human Rights
PALOP – Portuguese-speaking African countries
PCM – Presidency of the Council of Ministers
PGR* – Attorney General's Office (Procuradoria-Geral da República)

The acronyms marked with "*" retain their original form, as they designate Portuguese institutions, programmes or entities whose official designations have been defined in Portuguese language. As an official translation into English is not always presented, to avoid confusion and facilitate subsequent consultation, those acronyms have been kept unaltered. An original version of the designation of the entity is provided (in brackets). (Translator's Note)

PISOS – Private Institutions for Social Solidarity
RCM* – Resolution of the Council of Ministers (Resolução do Conselho de Ministros)
UNAIDS – Joint United Nations Programme on HIV/AIDS
UNDP – United Nations Development Programme
UNECA – United Nations Economic Commission for Africa
UNESCO – United Nations Educational, Scientific and Cultural Organization
UNFPA – United Nations Population Fund
UNHCR – United Nations High Commissioner for Refugees
UNICEF – United Nations Children's Fund
UNIFEM – United Nations Development Fund for Women
WHO – World Health Organization

For the human rights of every girl and woman in the World... to oppose, eliminate, abandon, prevent and discourage Female Genital Mutilation.

