



Federal Ministry  
for Economic Cooperation  
and Development

# Female genital mutilation

The contribution made by German development policy towards  
ending this violation of the human rights of girls and women

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# Table of contents

<b>1. CONTEXT AND SCOPE</b>	<b>3</b>
<b>2. CURRENT SITUATION</b>	<b>4</b>
2.1 Definition and terminology	4
2.2 Physical and psychological consequences of FGM	4
2.3 How widespread is this practice?	5
2.4 Social dynamics of FGM	5
<b>3. GUIDING PRINCIPLES FOR A COMPREHENSIVE APPROACH TO ENDING FEMALE GENITAL MUTILATION</b>	<b>6</b>
3.1 Human rights approach	6
3.2 Gender equality	7
3.3 Multi-sectoral and multi-level approach	7
<b>4. CONTRIBUTION MADE BY GERMAN DEVELOPMENT POLICY TOWARDS ENDING FGM</b>	<b>8</b>
4.1 Development policy approaches and activities	8
4.1.1 Political dialogue	8
4.1.2 Strategic steering instruments	8
4.1.3 FGM as a cross-cutting issue	9
4.2 Approaches under Financial Cooperation	9
4.3 Approaches under Technical Cooperation	9
4.4 Cooperation with international organisations, regional organisations and other donors	10
4.5 Cooperation with civil society	10
<b>5. FUTURE OUTLOOK</b>	<b>11</b>
<b>List of acronyms and abbreviations</b>	<b>12</b>
<b>Links and further reading</b>	<b>12</b>

# 1 Context and scope

The German government applies a values-based approach in its development policy. At the centre of this approach is human dignity. Human dignity is a universal right and the dignity of each and every individual is protected by internationally guaranteed human rights. Upholding human rights is a central tenet of our values-based development policy. The cross-sectoral BMZ strategy *Human Rights in German Development Policy* (2011) is binding for all the institutions of official German development cooperation. It makes human rights standards and principles a requirement for all development policy projects and a basis for all discussions pertaining to cooperation with national and international partners. The human rights approach explicitly encompasses the rights of girls and women.

The present paper sets out the position of German development policy with regard to female genital mutilation (FGM). Development cooperation must play a part in efforts to overcome FGM as a cultural tradition, and to encourage the countries concerned to outlaw and abolish this practice, and to promote change so that FGM is no longer regarded as a necessary social norm.

The present position paper describes various possibilities for integrating FGM projects into priority areas of development cooperation, points out the characteristics of effective approaches and lists essential elements for designing FGM projects and components. The paper is also a concrete tool which can be used in designing country portfolios.

It is aimed at BMZ staff members, advisors and consultants in the field of German official and non-governmental development cooperation, representatives of partner organisations in Germany and abroad, and national and international experts and stakeholders.

Within its development policy, the German government has many different intervention options which it can use to fight FGM at various levels. They include, in particular, bilateral official and non-governmental development cooperation, and also the regional and multilateral levels, which are supported via financial support and through active participation in the development of strategies and programmes. Exchange within the German government serves the purpose of ensuring a coherent approach in the context of FGM.

Eliminating FGM is a task for all governmental and non-governmental stakeholders in German development policy.

## 2 Current situation

More than 130 million girls and women around the world have undergone genital mutilation. In the next decade 30 million girls are at risk of being subjected to the practice. Female genital mutilation is practised in 28 countries in Africa; it also takes place in the southern part of the Arabian Peninsula and in some countries in Asia. As a result of migration FGM is now also widespread in many other countries. This infringement of the integrity of the female body is a serious violation of human rights. It is an expression of globally occurring discrimination and violence towards women and girls. Genital mutilation has serious health and psychological consequences.

### 2.1 DEFINITION AND TERMINOLOGY

Female genital mutilation means all procedures where the external female genitalia are partially or totally removed or are operated on (and thereby damaged) for non-medical reasons. In the most extreme form of FGM the vagina is sewn up leaving only a small opening (infibulation). In order to achieve international standardisation in the terms used, the World Health Organization (WHO) differentiates between four types of FGM. Although this means that the terminology is clear, it is still not always possible to categorise the exact procedure that has been carried out in each case.

In addition to the expression “female genital mutilation”, the terms “female genital cutting” (FGC) and “female circumcision” or “circumcision of girls” are also used. It is often felt that the expression female circumcision, because of the potential analogy with male circumcision, does not properly reflect the extreme seriousness of the procedure. In international discourse some organisations prefer to talk about FGC because it is seen as less derogatory towards the girls and women concerned since it does not solely portray them as victims. On the other hand, the use of the term “mutilation” underlines the severity of

the procedure and is therefore used by international organisations such as the Inter-African Committee on Traditional Practices (IAC) and by numerous other activists as well. The BMZ also uses the expression “female genital mutilation”, in order to make it clear that this practice is a serious violation of human rights.

### 2.2 PHYSICAL AND PSYCHOLOGICAL CONSEQUENCES OF FGM

The effects of FGM on women’s and girls’ health are extensive. The procedure itself can result in the death of the girl concerned, because it is often carried out under unhygienic conditions.

The sometimes irreversible and long-term health impacts include infections, severe damage to reproductive and sexual health, chronic pain, serious complications in childbirth and an increased risk of HIV infection. This means that the risk of maternal and child mortality is considerably increased. In some cases the mutilation or its consequences even lead to death.

In addition, the mental health impact in the form of depression and post-traumatic stress disorders is severe.

### 2.3 HOW WIDESPREAD IS THIS PRACTICE?

The practice of genital mutilation is most widespread on the African continent. There it is found in 28 countries. The frequency of the practice varies greatly from one region or country to the next, depending in particular on ethnicity. There are some countries with prevalence rates of well over 90 per cent (e.g. Egypt, Djibouti, Guinea and Somalia). Even though the overall prevalence is low in some countries, in areas where FGM is practised it occurs widely (e.g. Ghana; where 4 per cent of all women have been mutilated, but far more than 40 per cent of women in some northern parts of the country). FGM is also practised in some countries in the Middle East and in Asia (including Yemen, Indonesia, India and Pakistan). Less is known about the prevalence of the practice in Asia than about the situation in Africa. FGM can also be found in Europe, as a result of migration to European countries from countries where the practice is prevalent.

The procedure is usually performed on girls between the ages of 0 and 15 years, often on babies just a few days old, and rarely on grown women. FGM may be part of an initiation ritual marking the passage from girlhood to womanhood. Although the age of the girls varies from region to region, the trend is for the procedure to be carried out on girls who are younger and younger. There are various possible reasons for this: the practice may be losing its meaning as an initiation ritual or the changes may be an attempt to avoid difficulties with the law or to reduce the possibility of resistance from the girls concerned.

The procedure is usually carried out by lay women (traditional cutters) without anaesthetics using very basic tools such as knives, shards of glass or razor blades. In some regions FGM is increasingly being carried out by health workers in hospitals (medicalisation of genital mutilation); such is the case in Egypt and Indonesia, for example. This evokes the false impression that the procedure is a normal operation with a reduced health risk, but it goes against medical ethics as laid down in the Helsinki Declaration issued by the World Medical Association in 1964. FGM is and remains a serious infringement of the physical integrity of women and girls.

### 2.4 SOCIAL DYNAMICS OF FGM

Female genital mutilation is a practice with deep social roots. In many cases it is seen as a social norm or a religious imperative.

The reasons given for carrying out genital mutilation vary from region to region. However, FGM is regularly justified with the argument that it is done out of respect for local traditions or that it is necessary for social acceptance. Those undergoing the procedure and their families assume that the mutilation will bring social and reproductive advantages. Power relationships between the sexes and between generations also serve to preserve the practice. Underlying the various reasons given for the practice is often an implicit social definition of female sexuality and identity within patriarchal structures. In some countries, the practice is also understood by its supporters as a religious duty, even though representatives of all religions condemn female genital mutilation as a violation of the human dignity of the girls concerned.

In regions where FGM is practised, it is a socially accepted practice and is generally supported by most of the members of a community, including the women themselves. Families who do not want to subject a girl to genital mutilation run the risk of social exclusion as long as the majority in a community continues to adhere to the practice. Since FGM is closely linked to marriageability, they also run the risk that the girl's chances of marriage and thereby often her economic survival too will be drastically reduced.

## 3 Guiding principles for a comprehensive approach to ending female genital mutilation

Our efforts towards eliminating FGM are an expression of the German government's acknowledgement of the inviolability of human dignity, as emphasised in the German Constitution (Basic Law) and in the Universal Declaration of Human Rights. FGM violates human dignity in a particularly gruesome way.

The guiding principles for a comprehensive approach to ending FGM are the human rights approach, gender equality and a multi-sectoral approach.

The **human rights approach** of the BMZ, which is bindingly anchored in the BMZ's *Human Rights Strategy*, creates the framework for the contribution made by German development cooperation towards fighting FGM. One principle of the human rights approach is putting a particular focus on vulnerable groups. The *Human Rights Strategy* therefore emphasises that the rights of women and girls must be strengthened. This also includes defining gender-based violence – for example, female genital mutilation – as a clear violation of human rights, and promoting appropriate measures to stop it. Fighting FGM is thus an essential element when it comes to supporting gender equality. Development cooperation programmes regularly contribute to a broader process of discussion within society about human rights and about traditional role models within the societies that practice FGM. The **multi-sectoral and multi-level approach** applied as part of German development cooperation to address FGM is an appropriate reflection of the complexity of this issue. All relevant stakeholders are included, not just state actors, but also the local population and religious and traditional authorities. The three guiding principles are explained in more detail below.

### 3.1 HUMAN RIGHTS APPROACH

By following a human rights approach, German development policy establishes a consistent link to human rights standards, principles and interpretations, also in all interactions with partners.

FGM is a **serious human rights violation**. It is not only the **right to physical integrity** that is violated, FGM also violates the right to health. FGM is condemned internationally in numerous documents and agreements under international law as a discriminating practice that goes against human rights. Thus all countries are called upon to end FGM; this call is enshrined in particular in the **UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, Art. 2)** and in the **UN Convention on the Rights of the Child (especially Art. 24, paragraph 3)**. In December 2012, the **UN General Assembly** passed a **specific resolution on FGM (A/RES/67/146)**; this was the first-ever resolution calling on all states to adopt effective measures to overcome and prevent FGM.

In the case of **Africa**, the **Maputo Protocol** is particularly important when it comes to protecting the rights of women in Africa; this additional protocol to the African Charter on Human Rights and People's Rights entered into force in 2005. Article 5 of the Maputo Protocol expressly recognises harmful traditional practices such as FGM as human rights violations and underlines the responsibility of states to specifically protect and empower women by means of appropriate legislation, measures to raise public awareness and other interventions. In addition, under Article 21 of the African Charter on the Rights and Welfare of the Child (ACRWC) signatories to the

Charter undertake to protect children from harmful social and cultural practices.

Many of the **countries with which Germany cooperates** have meanwhile made FGM a **crime punishable by law**. In countries where this is not yet the case, Germany urges partner governments to classify FGM as a crime and punish it accordingly. Since female genital mutilation is a practice that is **backed by traditions and customs, it is not enough just to impose a legal ban on the procedure**. The result of such bans can be that the procedure is carried out in secret or in neighbouring countries or on younger and younger girls. National legislation must therefore also be supported by traditional or local-level legal structures.

### 3.2 GENDER EQUALITY

Female genital mutilation is an expression of globally occurring discrimination and violence towards women and girls. There is a close link between FGM and the way a society perceives male and female gender roles. In many of the countries with which Germany cooperates, most of the decision-making is still in the hands of men and it is they who therefore play an essential role in deciding for or against FGM. That is why it is important that men in particular are informed about the negative consequences of FGM and are persuaded to participate in efforts to put an end to it. One particularly effective way of achieving this is by involving key actors such as religious leaders, local authorities and teachers in these efforts. These people have access to strong networks within the community and they play an important role in guiding and shaping views in their communities as opinion leaders and role models.

### 3.3 MULTI-SECTORAL AND MULTI-LEVEL APPROACH

Eradicating female genital mutilation is more than just a matter of health information campaigns. Long years of experience have shown that information campaigns and awareness-raising alone are not enough to change attitudes and behaviour in the communities concerned. Despite being informed about the harmful impacts on health, practising

communities continue to hold on to this tradition. What is more, in the past this approach has had the effect, among other things, of encouraging the so-called medicalisation of the procedure. **FGM is a social problem with deep cultural roots** in the communities concerned. As a consequence, FGM can only be eradicated by bringing about a collective social change. This requires a **multi-sectoral approach**.

The aim of programme-based approaches to end FGM must therefore be that **all the members of a community discuss the topic of FGM** and are able to participate in reaching a decision to discontinue this practice. The BMZ applies various approaches, including a **dialogue approach** which provides a protected space for the members of a community to talk about previously taboo topics such as sexuality or female genital mutilation, and to share and exchange information with health personnel about the health risks that FGM poses. This dialogue about sensitive topics like FGM lays the groundwork for a change in attitude and behaviour in the communities concerned. Today it is internationally recognised that this is exactly the kind of programme-based approach that is suitable for ending female genital mutilation.

In view of this, the BMZ strives to **integrate** activities for eliminating FGM into **programmes in various sectors in countries with a high prevalence of FGM**. This approach mirrors the complexity of the topic of female genital mutilation. Approaches that address the local level in particular (inter-generational dialogues and raising awareness among community councils) are specifically combined with activities to strengthen civil society, build networks and provide advisory services at the national level. This includes, for example, supporting the efforts of partner governments to draw up and implement legislation against FGM, or to integrate the topic into national school curricula. It also includes cooperation with key actors, such as religious or traditional leaders, medical staff or teachers, whose special standing in society means that they can influence changes in behaviour. And it includes training and conducting a dialogue about values, especially about the universal validity of human rights, particularly the right to physical integrity.

## 4 Contribution made by German development policy towards ending FGM

German development policy uses a **holistic approach** to contribute to eradicating FGM as a cultural norm: **Education, raising awareness and dialogue are combined with measures designed to strengthen the capacity of governmental and civil society organisations, and with efforts to provide policy advice at the national, regional and international levels.** Partner governments and non-governmental organisations receive support for their efforts to create the necessary enabling environment for eradicating FGM. In addition, activities are carried out with the aim of integrating the topic into bilateral projects under German development cooperation in the priority areas of health, education and governance.

The only way to achieve the international goal of eradicating FGM worldwide within a generation is if the international community and civil society work together. For German official cooperation this means deploying all the instruments available for ending this practice and supporting the harmonisation of donor activities.

The BMZ is also part of a German working group to eliminate FGM. In this working group, which brings together federal and local government and NGOs, the BMZ is actively working to ensure a coherent approach within the German government.

### 4.1 DEVELOPMENT POLICY APPROACHES AND ACTIVITIES

#### 4.1.1 Political dialogue

Within the context of its **political dialogue** with the governments of partner countries, the German government discusses with them on a regular basis their obligations to respect, protect and fulfil **women's and girls' human rights**. In its political dialogue with those countries in Africa where FGM is prevalent, the BMZ expressly calls on them to ratify and implement the Maputo Protocol, since Art. 5 commits the signatories to introduce comprehensive measures to fight FGM.

Targeted offers of support are made in a bid to encourage partner countries to do more towards eliminating this practice. Funding committed for measures to fight FGM is documented in the Summary Record of Negotiations and is thus part of the outcome of government negotiations. However, the only way that a truly lasting contribution can be made towards stopping FGM is if the partner government accepts ownership of this task.

#### 4.1.2 Strategic steering instruments

Country strategies and sector papers provide the conceptual framework for the political dialogue with partner countries and for designing projects at the implementation level. The guidelines for the elaboration of these strategies and papers point out that – where relevant – the topic of female genital mutilation should also be included in discussions about human rights. In a country where FGM is prevalent, the possibility of **integrating** a component addressing female genital mutilation, especially in the priority areas of **health, education, good governance and rural development**, should be considered.



#### 4.1.3 FGM as a cross-cutting issue

FGM is relevant as a cross-cutting issue for 28 countries in Africa and for some Asian and Arab countries. That is why, **in countries with a high prevalence of FGM** the BMZ seeks to systematically integrate measures to stop female genital mutilation into activities in the priority areas of **good governance, education and rural development**. One source of suggestions for ways to anchor the topic of FGM in these priority areas is the *Guidelines on incorporating human rights standards and principles, including gender, in programme proposals for bilateral German Technical and Financial Cooperation*, published in February 2013.

#### 4.2 APPROACHES UNDER FINANCIAL COOPERATION

There are various possibilities for contributing to efforts to stop female genital mutilation within the context of Financial Cooperation. Measures to promote positive changes in behaviour are integrated into a range of projects as part of **social marketing** activities, for example in the context of **HIV prevention** or **family planning**. Communication via the strategic use of mass media can thus be achieved.

In addition, the work of local **non-governmental organisations (NGOs)** can be supported by means of **funds** specially set up for this purpose. Local NGOs that are already successfully engaged in activities relating to this topic thus gain access to finance and technical support for their work. What is more, studies to improve the data base can be funded. Such studies are an important basis for elaborating and adapting programmes and strategies for eradicating FGM in the countries with which Germany cooperates.

Integration of the topic into output-based aid projects is also conceivable. In such projects the disbursement of funds is linked to the fulfilment of pre-determined results. For example, necessary clinical services to mitigate the impacts of FGM can be financed via **health vouchers**. Activities can also be implemented via regional projects, for example within the framework of support for the West African Health Organisation (WAHO).

#### 4.3 APPROACHES UNDER TECHNICAL COOPERATION

Technical Cooperation seeks to support efforts to eliminate female genital mutilation at both target group level and the national and regional levels. The measures under Technical Cooperation link approaches and activities at the target group level with efforts to support organisations at the regional level, and specific policy advice at the national level. This **multi-level approach** is successful because it combines various approaches and instruments, thereby reflecting the complexity of the problem of FGM. In this way it is possible to develop and pilot innovative approaches locally, whilst the lessons learned can be fed into advice given at the political level.

**The national level:** Partner governments receive support for their efforts to create the necessary enabling environment for eradicating FGM. This includes advice on developing and implementing national action plans, and on formulating draft legislation making FGM a crime punishable by law, or advice on integrating measures to stop FGM into sector policies (health, education, good governance and rural development).

**The local level:** The main role played by local partner organisations is **political mobilisation** and representing the interests of victims and stakeholders in the context of FGM. In dialogue with the population, non-governmental actors can develop ways to protect girls and women from FGM including in the context of traditional legal structures. Partner organisations should therefore be supported in their efforts to develop their skills and capacities.

Within the scope of the work with affected communities and mediator groups, the task of Technical Cooperation is the initial (and further) development and dissemination of **innovative and culturally adapted strategies for changing attitudes and behaviour**. It is of key importance in this context that traditional and religious leaders are included, since they are able to speak out in their communities in support of protecting the physical integrity of girls. The BMZ applies various approaches, including a **dialogue approach** which provides a protected space for the members of

a community to talk about previously taboo topics such as sexuality or female genital mutilation, and to share and exchange information with health personnel about the health risks that FGM poses. The Generation Dialogue approach, for example, used together with **information campaigns** in schools, can help make sure that the measures reach not only girls and boys in schools but also their families and their home communities, and young people without access to formal school education.

By sending experts tasked with advising local organisations for example, it is possible to ensure that the reach of these measures as part of a multi-level approach is extended. This can also be achieved by means of targeted measures in the field of human capacity development.

#### 4.4 COOPERATION WITH INTERNATIONAL ORGANISATIONS, REGIONAL ORGANISATIONS AND OTHER DONORS

Over the course of the last few years commitment to eliminating female genital mutilation has increased both in the countries concerned and at the international level. In 2008, the OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM and the WHO issued a joint declaration setting out how they want to eliminate FGM. In this declaration they pledged to eliminate FGM within the next generation.

**The BMZ is working to achieve increased cooperation with international organisations and regional organisations.** UNICEF and UNFPA have been working together to end FGM in a Joint Programme on Female Genital Mutilation/Cutting since 2008. It is currently active in 17 countries. The BMZ is supporting the Joint Programme and cooperating with it, particularly with the aim of integrating successful approaches like the Generation Dialogue into the Programme.

Advice being given to the **African Union (AU)** through a project under Technical Cooperation for promoting good governance, especially the implementation of the Maputo Protocol and other

international legal norms with a view to ending harmful traditional practices, is a first step towards strengthening regional involvement in efforts to end FGM in Africa. The BMZ will be stepping up its cooperation with the AU in the future.

On 25 November 2013, the **EU Commission** published a communication entitled *Towards the elimination of female genital mutilation*, in which it sets out which measures it intends to take in order to fight FGM within the European Union and in international cooperation.

The BMZ is examining how it can work with the bodies of the European Union in order to cooperate on relevant measures.

The BMZ is engaged in the **Donors Working Group on FGM/C**. In this working group governmental and non-governmental donor organisations have agreed on a common programme-based approach and engage in intensive exchange about designing programmes and activities which also involve civil society organisations.

#### 4.5 COOPERATION WITH CIVIL SOCIETY

An important pillar of engagement is coordinated action with **civil society** at the national, regional and international levels, in order to develop strategies for both increasing the reach of interventions and winning new partners.

The contribution made by civil society and faith-based organisations plays an extremely important role within German development cooperation. The work they do in our partner countries – mostly in affected communities – contributes substantially to the development of innovative approaches to eliminating female genital mutilation and disseminating them in cooperation with local partners. The BMZ provides support for measures carried out by various private agencies; applications for funding are accepted for projects that are based on the guiding principles of the Platform for Action of the Donors Working Group on FGM/C or the qualitative criteria of the NGO network INTEGRA. The INTEGRA network

brings together private agencies, and faith-based aid organisations.

Cooperation with civil society goes beyond financial support: the BMZ conducts regular dialogues with civil society in order to exchange and share informa-

tion about good practices and lessons learned. In addition the Ministry also supports the work of private agencies by sharing the findings of studies with them and advising them on impact monitoring.

## 5 Future outlook

Germany advocates and pursues a values-based approach to development policy that has the protection of human rights at its heart. This also implies a responsibility to contribute to the eradication of FGM as an infringement of the physical integrity of millions of girls.

The international community has underlined its desire to eradicate the practice of FGM within the next generation. The BMZ will continue to play its part in working towards this goal using a human-rights-based approach. Apart from continuing to work closely with African partners, the BMZ will also examine the ways it can contribute to fighting FGM

in Asia. There are extensive gaps in the data available for Asia and there are still very few documented approaches to stopping FGM in the region. The BMZ will also support multilateral initiatives, in particular the UNFPA-UNICEF Joint Programme on FGM/C. German development policy will continue to make a contribution towards eliminating FGM. Germany's official development policy will make use of all available instruments, including the multi-sectoral approach. The social norm upon which genital mutilation is founded must be challenged and changed so that millions of girls and women can be protected from genital mutilation, and their rights can be strengthened.

## List of acronyms and abbreviations

<b>ACRWC</b>	The African Charter on the Rights and Welfare of the Child
<b>AU</b>	African Union
<b>BMZ</b>	Federal Ministry for Economic Cooperation and Development
<b>CAT</b>	Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
<b>CEDAW</b>	Convention on the Elimination of all Forms of Discrimination Against Women
<b>DWG</b>	Donors Working Group on Female Genital Mutilation/Cutting
<b>EU</b>	European Union
<b>FGM/ C</b>	Female Genital Mutilation/Cutting
<b>IAC</b>	Inter-African Committee on Traditional Practices
<b>NGO</b>	Non-governmental organisation
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>WAHO</b>	West African Health Organisation
<b>WHO</b>	World Health Organization

## Links and further reading

**Human Rights in German Development Policy;** BMZ Strategy Paper, 4/2011

**Gender Equality in German Development Policy;** BMZ Strategy Paper, 5/2014

**Fact sheets on gender equality in development cooperation;** BMZ information brochure, 3/2011

**Young people in German development policy – a contribution to the implementation of the rights of children and youth;** BMZ Strategy Paper, 12/2011

**Health and Human Rights;** BMZ Special 165, 7/2009

**Sector Strategy: German Development Policy in the Health Sector;** BMZ Strategy Paper 187, 8/2009

**Sexual and Reproductive Health and Rights and Population Dynamics;** A BMZ Policy Paper, BMZ Special 149, (2008)

Homepage of the **Joint Programme on Female Genital Mutilation/Cutting** of UNICEF/UNFPA  
<http://www.unfpa.org/joint-programme-female-genital-mutilationcutting>

**Communication from the Commission to the European Parliament and the Council**  
Towards the eradication of female genital mutilation; COM (2013) 833, final

OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO  
**Eliminating Female genital mutilation – An interagency statement**  
[http://whqlibdoc.who.int/publications/2008/9789241596442\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf?ua=1)

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