

Summary of the OHCHR Report on human rights and the practice of female genital mutilation and excision in Guinea

April 2016

1. Introduction and Legal Background

Female genital mutilation / excision (FGM/E) is strongly anchored in the customs and traditions of 29 countries in Africa and the Middle East¹, and has been noted elsewhere. WHO estimates that 130-140 million girls and women alive today have suffered some form of FGM/E; more than 30 million girls risk being forced to endure this practice in the coming decade.²

Guinea has the second highest prevalence of FGM/E worldwide, after Somalia. Although FGM/E is forbidden by law, it is practised in every region, by all ethnic or religious group and social class, and 97% of Guinean women and girls aged 15-49 have suffered excision.³ Although FGM/E is decreasing worldwide, a national Demographic and Health Study (EDS) found in 2012 that FGM/E had slightly increased since 2002.⁴

FGM/E involves multiple violations of the human rights of women and girls, and is prohibited in international law, under multiple legally binding conventions to which Guinea is party.

The question is also addressed in the African Charter on Human and Peoples' Rights and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol), which details measures that States must take to eradicate harmful practices with negative impacts on women's rights. The African Charter on the Rights and Welfare of the Child, ratified by Guinea, requires State Parties to take all appropriate measures to "eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child", particularly "customs and practices prejudicial to the health or life of the child" and "those customs and practices discriminatory to the child on the grounds of sex or other status". In July 2004, African Union Heads of State and Government adopted the Solemn Declaration on Gender Equality in Africa, which expresses deep concern regarding the negative impact of harmful practices on women and invites all

¹ Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Iraq, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Togo, Uganda, United Republic of Tanzania, Yemen

² UNICEF, *Female Genital Mutilation/Cutting: A statistical overview of exploration of the dynamics of change*, July 2013, New York.

³ See mapping in UNICEF, *Female Genital Mutilation/Cutting: A statistical overview of exploration of the dynamics of change*, July 2013, New York.

⁴ Guinea's 4th Demographic and Health Study was carried out in October 2012 by the *Institut national de la statistique* (INS).

Member States of the African Union to take action to completely eradicate such practices.⁵

Guinea's Constitution guarantees respect for the physical and moral integrity of all individuals and for the principles of equality and non-discrimination. The Penal Code prohibits, and provides for life imprisonment for, any mutilation of the genital organs of men (castration) or women (excision).⁶ This prohibition is reaffirmed in Guinea's 2008 Children's Code, which makes perpetrators liable to imprisonment of between three months and two years and/or a fine, sanctions which are further strengthened if the victim suffers permanent disability or death. In November 2010, the Guinean Ministry for Social Action, the Advancement of Women and Children's Issues published five decrees which, *inter alia*, prohibited FGM/E in all public and private health centres throughout the country.⁷

2. Current situation regarding FGM/E in Guinea

Guinea's estimated 11 million inhabitants stem from various ethnic groups. In terms of religious belief, Islam dominates in Upper and Middle Guinea and to a lesser extent in Lower Guinea (85% de la population). Christianity (10% of the population) and animism (5%) are more widespread in Forest Region of Guinea (*Guinée forestière*). Most Guinean women have suffered Type 2 FGM/E, in other words the total or partial ablation of the clitoris and labia minora, with or without ablation of the labia majora. According to the 2012 EDS study, 84% of women aged 15 to 49 have suffered ablation; 8%, infibulation; and 6%, cutting with no removal of flesh. The most extreme form of FGM/E, Type 3 (infibulation), is practised among the Peuhle ethnic group and by the Tomas.⁸ Age appears to have no impact on the type of FGM/E practised. The EDS found a 96% prevalence of FGM/E among women aged 15-49 in 2005, and a 97% prevalence in 2012. FGM/E were practised by all ethnic groups without significant disparities, excepting the Guerzé, a mostly Christian and animist group of *Guinée forestière*. While the prevalence of the practice did not shift significantly from 1999 to 2012 among most ethnic groups, among the Guerzé, the EDS noted a significant decline, from 89% in 1999 to 66% in 2012.⁹ Studies are underway to determine the reasons for this decrease; relevant stake-holders feel it may be the result of awareness campaigns in *Guinée forestière*.

Although globally FGM/E is more prevalent in rural zones¹⁰, in Guinea there is no significant difference in prevalence in urban areas (96.8% of women aged 15-49) and rural zones (97%).¹¹ The prevalence of excision decreases among girls whose mother is more highly educated, and support for FGM/E is greatest among women and girls from poor households (92%) compared to more well-off households (68%).¹² The study also indicates that the practice is being inflicted on girls at a younger age than previously: according to the 2012 EDS study, 69% of women aged 20 to 24 were excised before the age of 10, compared to

⁵ <http://www.achpr.org/fr/instruments/declaration-on-gender-equality-in-africa/> (01.07.14).

⁶ CRC/C/GIN/2, paras. 357-358.

⁷ Ministry of National Solidarity and the Promotion of Women / Ministry of Health and Public Hygiene / Ministry of Security / Ministry of Justice / Ministry of Territorial Administration and Political Affairs.

⁸ EDS-MICS 2012, pp. 328-329.

⁹ EDS-MICS 2012, pp. 327-328.

¹⁰ UNICEF, *Female Genital Mutilation/Cutting: A statistical overview of exploration of the dynamics of change*, July 2013, New York, graph 4.6, p. 38.

¹¹ EDS-MICS 2012, table 17.2., p. 327.

¹² EDS-MICS 2012, p. 331; UNICEF, *Female Genital Mutilation/Cutting: A statistical overview of exploration of the dynamics of change*, July 2013, New York, graph 6.6, p. 60.

61% of women aged 45 to 49. Conversely, among the Guerzé, excision is practised later; 54% of women endure FGM/E after the age of 10.¹³

In Guinea, FGM/E is an initiation rite, not only in the transition from childhood to adolescence and adulthood, but also to prepare the young girl for active life within specific communities.¹⁴ Groups of girls from multiple families¹⁵ are usually excised together, either at home or in camps established for the purpose, with or without ceremonies and festivities. FGM/E usually takes place during school holidays or at harvest time.¹⁶ There is an increasing trend to fewer celebrations and an increase in individual excisions, because of limited financial resources and a desire for greater discretion, due to the potential for legal sanctions. The excision of infants or very young girls is easier to hide from the authorities than the ceremonious excision of large groups.¹⁷ Paradoxically, this more clandestine development of FGM/E may be the result of awareness campaigns in recent years, and the increase in legal sanctions.¹⁸

As throughout West Africa, FGM/E is usually practised in Guinea by traditional excision practitioners, often women. The excision is usually carried out without anesthesia or modern hygiene. The wound is treated with traditional concoctions of plants, ash and mud. The cut is made with knives or razor-blades; previously the same knife would be used on all the girls but following awareness campaigns and greater medicalization of FGM/E, some practitioners have abandoned their traditional tools and use a new razor blade for each girl. Excision practitioners do not always disinfect their hands between each intervention.

The 2012 EDS study indicates a trend towards greater medicalization of FGM/E in Guinea.¹⁹ Although 79% of women aged 15 to 49 were excised by traditional practitioners, the proportion falls to 66% among girls aged 0-14. Health personnel, principally midwives, are increasingly involved, despite the 2010 decree prohibiting the practice of FGM/E in public or private health institutions.²⁰

In some areas, health personnel practise a simulated or symbolic excision, usually a pinch or scratch leading to a small release of blood. This technique is said to be practised mainly in small urban health centres where supervision by health services is limited.²¹ Its object is to avoid girls suffering from stigma because they are not excised.

¹³ EDS-MICS 2012, pp. 329-330.

¹⁴ Plan International, *Tradition and rights - Excision in West Africa*, Regional Office for West Africa, Dakar, July 2006, p. 9.

¹⁵ CRC/C/GIN/2, para. 361.

¹⁶ CRC/C/GIN/2, para. 361; General Commissariat for Refugees and Stateless Persons (CGRA / Belgium), French Office for the Protection of Refugees and Stateless Persons (OFPRA / France) and Federal Office for Migration (ODM / Switzerland), *Report on the Mission to the Republic of Guinea*, 29 October to 19 November 2011, Belgium-France-Switzerland Cooperation, March 2012, p. 18.

¹⁷ Plan International, *Tradition and rights - Excision in West Africa*, Regional Office for West Africa, Dakar, July 2006, p. 11.

¹⁸ UNICEF, *Female Genital Mutilation/Cutting: A statistical overview of exploration of the dynamics of change*, July 2013, New York, p. 111.

¹⁹ UNICEF, *Female Genital Mutilation/Cutting: A statistical overview of exploration of the dynamics of change*, July 2013, New York, pp. 43-44 et graph 5.1; UNICEF Innocenti Research Centre, *Changing a Harmful Social Convention: the practice of excision / female genital mutilation*, 2005, reprinted May 2008, Florence, p. 25.

²⁰ N° 2464/MSNPFE/MSHP/MS/MJ/MATAP

²¹ General Commissariat for Refugees and Stateless Persons (CGRA / Belgium), French Office for the Protection of Refugees and Stateless Persons (OFPRA / France) and Federal Office for Migration (ODM / Switzerland),

Forest, animist, communities, particularly the Guerzé, practise excision in collective procedures, regularly organised, which gather up to 500 girls and women into a single camp and involve costly and spectacular ceremonies. Traditional excision practitioners, known as *Zowo*, identify the place where the camp will be built, often in isolated areas close to a river or water source.²² Excision takes on religious overtones, with the "Nyömou" or sacred forest spirit "giving birth" to initiates during a ceremony. Previously, tradition maintained a calendar for excision, often just before marriage, but today even 2 year-old girls may be excised,²³ and the duration that girls spend in the camps – formerly up to 3 years – has been reduced to a few weeks. Girls who have been excised no longer wear traditional clothing, though they continue to wear a specific uniform and the traditional musical instruments that accompanied the ritual have been replaced by hifi. Excision may cost the parents between 2 and 3 million Guinée francs (roughly 300-400 USD),²⁴ and often it is the family's ability to pay which determines the age at which a girl is excised. Mother and daughter(s) may be excised on the same day.²⁵ Following the post-excision healing period, each family must organise in turn a welcome ceremony for the women and girls who have been excised. Excised women and girls are given an additional name, often reflecting their character, social role or physical characteristics.

Broadly speaking, non-excision of girls is considered dishonourable in Guinean society.²⁶ This is indicated by the use of the term "washing"; non-excised girls are considered "dirty", and in every Guinean community, to say that a woman is not excised is a grave insult. Social pressure is such that girls may request excision for fear of being excluded or forced to remain unmarried if they do not suffer the practice. In most countries where FGM/E is practised (19 out of 29), women and girls are largely in favour of abolishing the practice; in Guinea, in 2012, 76% of women and girls wanted the practice to continue– up from 65% in 1999.²⁷

Despite its health risks, many women perceive FGM/E as a symbol of female power, an affirmation of self and a liberation from male oppression. The daily lives of many women and girls involves submission, hard labour and deprivation, without the possibility of participating in decision-making. Excision gives women and girls an identity, a certain social and adult status, collective recognition and a sense of belonging to a community.²⁸ Moreover, the period of initiation ceremonies is free of male authority and daily chores.²⁹ When they leave the

Report on the Mission to the Republic of Guinea, 29 October to 19 November 2011, Belgium-France-Switzerland Cooperation, March 2012, p. 19, para. 3.

²² Remarks made by women from the VBG thematic group during the international day against FGM/E, 6 Feb 2014, in NZérékoré.

²³ Remarks made by women from the VBG thematic group during the international day against FGM/E, 6 Feb 2014, in NZérékoré.

²⁴ World Bank, gross national income per capital is 38.30 USD

<http://donnees.banquemondiale.org/pays/guinee>.

²⁵ Plan International, *Tradition and rights - Excision in West Africa*, Regional Office for West Africa, Dakar, July 2006, p. 9.

²⁶ UNICEF Innocenti Research Centre, *Changing a Harmful Social Convention: the practice of excision / female genital mutilation*, 2005, reprinted May 2008, Florence, p. 19.

²⁷ EDS-MICS 2012, p. 337; UNICEF, *Female Genital Mutilation/Cutting: A statistical overview of exploration of the dynamics of change*, July 2013, New York, p. 87 and diagramme 8.1A, p. 90.

²⁸ On FGM/E as a factor of social integration in the sub-region cf. Boubacar Traoré Lamine, *FGM / Excision - Attitudes and perceptions in the West African sub-region, problems and prospects*, pp. 5-7.

²⁹ Plan International, *Tradition and rights - Excision in West Africa*, Regional Office for West Africa, Dakar, July 2006, p. 15.

excision camps, girls receive presents, clothes, jewels and food, factors which contribute to encouragement and acclaim for the practice.³⁰

According to a 2013 study by UNICEF:

- 32% of women viewed FGM/E as a religious requirement, compared with 25% of men;
- 13% of women felt excision preserved cleanliness and female hygiene, compared with 8% of men;
- 10% of women felt there was no advantage to FGM/E, compared with 40% of men;
- 6% of women felt FGM/E aimed to preserve virginity, compared with 12% of men;
- 5% of women felt FGM/E improved marriage prospects, compared with 7% of men;
- 3% of women and 2% of men felt FGM/E enabled men to experience more sexual pleasure.³¹

Any effective intervention strategy must take into account the beliefs that surround this practice. Moreover, to criticise FGM/E and impose its prohibition could be interpreted by communities as Western or neo-colonial interference, and could inspire resistance. FGM/E is accompanied by multiple initiation rites including some which promote positive cultural and traditional values that do not violate human rights. Recognising and encouraging the cultural heritage of Guinean communities must be a central part of all awareness-raising initiatives which aim to abolish FGM/E.

UNICEF found that 68% of Guinean women and 57% of men viewed excision as a religious practice, notably of Islam. This belief is propagated by some religious leaders, despite the 2007 religious edict or fatwa by the al-Azhar Council of Islamic Research which states that FGM/E have no basis in Islam and constitute a sin. There is also a widespread perception that excision is a hygiene issue which enables women to pray properly.³²

In 2014, the General Secretariat for Religious Affairs, a Government body charged with regulating religious affairs, declared that FGM/E was not an Islamic obligation and organised a number of workshops for imams on the subject. The Roman Catholic Church also prohibited excision in an open letter by the Archbishop of Conakry to all believers in 2012. It will be essential to involve religious authorities in awareness campaigns regarding FGM/E, so that they can dismantle the perception of the religious requirement of FGM/E.³³

The persistence of FGM/E is also linked to superstition. Medical complications are often attributed to spirits or devils.³⁴ The excision practitioners may be said to have magical powers. It should be noted that in the first decade of the 21st century, Guinea suffered repeated rebel incursions as a result of armed conflicts in neighbouring countries. These

³⁰ Plan International, *Tradition and rights - Excision in West Africa*, Regional Office for West Africa, Dakar, July 2006, p. 13.

³¹ UNICEF, *Female Genital Mutilation/Cutting: A statistical overview of exploration of the dynamics of change*, July 2013, New York, tableaux 6.2 et 6.3, pp. 67-68

³² UNICEF, *Female Genital Mutilation/Cutting: A statistical overview of exploration of the dynamics of change*, July 2013, New York, p. 69.

³³ UNICEF, *Female Genital Mutilation/Cutting: A statistical overview of exploration of the dynamics of change*, July 2013, New York, 72.

³⁴ Plan International, *Tradition and rights - Excision in West Africa*, Regional Office for West Africa, Dakar, July 2006, p. 16.

developments heightened a withdrawal into community ties, particularly in *Guinée forestière*, which has suffered inter-ethnic violence. In this context, initiation camps may be viewed as a cultural affirmation and a form of protection against enemy groups.

In numerous West African communities, including Guinea, virginity until marriage and female conjugal fidelity are viewed as of great importance. Ablation of the clitoris as a means of domination of women's sexuality is congruent with cultures of male domination. Excision is viewed as a way to preserve these virtues, limit women's desire, prevent masturbation and preserve morality, chastity and fidelity.³⁵ Some believe that FGM/E improves sexual intercourse and procreation.

Impunity

The persistence of FGM/E is in large part due to an absence of vigorous action by judicial authorities to ensure their prevention and eradication. Thousands of young girls are excised across the country every year, during school vacations, with the full knowledge of judicial personnel, including prosecutors and instructing magistrates. Generally speaking, legal texts prohibiting FGM/E are not respected. Excision practitioners are rarely subjected to legal proceedings. No administrative or legal sanction has to date been taken against any medical professional for participation in FGM/E, although according to the EDS 2012 and a recent study by the Ministry for Social Action, the Advancement of Women and Children's Issues, a growing number of excisions take place in health centres, violating the 2000 law on reproductive health.

This is compounded by the fact that the Justice sector in Guinea is poorly funded, and several prefectures with more than 100,000 inhabitants can count on only two magistrates, one legal clerk and fewer than five police officers or gendarmes. When these personnel do seek to address FGM/E issues they are frequently subjected to serious pressures, including threats. On several occasions when alleged perpetrators have been arrested and charged, groups of women have burst into offices and threatened physical violence if they were not immediately released.

This situation may be shifting to some degree. In July 2014, a court in Mafanco, in Matam commune in Conakry, sentenced an 80-year old excision practitioner to a two year suspended sentence and a fine of 1,000,000 GNF. However, since then, only 16 arrests for FGM/E have been reported, with 8 convictions. In each case these court verdicts have not been commensurate with the harm caused, being limited to suspended sentences and insignificant fines.

It should be noted that the punitive application of law will not in itself be sufficient to alter widespread practice. Indeed, it could lead to more clandestine practice targeting younger

³⁵ Plan International, *Tradition and rights - Excision in West Africa*, Regional Office for West Africa, Dakar, July 2006, p. 14 ; UNICEF, *Female Genital Mutilation/Cutting: A statistical overview of exploration of the dynamics of change*, July 2013, New York, p. 33; UNICEF Innocenti Research Centre, *Changing a Harmful Social Convention: the practice of excision / female genital mutilation*, 2005, reprinted May 2008, Florence, p. 20 ; Gomis Dominique and Wone Mamadou Moustapha, *Excision in Senegal: meaning, significance and lessons learnt from the national response*, UNICEF, Dakar, August 2008, p. 4.

children, for greater discretion³⁶, or to cross-border practice, given the free circulation of people in the ECOWAS economic community.

In some countries, State authorities do not actively dissuade the population from practising FGM/E, and may even support their practice, with financial or material contributions to excision ceremonies, in order to cultivate their electoral base. Women's groups in Guinea frequently request and receive such support from local authorities, undermining the legal prohibition of FGM/E. Moreover, some religious leaders, particularly imams, encourage the practice of FGM/E during Friday prayers and on widely influential religious radio broadcasting. Furthermore, the practice of FGM/E may be a significant source of revenue for health personnel, as well as for excision practitioners.

Numerous awareness campaigns by the government and national and international partners have justly emphasised the health risks of FGM/E.³⁷ This has unfortunately encouraged the increasing medicalization of excision and may have contributed to the perception that in a medical setting, FGM/E is authorised and presents no risk. This interpretation could undermine work to change community mentalities regarding the practice.³⁸

3. Actions to combat FGM/E

Over the past 15 years, the Guinean Government has made notable progress setting up norms and institutional frameworks to combat FGM/E. Numerous legislative texts and regulations to prevent and sanction FGM/E have been adopted.³⁹ In 2011, the Office for protection of Gender, Children and Morals (OPROGEM) was restructured and located in each of the country's 8 regions, as well as a number of police stations. In 2012, the Government drew up a National Strategic Plan for the Abandonment of Female Genital Mutilation, 2012-2016 (NSP), with a roadmap for operationalization in 2013. This was followed by extensive training of judicial and security personnel, as well as training and awareness raising for medical and paramedical personnel and in the context of medical schools. An awareness-raising kit has been produced for use in primary school classes. Other training and awareness-raising campaigns have been organised with local authorities, traditional and religious chiefs, traditional communicators (griots) and performers, including poster campaigns, and advertisements on TV and radio.

The Office of the High Commissioner for Human Rights participates actively in the gender thematic group within the UN Country Team in Guinea, and in the sub-cluster focusing on gender-based violence. These groups provide a framework for reflection and discussion with the national authorities regarding ways to fight discrimination and violence inflicted on women and girls. In partnership with the authorities, medical and teaching professionals, NGOs, human rights defenders and other civil society actors, the Office has organised and participated in numerous awareness-raising activities on FGM/E. The Nzérékoré sub-Office has assisted partner NGOs to form three thematic groups, including one on gender-based

³⁶ Plan International, *Tradition and rights - Excision in West Africa*, Regional Office for West Africa, Dakar, July 2006, p. 30.

³⁷ UNICEF Innocenti Research Centre, *Changing a Harmful Social Convention: the practice of excision / female genital mutilation*, 2005, reprinted May 2008, Florence, pp. 25-26.

³⁸ Plan International, *Tradition and rights - Excision in West Africa*, Regional Office for West Africa, Dakar, July 2006, p. 28.

³⁹ See section 2.

violence, enabling better cooperation, and the Office has given technical and financial assistance to partner NGOs particularly in *Guinée forestière* and Upper Guinea.

Other UN entities are also active in the fight against FGM/E in Guinea, including UNFPA, UNICEF and UNDP, which in 2013-14 invested 1,000,000 USD to fight gender-based violence (including FGM/E) through training and awareness-raising within communities, and with judicial, security and health personnel.

National and international NGOs also give significant assistance to the government in drawing up strategies to fight gender-based violence including FGM/E. In 2012, the German aid agency *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GTZ) assisted the Government's strategic plan (PNS). In 2013-14 *Sabou Guinée*, a domestic NGO working on the rights of the child, organised training programs for judicial personnel, members of children's clubs, teachers and members of women's associations.

A number of NGOs have worked with communities on topics such as the maintenance of other initiation rites while abandoning excision. Several communities responded favourably to the idea of abandoning FGM/E on condition that their cultural heritage be preserved.⁴⁰

GTZ organised discussion groups⁴¹ and workshops for non-excised girls and their parents, to strengthen self-esteem and encourage them to become community role-models. Several parents also proposed to organise initiation celebrations without excision.⁴² Since 2013, the NGO Humanitaire pour la protection de la femme et de l'enfant (HPFE) has also been working with non-excised girls in *Guinée forestière*. This approach, which seeks to acclaim and celebrate non-excised girls, is also followed in Upper Guinea and some areas of *Guinée forestière* by NGOs participating in the FGM Joint Programme. The US Embassy has contributed more than 1,500,000 USD to a 12-month national programme to accelerate the abandonment of FGM/E (October 2014 - October 2015); its goal is to contribute to protecting 65,000 women in 300 districts et 900 villages, who are at risk of mass excision ceremonies.

4. Conclusions and recommendations

The Office of the High Commissioner for Human Rights makes the following recommendations:

To the Government :

Effective measures should be taken to fight FGM/E including when performed in a medical setting:

⁴⁰ Plan International, *Tradition and rights - Excision in West Africa*, Regional Office for West Africa, Dakar, July 2006, pp. 31-32.

⁴¹ UNICEF Innocenti Research Centre, *Changing a Harmful Social Convention: the practice of excision / female genital mutilation*, 2005, reprinted May 2008, Florence, p. 34.

⁴² Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), *Use of action research for impact monitoring: lessons learnt from the Dialogue of Generations and Training for non-excised girls in Guinea*, Federal Ministry for Economic Cooperation and Development, 2005, Eschborn, pp. 9-10.

- Ensure the proper application of the law, with independent and impartial investigation of every suspected case of FGM/E, leading to prosecution for perpetrators and their accomplices;
- Ensure the application of disciplinary measures under the joint order of 2010 for any health personnel violating the law, with a supervisory mechanism to detect the practice of FGM/E by health personnel;
- Prohibit broadcasting by private or public media of messages encouraging FGM/E, in accordance with the Ministerial order of 2010;
- Strengthen training of judicial personnel regarding national laws and regional and international norms on FGM/E, with adequate human and material resources to carry out their work, including, if necessary, protection measures;
- Mobilise all actors involved in FGM/E (regional, prefectural and local government; justice; police; civil society and NGOs; development partners; women's rights defenders; traditional associations; religious and traditional leaders, etc.) in a concerted programme to fight impunity for these crimes;
- Strengthen training for health personnel, teachers, social workers and other professionals to detect and treat women and girls who have suffered FGM/E, or who are at risk of the practice, with health and psychological support;
- Strengthen the institutional framework and measures to promote the eradication of FGM/E, in support of the Multisectorial National Council for Coordination of FGM Action, including creation of effective regional and prefectural committees and focal points in all relevant locations;
- Intensify systematic gathering of quantitative and qualitative data on FGM/E, including in health centres, with more qualitative research to better understand the socio-cultural factors which could encourage abandonment of FGM/E; draw up effective strategies to eliminate FGM/E; gather good practices regarding prevention and elimination of FGM/E, particularly in West Africa;
- Strengthen awareness campaigns and dialogue with communities, customary chiefs, religious leaders and traditional communicators (griots), notably via the RENACOT network and other traditional structures, as well as with parents, media, women's organisations and young people, to better involve them in the fight against FGM/E;
- Ensure effective involvement of the General Secretariat of Religious Affairs in setting up actions to promote elimination of FGM/E, and to identify, train and accompany the more influential religious leaders in the promotion of this goal by encouraging them to make public statements regarding the non-religious character of the practice;
- Integrate within the curricula of schools, universities and training centres fundamental training on women's rights, male/female equality, violence against women and girls, reproductive health, maternal health and FGM/E, and their consequences;

To civil society:

- Monitor and document cases of FGM/E, report them to judicial authorities and file formal judicial complaints;
- Continue to develop programmes for awareness, mediation and advocacy with political, administrative, traditional and religious authorities, as well as with urban and rural communities;
- Support non-excised women and girls in their efforts to resist social pressure; mobilise and involve them in awareness exercises;
- Give appropriate health, social and legal support to the victims of excision;

To the international community:

Assist Governmental and civil society actors with financial and technical support in order to further efforts aimed at eradicating FGM/E and to contributing to improving the rights of women in Guinea.