

**International Day of Zero Tolerance to Female Genital Mutilation:
Briefing Paper on FGM and National Steering Committee Progress for Ireland**

4 February 2010

This briefing paper, produced to mark the 2010 International Day of Zero Tolerance to Female Genital Mutilation (6 February), examines the efforts in Ireland to address and eliminate the practice of Female Genital Mutilation (FGM), by outlining the reasons to do so, and placing Ireland's efforts within the context the international movement to do so. FGM is an internationally recognised human rights violation of women and girls. The practice has been strongly denounced by the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and other international medical and health organisations as a violation of numerous human right treaties and contrary to medical ethics. It is estimated that there are over 2,500 women in Ireland who have undergone FGM. FGM is a serious child protection and women's health issue that has real implications for children and women in Ireland. Yet, despite this, the Irish government has failed to bring domestic legislation into line with its international obligations.

This paper covers:

1. Frequently Asked Questions about FGM
2. The Case for the Introduction of FGM-Specific Legislation in Ireland
3. International Developments 2008-2009
4. Update on Progress: National Steering Committee of Ireland's National Plan of Action to Address FGM

1. Frequently Asked Questions about FGM
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What is the prevalence of FGM in Ireland? Relevant population data from the 2006 Irish Census was used by AkiDWA to collate a preliminary estimate of 2,585 women (calculated by country of origin and age group) who are resident in Ireland and living with FGM.

Why is FGM performed? The origins of FGM are largely unknown, but the practice predates contemporary world religions. Local and cultural factors and traditions are likely to be the main reasons for the development and continuation of the practice over time. Some of the reasons put forward for the practice of FGM include:

- Sexuality – preservation of virginity until marriage.
- Marriageability – undergoing FGM improves chances of marriage in some societies.
- Economics – FGM is an income-generating activity for the women who perform it, and their profession brings them high status within their communities.
- Tradition – preserving and continuing a set of values and rituals in a community.
- Rite of passage from girlhood into womanhood.
- Religion (though no religion includes FGM as a requirement).
- Cultural aesthetic reasons – in some communities, normal female genitals are considered ugly, unclean and unattractive unless they are subjected to FGM.
- Myths and beliefs – some communities believe that the clitoris contains powers strong enough to cause harm to a man's penis or to damage a baby during childbirth.

The practice of FGM persists today for several reasons. In many instances, parents want their daughters to undergo FGM in order to avoid stigmatisation or social exclusion by the rest of the community. In practicing communities, it is strongly believed that a girl is not marriageable if she has not undergone FGM, which has serious impacts on her future financial and social status.

Where does FGM happen? WHO estimates that between 100 and 140 million women and girls worldwide have undergone FGM. Most of these women and girls are resident in one of 28 countries,¹ almost all in Africa, although there are reported cases of FGM in some countries in the Middle East and Asia.

When is FGM performed? The age at which girls undergo FGM varies by community and region. The most common age when FGM is performed is between four and ten years, though this can vary from birth until first pregnancy.

What exactly is FGM? Female genital mutilation (FGM) is defined as the partial or total removal of the external female genitalia, or any practice which purposely alters or injures the female genital organs for non-medical reasons. The type of FGM performed varies with ethnicity and region.

The World Health Organization's (WHO) Classification of FGM (2007)

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

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).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterisation.

Who performs FGM? Typically, FGM is performed by an older woman in the community who has had no medical training. The use of anaesthetics and antiseptics is uncommon. Instruments used to perform FGM include razor blades, knives, pieces of glass, scissors, and scalpels. In some instances, several girls will be cut using the same instruments, heightening the risk for the spread of infections, including HIV.

What are the health consequences of FGM? FGM has no health benefits and involves removing and/or damaging healthy and normal body tissue.

Short-term: The short-term complications of FGM can include: death; haemorrhage; infection and failure of the wound to heal; injury or trauma to adjoining areas, such as the urethra and anus; shock from severe pain and bleeding; tetanus; transmission of HIV and other viruses.

Long-term: The long-term complications of FGM can include: decrease or loss of sexual sensation; difficult and complicated childbirth; increase in maternal and child mortality; dysmenorrhoea (painful menstruation); difficulties in menstruation including passing menses and/or menses retention; dyspareunia (painful sexual intercourse); incontinence and difficulty urinating; pelvic inflammatory disease (PID) and infertility; psychological trauma, including post-traumatic stress disorder, depression and anxiety; scarring (with or without keloid formation) and hardening of the vaginal tissue, causing constant pain around the genital area; and sebaceous cyst development. A major WHO study published in 2006, found a significant increase in poor obstetric outcomes, including death of the baby, for women who had undergone FGM.²

Is FGM a child protection issue?³ Yes, FGM is a critical child protection issue that has real and actual implications for children living in Ireland. The Steering Committee is concerned that there are girls living here who are at risk of undergoing the procedure because they are born into families that practise FGM. There are two risks at stake: the

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

² The study involved 28,393 women at 28 obstetric centres in six African countries (Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan).

³ For more detail on this, see Children's Rights Alliance, *Briefing Note, Female Genital Mutilation (FGM): a Children's Issue*, July 2009.

first is that the procedure could potentially take place in Ireland (although no known case has taken place). The second risk is that girls may be brought from Ireland to their countries of origin to have FGM performed. It is known that some mothers from FGM-practising regions have reported serious pressures from overseas families to bring daughters back to have the procedure carried out.⁴ Protecting girls in these two potential scenarios is a task that involves several agencies including, but not limited to, teachers, doctors, public health nurses, community services and social workers. As well as this, understanding the reasons why families may support FGM is essential to developing sensitive and effective intervention strategies to support parents to abandon the practice. The implementation of targeted programmes to educate around FGM is also required.

It should also be recognised that FGM has an impact on a girl's right to access education. It is often the case that girls who have had FGM performed on them will also be forced in to an early marriage and drop out of school.⁵ This link can be a deciding factor for parents when considering whether or not to have FGM performed on their daughter.

⁴ AkiDWA DRAFT *Briefing Paper for Legislation for the Prohibition of Female Genital Mutilation in Ireland*, page 1.

⁵ Colm O'Gorman, 'Honest debate on female mutilation vital but hysterical claims don't help', *The Irish Independent*, 21 April 2009, p. 25.

2. The Case for the Introduction of FGM-Specific Legislation in Ireland

There is currently no explicit legal protection against FGM in Ireland; neither is there specific legislation to protect a child from being removed from Ireland to have the procedure carried out overseas. These two scenarios need to be addressed within legislation.

According to the Department of Justice, Equality and Law Reform, the Non-Fatal Offences Against the Person Act 1997 criminalises the practice of FGM in Ireland. However, the National Steering Committee of the National Plan of Action to Address FGM has concerns as to whether this legislation is sufficient to protect children who are resident in Ireland. Legislative clarity and firm penalties (both imprisonment and a substantive fine) would act as a strong deterrent to practicing FGM communities, and deliver a clear preventive message to the public.

The Committee is calling for a review of the Non-Fatal Offences Against the Person Act, 1997 on the following grounds:

1. *Extraterritorial Element*: The 1997 Act does not contain an extraterritorial element. Legislation is needed to prevent children resident in Ireland being taken out of the country to undergo FGM.
2. *Defence of 'Culture'*: The 1997 Act must be reviewed to ensure that a defence of 'culture' cannot be used to justify FGM.
3. *Defence of Consent*: The 1997 Act must be reviewed to ensure that a defence of consent cannot be used to justify FGM.
4. *International Legal Obligations*: The 1997 Act does not contain a specific protection against FGM. To bring Irish legislation in line with international standards, recognising that violations of women's and girls' human right to bodily integrity because of their gender require specific legislation that acknowledges the severity of the crime and the conditions under which the crime is committed.

1. Extraterritorial Element

The Non-Fatal Offences Against the Person Act, 1997 does not contain an extraterritorial element. Legislation is needed to prevent children resident in Ireland being taken out of the country to undergo FGM.

Currently, Ireland is one of only three countries (Luxembourg and Greece are the others) within the EU 15, without an extraterritorial element related to legislation covering FGM.⁶ Not all of the other 12 countries have enacted legislation specific to FGM, rather have ensured that their legislation, in whatever form, protects against the possibility of girls being taken out of the country to undergo the practice.

Ireland and UK Discrepancy: The Steering Committee is particularly concerned about the discrepancy between the current UK legislation, covering Northern Ireland, and our own. The Female Genital Mutilation Act 2003 in the UK introduced extraterritoriality, making it an offence, for the first time, for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. This provision, along with increased sanctions, further weakens the position of the Republic of Ireland in the Common Travel Area and leaves Ireland open to criticism by the international community for leaving already vulnerable communities further exposed.

⁶ Countries that have incorporated the principle of extraterritoriality include the UK (including England, Wales and Northern Ireland), France, Spain, Portugal, Italy, Austria, Belgium, Netherlands, Germany, Denmark, Scotland, Sweden, Norway, Finland and Cyprus.

2. Defence of 'Culture'

The Steering Committee maintains that the Non-Fatal Offences Against the Person Act 1997 is insufficient as an instrument for prosecution due to the lack of legal clarity provided. Under Section 3 of the Act, it is stated that a crime has not been committed if the act *"is in the circumstances such as is generally acceptable in the ordinary conduct of daily life and the defendant does not know or believe that it is in fact unacceptable to the other person."*

In considering the interpretation of 'ordinary conduct of daily life', we refer to the 2005 case in Waterford of the death of a male infant due to circumcision,⁷ in which the judge appeared to accept that different standards may apply to new/immigrant communities. We accept that FGM is generally recognised as a more grave violation, but this case illustrates the potential for a judge to use discretion in the absence of legal clarity, thus allowing the argument of cultural relativism.

3. Defence of Consent

It is not clear whether a defence of consent could be pleaded in a case of FGM under the Non-Fatal Offences Against the Person Act, 1997. This concern arises in light of the role of the family within the Irish Constitution, where the person subjected to the offence is a minor and the act is carried out with the consent of the parent(s) or guardian(s). A child under 16 is not in a position legally to give consent to medical treatment. And the issue of consent is further complicated in light of the act as a form of gender-based violence, where the societal pressure constitutes the trigger for practice and consent. According to the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment: "With regard to the element of powerlessness it must be noted that the cutting is usually carried out before a girl's tenth birthday. In such circumstances, girls are clearly under the complete control of their parents and communities and do not have the possibility of resisting. On the other hand, adolescent girls and women very often agree to undergo FGM because they fear the non-acceptance of their communities, families and peers".⁸

4. International Obligations

FGM is recognised internationally as a gross violation of human rights for girls and women.⁹ It is a denial of their right to physical and mental integrity, their right to freedom from violence and discrimination, and in the most extreme cases, their lives.¹⁰

A Resolution of the Council of Europe¹¹ expresses concerns on the fact that FGM is practiced in Council of Europe Member States and denounces clearly a position of cultural relativism. It further declares that "genital mutilation should be regarded as inhuman and degrading treatment within the meaning of Article 3 of the European Convention on Human Rights, even if carried out under hygienic conditions by competent personnel." It specifies the measure requested from Member States with regard to adoption of legislation criminalising FGM and prosecution, the granting of refugee status, education and awareness raising and ratification of international treaties (Convention on the Elimination of Discrimination against Women (CEDAW) and UN Convention on the Rights of the Child (UNCRC)) without reservations. This has been confirmed by a decision of the European Court of Human Rights which states that "it is not in dispute that subjecting a woman to female genital mutilation amounts to ill-treatment contrary to Article 3 of the Convention."¹²

⁷ Martin Wall, 'Death of baby prompted report on circumcision', *The Irish Times*, 1 Jan 2006

⁸ <http://www2.ohchr.org/english/bodies/hrcouncil/docs/7session/A-HRC-7-3.doc>

⁹ All of these rights are codified within international treaties, regional instruments and reinforced by political consensus documents, for complete list of documents, see Appendix 1, Ireland's National Plan of Action to Address Female Genital Mutilation, pp. 21-22.

¹⁰ Amnesty International, *Declaration of Support*, p. 1.

¹¹ Resolution 1247 (2001) Female genital mutilation <http://assembly.coe.int/main.asp?Link=/documents/adoptedtext/ta01/eres1247.htm>.

¹² *Collins and Akaziebie v. Sweden*, 23944/05, European Court of Human Rights, Application no. 23944/05, 8 March 2007 <http://www.unhcr.org/refworld/pdfid/46a8763e2.pdf>; decision on admissibility

The European Parliament Resolution on Combating Female Genital Mutilation in the EU, 24 March 2009 calls on Member States to regard any form of FGM as a crime, irrespective of whether or not the woman concerned has given any form of consent, and to punish anybody who helps, encourages, advises or procures support for anybody to carry out any of these acts on the body of a woman or girl; to pursue, prosecute and punish any resident who has committed the crime of FGM, even if the offence was committed outside their borders; and to adopt legislative measures to allow judges or public prosecutors to take precautionary and preventive measures if they are aware of cases of women or girls at risk of being mutilated.

Later in 2009, the European Parliament adopted a Resolution on the Elimination of Violence against Women that calls on Member States “to implement specific legal provisions on female genital mutilation or to adopt such laws and prosecute all persons who conduct genital mutilation”.¹³

FGM breaches Article 19 of the UN Convention on the Rights of the Child which places an obligation on the State to protect children from all forms of maltreatment including physical violence, injury or abuse.¹⁴ It breaches Article 24(3) on the abolition of traditional harmful practices¹⁵ and Article 37(a) on the right to freedom from torture or other cruel, inhuman or degrading treatment or punishment.¹⁶ Ireland ratified the United Nations Convention on the Rights of the Child in 1992. In 2006, the UN Committee on the Rights of the Child specifically criticised Ireland for its failure to comprehensively address the issue.¹⁷ The Steering Committee calls on the Irish government to meet its obligations in advance of the next review which is expected to take place in 2011.

It is important to note that legislation is part of a group of measures which should also include prevention, awareness raising, prosecution and provision services for women and girls who have been subjected to FGM, in accordance with the principle of due diligence as expressed in General Comment 2 of the UN Convention Against Torture¹⁸.

¹³ <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P6-TA-2009-0161&language=EN>

¹⁴ UN Convention on the Rights of the Child, 1989, Article 19: ‘1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. 2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.’

¹⁵ UN Convention on the Rights of the Child, 1989, Article 24.3: “States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.”

¹⁶ UN Convention on the Rights of the Child, 1989, Article 37 (a): “States Parties shall ensure that: (a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment...”

¹⁷ UN Committee on the Rights of the Child (CRC/C/IRL/CO/2, p. 12 para. 55-6, (29 September 2006)): “54. The Committee notes with concern that some immigrant communities continue to practice female genital mutilation (FGM) in Ireland. The Committee strongly emphasizes that FGM is a violation of the Convention. 55. The Committee urges the State party to continue its efforts to end the practice of FGM, for example, through prohibiting FGM by law, including the possibility of extra-territorial jurisdiction, and implementing targeted programmes which sensitize all segments of the population about its extremely harmful effects.”

¹⁸ <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G08/402/62/PDF/G0840262.pdf?OpenElement>

3. International Developments 2008-2009

The move towards a comprehensive approach to eliminating FGM as a form of gender-based violence has gained increasing momentum internationally in the years since Ireland's National Action Plan was first produced in 2008, providing the Irish government with an environment ever more conducive to achieving the goals it sets out.

In 2008, ten UN entities published a joint statement on eliminating female genital mutilation¹⁹ noting that 'progress has been achieved on a number of fronts: female genital mutilation is internationally recognized as a violation of human rights; a global goal to end the practice has been set by the United Nations General Assembly Special Session on Children (UN General Assembly, 2002); policies and legislation to prohibit the practice have been put in place in many countries; and, most importantly, there are indications that processes of social change leading to abandonment of the practice are under way in a number of countries. We now have more knowledge about the practice itself and the reasons for its continuation, as well as experience with interventions that can more effectively lead to its abandonment. Application of this knowledge through a common, coordinated approach that promotes positive social change at community, national and international levels could lead to female genital mutilation being abandoned within a generation, with some of the main achievements obtained by 2015, in line with the Millennium Development Goals'.

In a Handbook for Legislation on Violence Against Women²⁰ published by the Division for the Advancement of Women of the UN Department of Economic and Social Affairs, Deputy Secretary General of the United Nations Asha-Rose Migiro states: *'Comprehensive legislation provides the foundation for a holistic and effective response. Such legislation must be consistently enforced and monitored, and adequate resources must be allocated to address the problem. Personnel and officials working in the field must have the skills, capacity and sensitivity to apply the spirit and letter of the law. Laws must inform a concerted effort that includes education, awareness raising and community mobilization. They must also contribute to tackling discriminatory stereotypes and attitudes, and they must mandate the research and knowledge-building that are necessary to support policy development'*.

The report of the expert group meeting²¹ from which the handbook was created 'highlighted the importance of coordination among entities (such as the judiciary, police, prosecutors, probation, advocacy groups, providers of services to complainants/survivors, and social service agencies), at all levels of government (local, regional, federal), and between government and civil society, to ensure the thorough and gender-sensitive implementation of legislation on violence against women'.

As part of his 2008-2015 UNiTE campaign promoting a multi-disciplinary approach to "addressing the global pandemic of violence against women and girls", UN Secretary-General Ban Ki-Moon launched a website which includes a global database of all legislation on violence against women, including FGM²².

In May 2009, the UNHCR published a Guidance Note on Refugee Claims relating to Female Genital Mutilation. This note outlines the criteria under which claims based on fear or experience of FGM should be assessed, emphasising the need for recognition of the practice as a form of gender-based violence amounting to persecution.

To read more on this international movement, please see Amnesty International's Ending Female Genital Mutilation, A strategy for the European Union Institutions, 2010.

¹⁹ http://www.unifem.org/attachments/products/fgm_statement_2008_eng.pdf

²⁰ <http://www.un.org/womenwatch/daw/vaw/handbook/Handbook%20for%20legislation%20on%20violence%20against%20women.pdf>

²¹ http://www.un.org/womenwatch/daw/egm/vaw_legislation_2009/Final%20report%20EGMGPLVAW.pdf

²² <http://www.un.org/en/women/endviolence/about.shtml>

4. Update on Progress: National Steering Committee of Ireland's National Plan of Action to Address FGM

The National Plan of Action was launched in 2008 by a National Steering Committee made up of both governmental and non-governmental organisations, including children's and women's rights and protection organisations, organisations representing new communities in Ireland, Irish Aid and the HSE. The Plan was partly funded by the European Commission through EuroNet-FGM, a European network dedicated to the prevention and eradication of harmful traditional practices that affect the health of women and children. 15 EU countries participated in this project and all launched their respective National Actions Plans on 25 November 2008, International Day for the Elimination of Violence against Women. Set out over a period of three years, 2008 to 2011, key goals include preventing the practice of FGM in Ireland and providing high-quality, appropriate health care and support for women and girls who have undergone FGM. The Plan of Action is intended to build the capacity of all actors in this area and to lay the foundation for future plans of action. It is yet to be adopted by the Irish government, as it has in neighbouring countries; and until such times as responsibility of the plan is given to a specific government agency or Department, the Steering Committee will continue to lobby on the issue and to monitor progress achieved in the area.

The National Steering Committee has achieved much progress since its launch in November 2008. Many of these achievements fall under the following strategy headings of the plan: legal, health, asylum, community and development aid. One highlight was the presentation to the Joint Oireachtas Committee on Health and Children, following which Committee Chairman Seán O'Fearghail TD made the following statement: *"The committee was informed today of the increase in the number of women living in Ireland who have undergone this dreadful procedure and of the rise in people residing here who have sent their children to counties where FGM is conventional practice in order for them to undergo the process. There was consensus among the committee that serious thought should be given to introducing legislation which would protect against this occurrence and which would ban the procedure outright in Ireland. The committee will be writing to the Minister of Justice asking him to look at this matter urgently, as there is no place in Irish society for this barbaric practice."*²³

The Steering Committee met in January 2009 to identify areas of focus for the year. Taking into account Ireland's international obligations, the ongoing calls from Irish civil society since 2001, public statements of interest by Minister Mary Harney and the gap between Northern Ireland and the Republic, it was decided that the Steering Committee would focus on the need for legislation. Due to available funding from the HSE and considering the skills and capacity of the Committee, it was decided that the health objectives of the National Action Plan would be pursued also. Work carried out throughout the country both by Committee members in their independent capacity, and others, many areas of the National Action Plan have been progressed. The adoption and implementation of a comprehensive strategy to address FGM in Ireland, however, cannot be achieved without the commitment of the Irish government.

The Committee has also:

- Developed policy and briefing documents, exploring, for example the rationale for FGM-specific legislation in Ireland; progress reports, and a 'Frequently Asked Questions' document.
- Written letters to each of the following calling for the adoption of the national plan of action with emphasis on the objective relevant to their post: Dermot Ahern TD, Minister for Justice, Equality and Law Reform; Barry Andrews TD, Minister for Children and Youth Affairs; An Taoiseach, Brian Cowen TD, Department of the Taoiseach; Mary Hanafin TD, Minister for Social and Family Affairs; Brian Lenihan TD, Minister for Finance; Conor Lenihan TD, the then Minister for Integration at the Department of Community, Rural and Gaeltacht Affairs; Micheal Martin TD, Minister for Foreign Affairs; Batt O'Keeffe TD, Minister for Education and Science;

²³ http://www.oireachtas.ie/viewdoc.asp?fn=/documents/PRESS_2009/20090127-4.htm

Peter Power TD, Minister of State at the Department of Foreign Affairs with responsibility for Overseas Development Aid.

- Convened eight meetings of the group throughout the year, including one externally-facilitated planning meeting and one meeting of the legal sub-group.
- Issued a press release to mark the one-year anniversary of the Plan (November 2009).
- Attended a constructive meeting with Minister for Health and Children, Mary Harney (July 2009), to discuss the need for comprehensive legislation to ban FGM in Ireland.

Strategic Heading: Legal	Progress
<p>Enact legislation to specifically prohibit FGM in Ireland, including the principle of extraterritoriality as an extension of national legislative protection</p>	<ul style="list-style-type: none"> -Meeting with Minister for Health and Children in July 09 - UNCRC recommendations to Ireland 06 -Women’s Health Council FGM Literature Review launched June 08- calls for legislation -Amnesty International Ireland campaign to End FGM in EU 2009 -Joint Oireachtas Committee on Health and Children presentation January 09. -Comments in Media from Department of Health and Children. -Letter to Committee from Minister of Health and Children. -European Parliament Resolution of 24 March 09 on Combating Female Genital Mutilation in the EU. -Labour Party Health Spokesperson Jan O’Sullivan moved the First Stage of the Prohibition Of Female Genital Mutilation Bill 2009 in the Dáil 9 May -Conference in Ghent May 09- -“Towards an improved enforcement of FGM- legislation in Europe” Ireland highlighted –lack of legislation & extraterritoriality.

Strategic Heading: Health	Progress
<p>Develop professional supports for those involved with providing care and support for women and girls who have undergone FGM.</p>	<ul style="list-style-type: none"> -Joint Oireachtas Committee on Health and Children presentation January 09. -HSE Intercultural Health Strategy funding to progress health actions and reprint Plan of Action.
<p>Assist professional capacity building in the provision of health care and support services for women presenting with FGM.</p>	<ul style="list-style-type: none"> - Joint Oireachtas Committee on Health and Children presentation January 09. -FGM Resource written and launched January 09 by AkiDwA and Royal College of Surgeons in Ireland. -FGM Health Forum 6 meetings have taken place 08/09. -Over 500 Health Care Professionals attended FGM training organised by AkiDwA in 08/09
<p>Address the physical, psychological and emotional health care needs of women and girls living in Ireland with FGM.</p>	<ul style="list-style-type: none"> -Joint Oireachtas Committee presentation January 09. - FGM Resource written and launched January 09 by AkiDwA and Royal College of Surgeons in Ireland -HSE funding to progress actions and reprint POA (funded by HSE Intercultural Health Strategy)
<p>Improve data collection of women with FGM presenting to maternity hospitals.</p>	<ul style="list-style-type: none"> -Data collated for initial estimated on FGM prevalence in 08 by AkiDwA. -Meeting with Chair of HSE Maternity Hospital Booking Form review group 08. -Confidential Enquiry into Maternal and Child Health launch in Ireland in May 09 recommends questions for women from countries where FGM is prevalent during pregnancy.

Strategic Heading: Irish Asylum Process	Progress
Enhance the capacity of the asylum process to accommodate gender related claims.	-Gender Guidelines (GG) written and launched by AkiDwA 2008 -UNHCR guidance note on FGM launched May 09.
Strategic Heading: Community	Progress
Support dialogues relating to FGM within migrant communities.	Letter to Minister for Integration sent.
Encourage community abandonment of FGM.	-FGM part of health awareness week in Islamic Cultural Centre Ireland 08. -Letter to Minister for Integration sent. -Majira training sessions IFPA and AkiDwA.
Promote the capacity of women to articulate their needs relating to gender equality, human rights and FGM.	-Ongoing part of AkiDwA, National Women's Council of Ireland and Women's Human Rights Alliance work

Strategic Heading: Development Aid	Progress
Raise the issue of FGM in international fora.	Irish AID on FGM Plan of Action Steering Committee 08.
Transfer knowledge and experience of international efforts to combat FGM.	Irish AID on FGM Plan of Action Steering Committee 08.

2008 National Steering Committee Members:

AkiDwA, Amnesty International Ireland, Barnardos, Cairde, Children's Rights Alliance, Christian Aid, Comhlamh, HSE, Integrating Ireland, Integration of African Children in Ireland, Irish Aid, Irish Family Planning Association, National Women's Council of Ireland, Refugee Information Service, Somali Community in Ireland, Somali Community Youth Group, UNICEF, Women's Health Council.

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