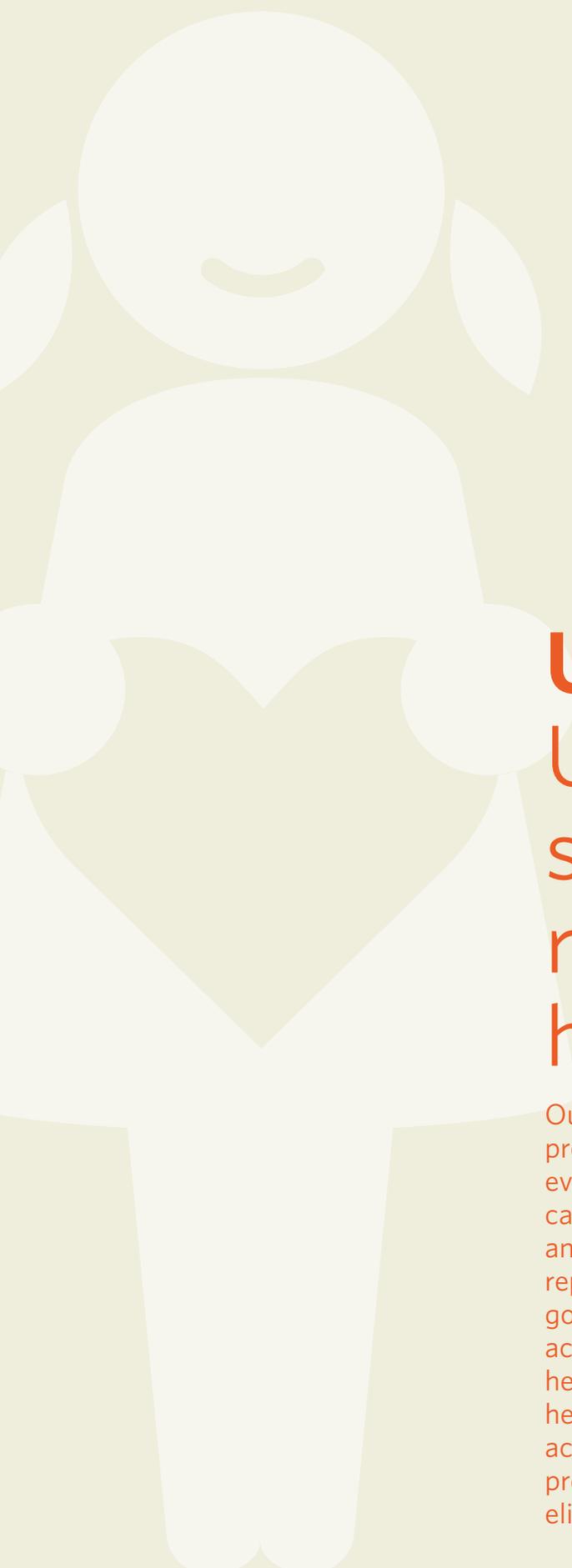


PRIMER

Conducting Public Inquiries to Eliminate Female Genital Mutilation

SEPTEMBER 2020





UNFPA is the United Nations sexual and reproductive health agency.

Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. UNFPA calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services. UNFPA works with governments and partners to: promote universal access to quality, integrated sexual and reproductive health services; strengthen health systems, train health workers, educate midwives and improve access to the full range of reproductive health; and prevent and respond to gender-based violence and eliminate harmful practices.

OBJECTIVES

This primer provides a **concise one-stop resource** for planning and conducting a public inquiry on female genital mutilation.

It has been designed for national human rights institutions in countries where female genital mutilation is prevalent as well as their partners. The primer offers essential knowledge and guidance on:

- The context for national human rights institutions in focusing on gender equality, sexual and reproductive health and reproductive rights, and UNFPA's support for this work
- Linkages between human rights related to female genital mutilation, national human rights institutions and public inquiries
- The global and regional human rights frameworks applicable to female genital mutilation
- The rationale for prioritizing public inquiries as strategic interventions for eliminating female genital mutilation
- A step-by-step outline to hold a public inquiry on female genital mutilation, including programming guidance in the wake of COVID-19



BACKGROUND

In 2012, the 11th International Conference of the International Coordinating Committee of National Institutions for the Promotion and Protection of Human Rights, now known as the Global Alliance of National Human Rights Institutions, made a commitment encapsulated in the Amman Declaration and Programme of Action for Promoting Gender Equality.

National human rights institutions pledged to “conduct inquiries into and investigate allegations of violations of women’s and girls’ human rights, including all forms of discrimination against women and girls, gender-based violence, violations of economic, social and cultural rights, violations of reproductive rights and discrimination in public and political life, and identify systemic issues which may perpetuate these violations”.¹

They agreed to “encourage and aid the compilation of an evidence base (e.g., data, inquiries, research) concerning the exercise of reproductive rights and the right to sexual and reproductive health”. This included “cases of de jure and de facto discrimination in access to sexual and reproductive health care information and services, forced sterilization, forced abortion, child marriage, forced marriage, female genital mutilation/cutting, biased sex selection and other harmful practices”.²



To support national human rights institutions in taking forward this commitment, which was institutionalized in UNFPA’s Strategic Plan in 2014, UNFPA, the Office of the High Commissioner for Human Rights and the Danish Institute for Human Rights published a [handbook](#) providing guidance on the nature and normative framework for reproductive rights as well as practical information for advancing these.

Building on subsequent experience supporting dozens of countries globally to conduct public inquiries and country assessments of human rights in the context of sexual and reproductive health and well-being, UNFPA in 2019 published a [guide](#) for national human rights institutions. It provided a conceptual and methodological framework for assessments and inquiries, including to help develop more comprehensive information systems, and to ensure a standardized approach to assessing human rights violations related to sexual and reproductive health.

Most recently, in July 2020, the Human Rights Council adopted resolution [44/L.20](#), without a vote and with co-sponsorship by over 100 United Nations Member States, including all members of the African Union and European Union. The resolution called for “developing the capacity of national human rights institutions to investigate human rights violations related to the practice of female genital mutilation and to monitor progress in preventing and eliminating this harmful practice”.

1 Amman Declaration, Principle 4.

2 Amman Programme of Action, para. 26.



GETTING STARTED



WHAT ARE HUMAN RIGHTS?

Inalienable legal guarantees to which every human being is entitled because s/he is human.

Entailing rights and obligations, they are codified in national laws as well as binding international and regional treaties.

They are traditionally categorized as civil, political, economic, social and cultural rights.

They are universal and apply to every human being, everywhere.

They are interrelated, interdependent and indivisible.

WHAT IS A NATIONAL HUMAN RIGHTS INSTITUTION?

A national human rights institution is a state body with a constitutional and/or legislative mandate to protect and promote human rights.

It has been set up according to various models around the globe, such as human rights commissions, ombudsperson offices, consultative bodies, public interest defenders, human rights centres, institutes and various hybrid bodies.

The role of a national human rights institution is to address discrimination in all its forms and to promote the protection of civil, political, economic, social and cultural rights mainly through investigating individual complaints and structural problems, enforcing decisions and referring matters requiring prosecution, providing education on human rights and advising on law reform.

The Paris Principles adopted by United Nations General Assembly resolution 48/134 of 20 December 1993 set out criteria to accredit national human rights institutions. These include a broad human rights mandate based on universal human rights principles and standards, autonomy from government, independence guaranteed by a statute or constitution, pluralism, adequate resources and adequate powers of investigation.

WHAT IS A PUBLIC INQUIRY/ NATIONAL INQUIRY?

A public inquiry is an exploration of a systemic human rights problem where the public is invited to play a key role.

It includes public hearings with witnesses and experts to investigate systemic patterns of human rights violation.

It aims to identify findings for the public, and recommendations for duty-bearers and various stakeholders.

It involves a wide range of expertise within the national human rights institution and beyond.



WHAT DOES FEMALE GENITAL MUTILATION HAVE TO DO WITH HUMAN RIGHTS?



The practice of altering or injuring female genitalia for non-medical reasons³ is a violation of international human rights law as defined in global and regional human rights treaties.

- In Article 5, the [Protocol](#) to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (widely known as the Maputo Protocol)⁴ prohibits all forms of female genital mutilation, and recognizes the practice's adverse effect on the human rights of women and girls.
- The [African Charter](#) on the Rights and the Welfare of the Child, in Article 21, requires protection against harmful social and cultural practices that are prejudicial to the child's health or life, and/or discriminate on the grounds of sex.
- The Council of Europe's [Convention](#) on preventing and combatting violence against women and domestic violence (widely known as the Istanbul Convention) urges states parties, in Article 38, to criminalize the performance of any form of female genital mutilation, its procurement as well as the incitement or coercion of women and girls to undergo the procedure.

At the global level, multiple human rights treaty monitoring bodies and special procedures have issued jurisprudence and normative guidance, through general recommendations and comments, decisions and reports, to make protection from and prohibition of female genital mutilation a legal obligation.

- The Committee on the Elimination of Discrimination against Women, the body of independent experts monitoring implementation of the Convention on the Elimination of All Forms of Discrimination against Women, has issued general recommendations [Nº 14](#) recognizing the grave impact of "female circumcision" on public health, [Nº 19](#) qualifying "female genitalia mutilation" as a discriminatory practice and a form of violence against women, [Nº 24](#) acknowledging discrimination in society as a determinant of female genital mutilation and women's poorer health outcomes, and [Nº 35](#) confirming harmful practices as a form of gender-based violence that can amount to torture.
- The Committee on the Rights of the Child has issued general comments [Nº 3](#) to require that States provide information to adolescents and protect them from female genital mutilation, [Nº 13](#) to include harmful practices in the scope of forms of violence prohibited,⁵ and [Nº 20](#) to acknowledge particular manifestations of gender inequalities during adolescence, such as harmful practices.

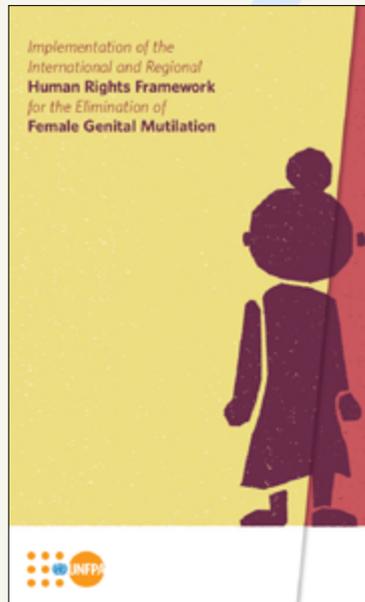
3 The World Health Organization defines female genital mutilation as a procedure that involves the "partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons".

4 Botswana, Burundi, the Central African Republic, Chad, Egypt, Eritrea, Madagascar, Morocco, Niger, Somalia, South Sudan and Sudan have yet to sign or ratify it.

5 Under Article 19 of the Convention on the Rights of the Child.

IN FOCUS

A UNFPA [resource](#) from 2014 looks in depth at different global and regional human rights frameworks in relation to the elimination of female genital mutilation. It places the practice within a broader social justice agenda, one that emphasizes the responsibilities of governments to ensure realization of the full spectrum of women's and girls' rights, and addresses the corresponding duties of governments under international human rights law.



- These efforts by both committees resulted in a [joint normative undertaking](#) in 2014 through which they recognize harmful practices as resulting from discriminatory gender stereotypes, norms and attitudes that undervalue women and girls and try to exert control over their bodies and sexuality.
- The Committee on Economic, Social and Cultural Rights has issued general comment [N° 14](#) requiring particular protection for adolescent girls' health, due in part to female genital mutilation, and [N° 22](#) instating the legal prohibition of female genital mutilation as well as prevention and remedial measures as obligations under the right to health.
- [Reports](#) of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment as well as [decisions](#) of the Committee against Torture have referred to female genital mutilation as a form of torture.

Such normative guidance and jurisprudence⁶ have tended to include protection from and prohibition of female genital mutilation under the scope of several human rights. These comprise the right to life and physical integrity, the right to be free from torture and other cruel, inhuman or degrading treatment, the right to non-discrimination and equal treatment, the right to the highest attainable standard of physical and mental health, and the rights of the child, among others.

⁶ Political instruments, including many global and regional intergovernmental consensus documents, such as African Union declarations, and General Assembly and Human Rights Council resolutions, have also addressed female genital mutilation. Most of these elements are presented in the 2014 UNFPA study. This current publication deliberately focuses on "hard" and "soft" law instruments.



WHY HOLD A PUBLIC INQUIRY ON FEMALE GENITAL MUTILATION?

A public inquiry helps transform the harmful social and gender norms that drive female genital mutilation by supporting consensus-building for its elimination, and by educating girls and their communities to exercise their rights on several fronts.

It can also make a strategic contribution to creating linkages between global and regional human rights mechanisms, governments and civil society.

- 1** In countries where female genital mutilation is prevalent, **up to 99 per cent of women and girls** have undergone the practice, making it a **systemic human rights violation** appropriate for an inquiry process.
- 2** Because female genital mutilation is sustained by **deeply rooted social norms** formed by a constellation of social dynamics and myths, **open and holistic education of the kind offered in a public inquiry is needed to change beliefs, attitudes and ultimately behaviours.**
- 3** An inquiry process can respond well to the **complex nature of female genital mutilation**, involving **culture, gender equality, public health and human rights.**
- 4** Given their **broad human rights mandates**, national human rights institutions can offer a wide range of expertise, within and beyond institutions themselves, and touching on the intersection of **civil, political, economic, social and cultural rights.**
- 5** As **government-established protection bodies**, national human rights institutions can be powerful in making **links between global, regional and national human rights commitments and obligations** on female genital mutilation, thereby creating a better understanding of human rights.
- 6** With their statutorily or constitutionally **guaranteed independence** and their **principle of pluralism**, national human rights institutions can provide valuable platforms for relevant state bodies to **consult and enhance collaboration with civil society organizations.**
- 7** The **survivor-centric and participatory methodology** of an inquiry on female genital mutilation can be a strategic way to **broadly educate and empower affected girls and their communities**, and encourage them to claim change.
- 8** The **educational function, public nature and comprehensive approach** of an inquiry can catalyse **large-scale, positive transformations of social norms.**
- 9** As a **multistakeholder and transparent process**, an inquiry can help **identify bottlenecks at every level of government and boost social demand** for accountability in eliminating female genital mutilation.



HOW TO HOLD A PUBLIC INQUIRY

The public inquiry process can be divided in four phases: preparatory, implementation, reporting and follow-up. They are all equally important and pivotal to ensuring the greatest impact.

1. Preparatory phase

The national human rights institution and all involved stakeholders carefully plan the public inquiry, and secure the necessary resources and processes for completing it successfully.

- The first step is to **draft a concept note**. This document provides an overview of the issue to be investigated; the applicable international, regional and domestic law(s); the focus of the inquiry; opportunities for educating the public; possible strategies for addressing the findings; expectations from relevant stakeholders; and planning for the process (for example, human and financial resources, and a timeline).
- As a second step, **clearly defined objectives** should be established as key to securing support. Given progress already made by countries in eliminating female genital mutilation, and information available through the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, national human rights institutions are advised to choose objectives focusing on gaps. The terms of reference/plan for the inquiry can then be developed, including the methodology, deliverables, issues to be addressed, and any staffing and budgeting needs.
- The third step is to **identify and engage key stakeholders** in the inquiry process. These may include individual survivors and their communities, government bodies and political leaders, non-governmental organizations, academic and other experts, professional societies, community leaders, faith-based organizations and/or the media. The national human rights institution should meet its obligations for pluralism; if needed, some stakeholders requiring specific protection measures will be engaged individually. A mechanism should be set to transparently review all requests for participation. It is critical to understand the role(s) and expectations of every stakeholder, to identify champions who will advocate for the inquiry and to understand the possible needs of those who may show hostility.
- The fourth and last step of the preparatory phase is to **appoint an inquiry panel**, including a chair. A critical mix of skills and experiences, on gender and culture as well as in terms of diversity and public recognition, will be pivotal in securing a successful outcome. Senior officials within the national human rights institution can be part of the panel.

The panel, and particularly the chair, will serve as spokespersons for the inquiry and are responsible for steering it.

Once the panel is appointed, members review and validate the inquiry terms of reference and plan. The inquiry and its objectives are then widely publicized.



IN FOCUS

OBJECTIVES CAN INCLUDE:



Analyse and inform; explain the root causes and consequences of female genital mutilation rather than investigating its existence, prevalence and drivers.



Empower; champion survivors through sensitive approaches that give them platforms for self-expression and advocacy.



Educate; engage the public throughout the process with key information to sustain positive norms and respect for human rights and/or **deter further occurrences through a public and participatory inquiry.**

Because female genital mutilation can be a widespread and even near-universal norm in societies where it is practised, national human rights institutions will require political acumen to navigate sensitivities that can arise at all levels and to make strategic choices that serve long-term, positive change. While the public inquiry process derives partly from legal practice and can include the investigation of human rights violations, this aspect must be tempered by the inquiry's "transformational" function. To shift the deeply rooted social norms that maintain female genital mutilation, the inquiry must engage all stakeholders, including duty-bearers, as agents of change. The process should focus on dialogue and joint problem-solving while refraining from an overly prosecutorial approach. Antagonizing a culture, tradition or group of peoples, in particular duty-bearers, may jeopardize the potential for paradigm shifts. Education and empowerment should be priority objectives.

2. Implementation phase

The national human rights institution publicly carries out its plan and gathers information necessary for the report. The most critical public-facing engagement and human rights education happen during this phase.

- The first step is to **gather evidence** documenting the nature and extent of the human rights violation, as well as its drivers and root causes. For female genital mutilation, most of this information will be readily available through organizations working on the issue, including the UNFPA-UNICEF Joint Programme. It may be helpful to call for submissions from these organizations, based on clear guidelines to ensure the information received is concise and useful. The national human rights institution should put in place a system for managing and analysing information collected throughout the process.
- The second step is to hold **public hearings**, a central feature of the public inquiry. The hearings give key stakeholders, including survivors and their communities, an opportunity to share widely their expertise, experiences and opinions. These inform the inquiry panel and the public of the human rights violation being examined. Arrangements should be made to record every testimony and cover the proceedings through traditional and social media.
- Publicly speaking about experiencing female genital mutilation can be a (re-)traumatizing experience for survivors, especially when they are put in a situation resembling court hearings, and with media representatives present and the potential for their testimony to be broadcast or relayed in print or social media. National human rights institutions should provide guidance on managing such issues. This might include making sure that survivors are sufficiently briefed on the procedure and setting of the hearing and its outcomes, and clarifying that the procedure will not serve as a retributive or compensatory undertaking. Psychosocial support could be made available to survivors before, during and after the inquiry. In some exceptional cases, in order to protect witnesses and whistleblowers with sensitive information, the panel may convene separate confidential hearings.

IN FOCUS

For female genital mutilation, hearings must be thought through carefully so that they empower survivors in all affected regions to share their stories, including anonymously where necessary, and seek redress. Attention must be given to **transparency and pluralism**.

Although public hearings are not formal court hearings or interrogations, they use many formalisms associated with judicial proceedings. The panel could pose specific questions to each participant, who then responds as a witness. This formalism is key to performing the educational function of the inquiry, as the panel can interrogate witnesses with questions shared by the public. The panel and witnesses can directly question duty-bearers (usually legal guardians and government bodies) about their responsibilities. Government officials should be part of the hearings and respond publicly on measures taken to address ongoing violations and discharge their obligations to prevent female genital mutilation and protect women and girls from it.

Done correctly, a public hearing will build broad social momentum for remedying human rights violations and upholding accountability. Ideally, the process will also confirm the legitimacy, objectivity and transparency of the inquiry process and the national human rights institution.



The panel should ensure a variety of perspectives and types of expertise are represented.

Victims, former practitioners of female genital mutilation, non-governmental organizations, government officials, human rights advocates, health professionals, religious leaders, technical experts, etc.

This will provide the public with a comprehensive analysis of female genital mutilation as a human rights violation, and increase understanding and commitment to eliminating it.

3. Reporting phase

This phase takes stock of findings from research and the evidence presented during the public hearings. It ensures accountability and follow-up.

Beyond its analysis, empowerment or human rights education objectives, every inquiry should generate some findings and make recommendations based on information collected from experts (including victims) and public engagement.

- Developing **recommendations** is an important step. These are practical action points to guide duty-bearers in meeting their obligations under international human rights law. They should be based on the evidence analysed and the hearings conducted. Recommendations should aim both at addressing identified human rights violations and preventing future occurrences. They need to be targeted to specific state institutions (including parliament), but they can also be directed to other stakeholders such as United Nations organizations, multilateral development banks and financial institutions, non-governmental organizations, professional bodies, religious and community leaders, parents, etc.
- Drafting the **report** is another sensitive step. This is the main resource accounting for the process and its results, so it should be comprehensive. At the same time, it should be accessible for the public and all stakeholders who took part in the public inquiry. The report must directly address the published objectives of the inquiry, and be written in simple and informative language. It should be as short as possible and contain diverse kinds of information, including statistics, evidence from research, testimonies and personal stories, images and infographics, etc.

IN FOCUS

S-M-A-R-T

The recommendations ought to be specific, measurable, attainable, realistic and time-bound (S-M-A-R-T). In addition, they should clearly distinguish between structural and urgent actions, and actions that are more technical and require longer time frames. Prioritizing recommendations and having a manageable number will be pivotal in facilitating state accountability and follow-up. Recommendations should essentially guide duty-bearers by outlining actionable response and prevention measures to fulfill their obligations under international human rights law.



To sustain momentum, the report should be available in a timely fashion, ideally within six months after the end of public hearings. A suggestion is to outline the report at the planning stage of the inquiry. Based on different experiences globally, reports typically cover: information on the methodology, applicable human rights law, information received from stakeholders and evidence from victims, victims' experiences and views, findings from legal and factual analyses, and recommendations. Accessibility, including for persons with disabilities, is paramount; the format should meet the requirements and needs of all intended audiences. Strategizing before writing the report will help the national human rights institution in understanding constraints and opportunities in meeting this requirement.

4. Follow-up phase

The national human rights institution and its partners build ownership by disseminating the public inquiry report and its recommendations at all levels of society.

- Once the report and recommendations are finalized and endorsed by the inquiry panel, the national human rights institution should prepare a **public release** through one or several events. The release should be carefully planned in advance, including through elaborating a launch strategy. The launch is central to ensuring accountability as it will offer a space for the panel to inform the public of the findings, address various duty-bearers regarding their responsibilities in implementing recommendations, and engage the media to amplify the findings and broaden public awareness and buy-in.
- In the aftermath of the public release, the national human rights institution and its partners should establish a **follow-up mechanism** to advise the State on the implementation of recommendations, and to facilitate oversight and the tracking of progress. Reporting in line with the above standards will allow countries to engage global mechanisms around their efforts to realize SDG target 5.3 (Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation). Putting in place a coordination mechanism to engage directly with and support stakeholders responsible for implementing action points helps guarantee concrete results. Community organizations, advocates and non-governmental organizations can be extremely useful partners in supporting the implementation of recommendations.
- In parallel to follow-up efforts, the national human rights institution and its partners should plan an **advocacy strategy** to encourage duty-bearers to comply with human rights obligations. Building on the public awareness and momentum stemming from the public hearings and the launch, partners should tailor advocacy to reach different stakeholders.



Testimonies and stories provided by survivors as well as findings and recommendations made by the inquiry can be a powerful basis for providing official information or shadow reports to regional and global human rights mechanisms. Linking national policy processes and human rights reporting at global and regional levels will enable the national human rights institution to create a cycle of accountability.



OPERATIONAL GUIDANCE, INCLUDING DURING COVID-19

The following project framework is provided to help national human rights institutions plan and manage their inquiry, offering useful tips and guidance. Given the COVID-19 crisis, the proposed activities take into account the current reality of lockdowns, curfews and shelter-in-place orders, and build on the assumption that these circumstances create renewed audiences for mass media as well as educational content on national channels. The framework minimizes public gatherings and complies with physical distancing guidelines while satisfying the methodological requirements of a public inquiry.

Preparation



3-6 months

Step	Modality	Guidance
1. Conceptualize	Draft concept note	
2. Plan	Create project log frame or terms of reference	<p>TIP: Hire staff with strong project management skills to plan and budget the inquiry (steps 1 to 11)</p> <p>Examples of objectives:</p> <ul style="list-style-type: none"> To analyse existing data and research to understand the extent and drivers of female genital mutilation To inform the public of the root causes and consequences of female genital mutilation To empower survivors by providing safe platforms for storytelling and redress To educate the public on human rights and state obligations through expert testimonies
3. Network	Map and engage stakeholders to understand expectations	<p>TIP: Consult with experts, including civil society, to understand the power relations, opposition and champions for ending female genital mutilation</p>
4. Staff	Appoint an inquiry panel reflecting pluralism and with multidisciplinary skills	<p>TIP: Choose a credible and respected chair and make sure the panel has recognized expertise in health (gynaecology/obstetrics), human rights, culture, education, gender equality, community mobilization and social change, policy advocacy, etc.</p>

Implementation

 2-4 months

Step	Modality	Guidance
5. Inform	Collect and analyse data	TIP: Release a call for submissions from victims and organizations working on female genital mutilation, taking precautions to protect victims, and framing the submissions as per the provisional report outline
6. Hear	Hear witnesses and experts	<p>TIPS</p> <p>Organize broadcast radio shows involving the panel chair and anonymous call-in testimonies and stories from survivors of female genital mutilation; make arrangements to lift phone charges, train hosts and provide psychosocial support for witnesses, including online</p> <p>Create TV programming on female genital mutilation, including in-depth discussions with experts and educators</p>

Reporting

 2-4 months

Step	Modality	Guidance
7. Recommend	Develop and prioritize recommendations	TIP: Identify the entities/individuals responsible for implementing every recommendation and specify the urgency of recommendations
8. Report	Capture testimonies and findings	<p>TIPS</p> <p>Develop multiple formats targeting different audiences (media, government, parliament, public, etc.)</p> <p>Develop video and audio versions of the report</p> <p>Translate the report into local and minority languages</p>

Follow-up

1 month

Step	Modality	Guidance
9. Disseminate	Launch report	<p>TIPS</p> <p>Launch the report around celebrations for the International Day of Zero Tolerance for Female Genital Mutilation</p> <p>Prepare the launch by briefing the media and giving them key messages</p> <p>Ensure the launch has an online component, including social media</p>

Ongoing

10. Coordinate	Support implementation	<p>TIPS</p> <p>Put in place a multistakeholder entity in charge of following up on the recommendations</p> <p>Divide follow-up items between actors</p> <p>Identify resources and processes needed to realize every recommendation</p>
11. Advocate	Lobby duty-bearers	<p>TIPS</p> <p>Use findings to report to the African Commission on Human and Peoples' Rights and the African Committee of Experts on the Rights and Welfare of the Child</p> <p>Use findings to report to the committees for the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the International Covenant on Economic, Social and Cultural Rights, and the Convention against Torture</p> <p>Use findings to report to the Universal Periodic Review</p> <p>Convene advocacy sessions with parliamentarians, law enforcement officials, etc.</p> <p>Support girls, communities and civil society organizations in advocating for accountability</p>

CONCLUSION

National human rights institutions are strategic actors in the drive to eliminate female genital mutilation by 2030. With their broad powers of investigation and statutory independence, they can draw attention to the practice as a human rights violation and source of harm affecting women and girls in communities across all continents.

By addressing discrimination and violence affecting women and girls, and by engaging the State, communities and the wider public, these bodies have a unique power to challenge and transform the negative norms that sustain female genital mutilation.

A public inquiry lends them a powerful tool to engage and educate the public, analyse a systemic human rights violation and advance eradication. National human rights institutions have a central role to play in advocacy to eliminate female genital mutilation. They are well positioned to create strategic links between national laws and policies, systems and duty-bearers, and regional and global human rights mechanisms and bodies. This helps start and maintain a virtuous cycle of accountability and respect for rights.

Women and girls, their communities, governments, civil society and development partners are encouraged to make the most of this opportunity. Supporting national human rights institutions to pursue public inquiries could go far in bringing a harmful practice to zero.

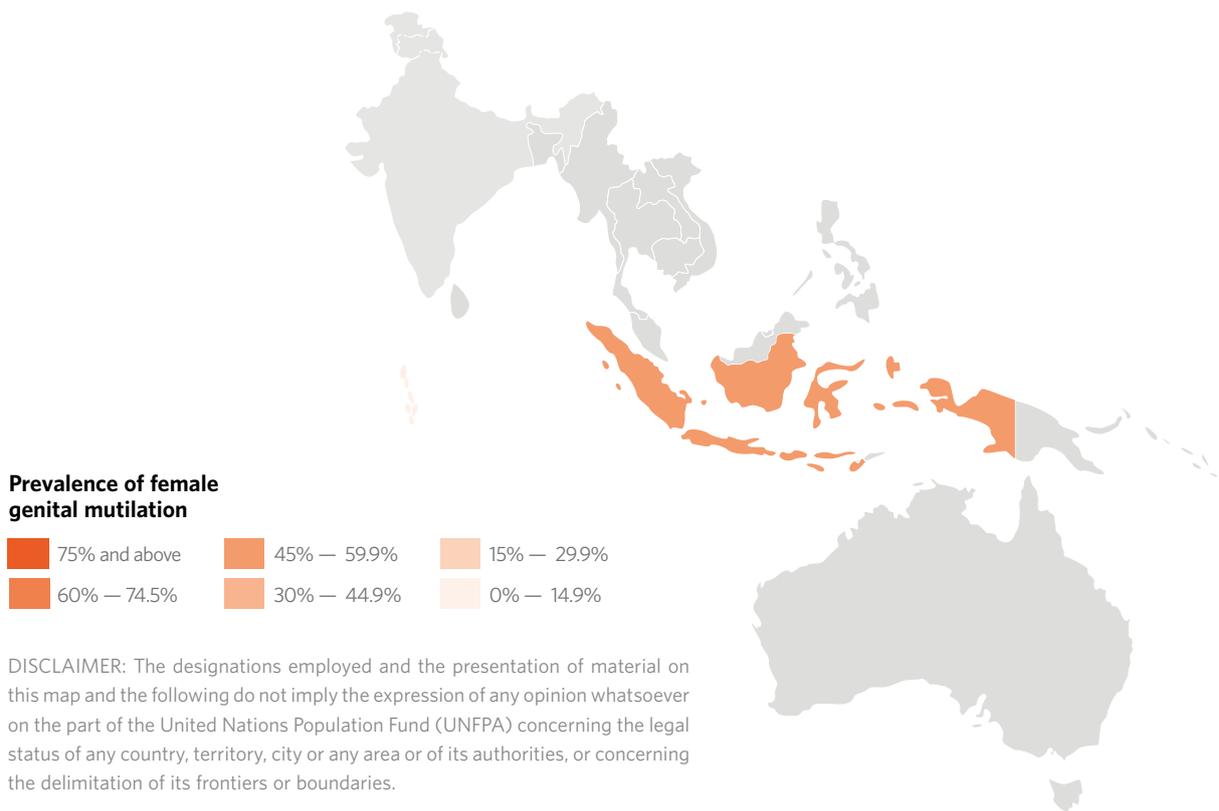


USEFUL TO KNOW

Prevalence of female genital mutilation and accreditation of the national human rights institution

Asia and the Pacific

Country ⁷	National human rights institution	Accreditation status ⁸
Indonesia ⁹	National Commission on Human Rights	A
Maldives	Human Rights Commission	B



- The prevalence of female genital mutilation (percentage of girls aged 15-49 who have undergone female genital mutilation, based on UNICEF global databases in 2020, which draw on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other nationally representative surveys). Female genital mutilation is practised in communities around the world, but data have not been systematically collected.
- The accreditation status of the institution is based on the databases of the Global Alliance of National Human Rights Institutions, with accreditation status as of March 2019. "A" denotes that the institution is fully compliant with the Paris Principles, "B" that it is partially compliant and "C" that it is non-compliant.
- For Indonesia, data were collected for the first time in 2013. Prevalence is measured among girls aged 0-11 years.

Arab States

Country ⁷	National human rights institution	Accreditation status ⁸
Djibouti	Commission nationale des droits de l'Homme	N/A
Egypt	National Council for Human Rights	A
Iraq	High Commission for Human Rights	B
Somalia	N/A	N/A
Sudan	Sudan National Human Rights Commission	A
Yemen	N/A	N/A

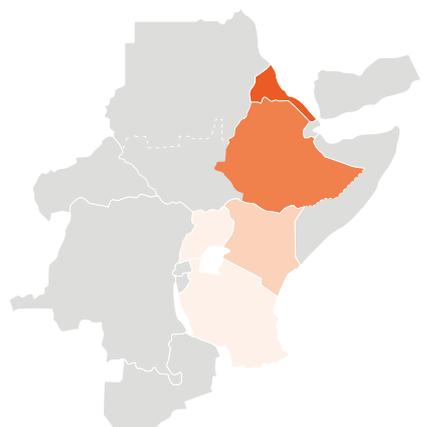
Prevalence of female genital mutilation



East and Southern Africa

Country ⁷	National human rights institution	Accreditation status ⁸
Eritrea	N/A	N/A
Ethiopia	Ethiopian Human Rights Commission	B
Kenya	National Commission on Human Rights	A
United Republic of Tanzania	Commission for Human Rights and Good Governance	A
Uganda	Human Rights Commission	A

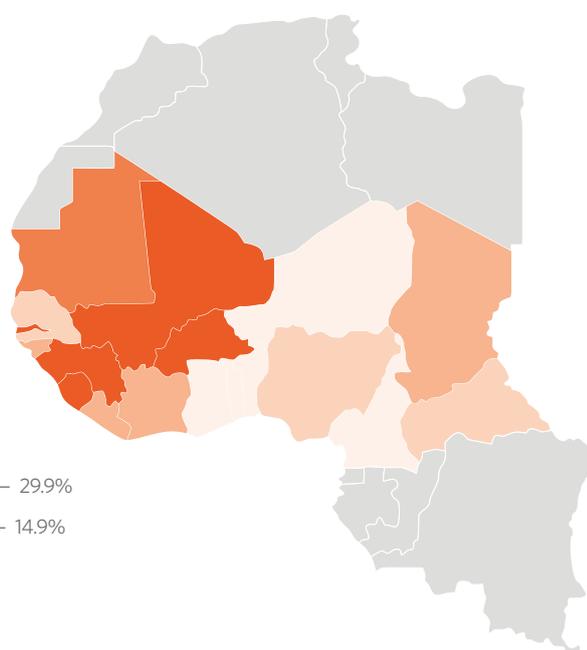
Prevalence of female genital mutilation



West and Central Africa

Country ⁷	National human rights institution	Accreditation status ⁸
Benin	Commission béninoise des droits de l'Homme	C
Burkina Faso	Commission nationale des droits de l'Homme	Lapsed
Cameroon	National Commission on Human Rights and Freedoms	A
Central African Republic	N/A	N/A
Chad	Commission nationale des droits de l'Homme	B
Côte d'Ivoire	Commission nationale des droits de l'Homme	B
Gambia	Human Rights Commission	N/A
Ghana	Commission on Human Rights and Administrative Justice	A
Guinea	Institution nationale indépendante des droits de l'Homme	N/A
Guinea-Bissau	Commission nationale des droits humains	N/A
Liberia	Independent National Commission on Human Rights	A
Mali	Commission nationale des droits de l'Homme	B
Mauritania	Commission nationale des droits de l'Homme	B
Niger	Commission Nationale des Droits Humains	A
Nigeria	National Human Rights Commission	A
Senegal	Comité sénégalais des droits de l'Homme	B
Sierra Leone	Human Rights Commission	A
Togo	Commission nationale des droits de l'Homme	A

Prevalence of female genital mutilation



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