UNIVERSITY OF TORONTO MODEL UNITED NATIONS

DIRECTORATE OF WOMEN GENDER AND DEVELOPMENT IN THE AFRICAN UNION

Dear Delegates,

It is my pleasure to welcome you to the Women Gender and Development Directorate (WGDD). As one of the most recent additions to the African Union, the WGDD is a promising sign of African collective recognition of gender equality not only as a societal ideal, but also as an urgent problem that requires a resolution.

There are pressing issues that need to be addressed. At this time, more than any other period in history, we are being equipped with the necessary infrastructure, and given access to a pool of resources on which to draw from. UN Women was created by the UN General Assembly only two years ago – one example out of many, that points to a growing international consensus of the need for a global strategic plan to achieve gender equality.

Women's issues should not be relegated to special interest niche groups; *The Economist* recently pointed out that even as "nearly 1 billion women are likely to enter the global labor force…their economic potential is largely unrealized". Higher female employment rates would translate in to a significant increase in GDP – a benefit that any country would not and should not overlook lightly. This is a noted fact that has not been lost on the Directorate, who asserted, "The ideology behind the African Women's Decade is not that women are being left behind in development, but that development on the continent is slowed by the exclusion of women". Although economic issues are not on the agenda in this year's session, successfully addressing female infanticide, wartime women trafficking, and female genital mutilation would lead to reduced structural, systemic and cultural obstructions for women, paving the way for greater female engagement in African society. This is a difficult, multi-faceted problem that requires careful collaboration between Member States, as well as the political will and efficiency in actually implementing any of your proposed policies, on a diverse continent.

By way of a brief introduction: I am a first year student at the University of Toronto, intending to pursue a Joint-Specialist in Peace and Conflict Studies & International Relations. I look forward to reading your position papers, and participating in the rich discussions that will hopefully allow us to adequately address the issues – issues that increasingly need innovative solutions and multi-lateral cooperation.

Best wishes,

Rachel Gunn
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"A world in which women and men work together as equal partners to build better lives for themselves and their families…where women and men share equally in the enjoyment of basic capabilities, economic assets, voice and freedom from fear and violence…where women and men share the care of children, the elderly, and the sick; the responsibility of paid employment, and the joys of leisure"
– UN Millennium Project 2005, 20

WOMEN, GENDER AND DEVELOPMENT DIRECTORATE

Created in the year 2000 under the Office of the Chairperson of the Commission, The African Union Women Gender and Development Directorate (AU WGDD) has the specific mandate to promote gender equality within and throughout the Union, as well as within Member States. The Directorate strives to implement policy agreements and instruments into measurable projects – projects that aim for the mainstreaming of gender throughout the commission. As such, the WGDD has a broad scope of function, undertaking everything from advocacy work, capacity development, research, monitoring and evaluation, to the development and harmonization of policy-making processes in the AU Organs, Member States and Regional Economic Communities. The ultimate aim of all its activities is however, to successfully implement women's empowerment programs where they are most urgently needed.

Although a relatively new addition to the AU, the WGDD has made significant progress in achieving the goals of its mandate. In 2009, it developed the AU Gender Policy that was subsequently adopted by the Assembly of Heads of State and Government, which pushed for stronger gender commitments in regional implementation. This led to the creation of the Fund for African Women, a pioneering program that uses the financial resources of Member States to invest in a more gender equal economic future.

Mrs. Litha Musyimi-Ogana, current Director of WGDD

In 2010, the WGDD set forward a bold vision – the African Women's Decade (2010-2020) – that identified ten themes which set the agenda for the current decade, addressing one theme a year. The ten thematic areas are: fighting poverty and promoting economic empowerment of women and entrepreneurship; agricultural and food security; health, maternal mortality and HIV and AIDs; education, science and technology; environment, climate change and sustainable development; peace, security and violence against women; governance and legal protection; finance and gender budgeting; women in decision-making positions; and the promotion of young women's movements.

The Directorate has also collaborated with several other commissions in the AU. Working together with the Department of Peace and Security to develop a gender-training manual to mainstream gender in

peacekeeping operations, this represented real-world implementation of the region's commitments to the UN Security Council Resolutions on women, peace and security. In a partnership with women's networks, the Directorate advocated with governments to ratify all the international African legal instruments (e.g. the Protocol to the African Charter on Human and People's Rights) on the Rights of Women. They spearheaded the process by which government officials reviewed and amended guidelines for reporting on the Solemn Declaration on Gender Equality in Africa, and successfully advocated for improved reporting.

Twice a year, the WGDD convenes a gender pre-summit to bring together various relevant stakeholders (civil society organizations, women's rights advocates and development partners), incorporating a much needed gender perspective into the highest-level meeting in Africa.

AGENDA TOPIC ONE: FEMALE INFANTICIDE IN AFRICA

Introduction

The tragic phenomenon of female infanticide has been observed in many cultures, and while it remains an issue of critical concern in China and India, it is still practiced in parts of Africa. Infanticide has been defined as the "intentional killing of infants", and female infanticide tends to occur more often than male infanticide due to deeply rooted cultural or religious tradition (e.g. preference for males).

The biologically normal sex ratio for humans at birth is approximately 105 males to 100 females (rarely ranging beyond 102 – 108), and hence, it can be easily inferred that sex selection has occurred in a country when this ratio is particularly higher or lower than the scientific data on biological norms.

The significance of this issue is obscured by the fact that any adverse implications will only be seen in the long run. If left uncorrected, the skewed male to female ratio can cause societal instability, which can be seen in China – where men have difficulty-finding brides. This in turn fuels the demand for trafficking of women from other countries.

Socio-cultural and Economic Factors

Poverty has often be touted to be the driving force behind gender preference and consequently, sex-selective infanticide. A simple economic argument lies behind this reasoning: in patriarchal societies, sons will support the birth parents throughout their lives, while daughters are more of an economic liability since they will leave the family upon marriage, and usually with the need to give a payment to the husband's family.

However, the experience in Africa suggests otherwise. Sub-Saharan Africa does not suffer major irregularities in the sex ratio despite its economically poorer conditions. But if poverty is not an excuse for this phenomenon, then it points to the only alternative reason: existing attitudes towards the value of female children. An enduring preference for boys reinforced by the much lower (and less desired) social status that women occupy gives fewer incentives for

Commissioner Gawanas at the African Union Commission during the UN WOMEN Executive Directors visit to Addis Ababa © UN WOMEN

families to value their female children as equally. Closing the sex-ratio gap hence requires wide sweeping reforms in African societal valuation of girls and women.

Present Difficulties

A wide range of current literature strongly suggests that effective solutions to targeting

female infanticide is difficult because of the lack of gender statistics in Africa. Reliable data is not available due to the rudimentary application of

census usage in the continent. Also, the validity of present data derived by universal indicators like the GDI and GEM as uniformly adequate indicators for all countries, has been challenged.

However, there have been recent efforts to create and employ gender statistics that are of high quality in the region – one example being the African Gender and Development Index (AGDI). Other efforts are focused on integrating gender variables into National Accounts. Such gender statistics would be more useful to monitoring African gender inequality, which faces a different set of challenges and opportunities and therefore must use contextually relevant data-mining and analysis techniques.
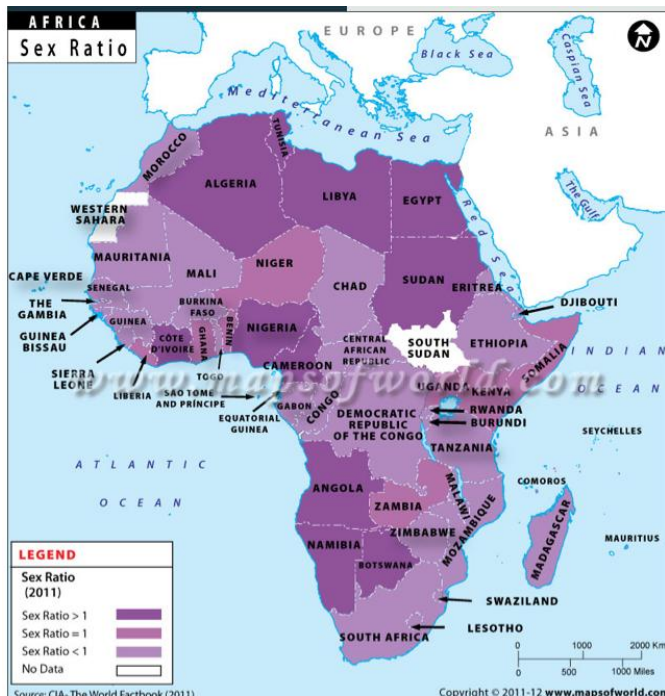
Lack of political will in translating political rhetoric into actual implementation of policies is another significant issue. African countries have largely complied in ratifying global conventions and have played a role in developing international resolutions on women's empowerment and gender equality. But the actionable side of governance leaves much to be desired. This may partly be due to how to the domestic political environment – which may be hostile or indifferent to equity-based policies.

As such, policies have been mainly pushed forward by NGO gender activism, rather than political will of governments. This has thus resulted in gender advocacy being perceived as a niche area that requires token commitment levels from top government officials. The limited success of gender-centered policies can be said to exist in large part due to the last decade's influx of global women's development programs (based on CEDAW, and the African Chart on Human Rights). Ratification of global conventions is necessary, but it is only one step in the process of achieving the Directorate's goals.

There is a need for empowered political institutions to prioritize gender equality here in Africa, to adapt international resolutions into individual national policies. As shown in the example of using African statistical indexes, regionally developed initiatives have the potential of being more effective in achieving gender justice than what is globally available.

If and when governments do pass legislation to reverse sex-ratio imbalances, these have had little effect because they fail to address the underlying social and gender inequalities that society is founded in. Patriarchy remains a strong force in African countries – and any piece of legislation that ignores this reality, is doomed to long-term ineffectuality.

AFRICA
Sex Ratio

LEGEND
Sex Ratio
(2011)
Sex Ratio > 1
Sex Ratio = 1
Sex Ratio < 1
No Data

Source: CIA- The World Factbook (2011)

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Country Positions

Female infanticide (along with prenatal sex selection) is reported to be especially prevalent in North Africa, and other countries such as Nigeria, South Africa, and Cameroon. Note that any official figures given by national or international organizations may be distorted due to sex-specific migration or warfare (i.e. more males are typically killed during conflicts, therefore the ratio temporarily shifts). Without intervening factors, the sex ratio should not be any more than 105 males to 100 females.

Questions for Consideration

- How can data collection be improved in Africa to strengthen both the validity of statistical measurements, and work towards developing tools to track successes and failures more explicitly?
- What can be done to strengthen domestic public health institutions to raise awareness about an issue that does not get the public attention it desperately needs?
- Many international organizations have convened to condemn the practice of female infanticide, but how should the African Union move beyond political rhetoric and into actual implementation?
- How can the African Union Member States develop a long-term strategy for rooting out systemic gender discrimination in their individual countries' policies?

Resources

Useful UN Reports:
http://www.unfpa.org/gender/selection.html

http://www.unfpa.org/public/site/global/search-results?q=infanticide

http://www.unfpa.org/swp

http://www.peacewomen.org/assets/file/wps_jointnewsletter_unwomenau_april2011.pdf

http://www.unhcr.org/refworld/docid/4df751442.html

Introduction

While trafficking victims are people of all ages and are both male and female, it is known to disproportionately affect women and children. The problem is only exacerbated during wartime, when traffickers exploit the increased vulnerability of women that is compounded by the level of chaos in the absence of functioning governments. Trafficking is, in other words, a severe form of violence against women, which can take place in multiple different backdrops, often involving more than one actor (including families, local brokers, international criminal networks and immigration authorities).

A definition of trafficking that is given by the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children – supplementing the UN Convention against Transnational Organized Crime – is "*Trafficking in persons* shall mean the recruitment, transportation, transfer, harboring or receipt of persons by means of the threat or sue of force or other forms of coercion, of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude, or the removal of organs".

While the more obvious implication of trafficking point to those that occur between countries (transnationally), trafficking is no less a problem when it happens within a country's borders. Women are often trafficked for sexual exploitation, among other reasons (e.g. labor). During warfare, even as women do not engage in active combat, they suffer other effects of extended conflict (e.g. from sexual abuse to becoming displaced). Some wish to leave the

Figure 1 - Origin, transit and destination countries

ORIGIN   TRANSIT   DESTINATION
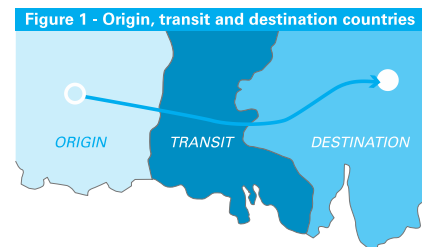
Innocenti Insight

instability of their countries, and without legal recourse to do so, they become vulnerable to traffickers. These illegal means of migration often commit a host of other crimes in the process, including but not limited to: assault, torture, abduction, sale of human beings, unlawful detention, murder, and fraud.
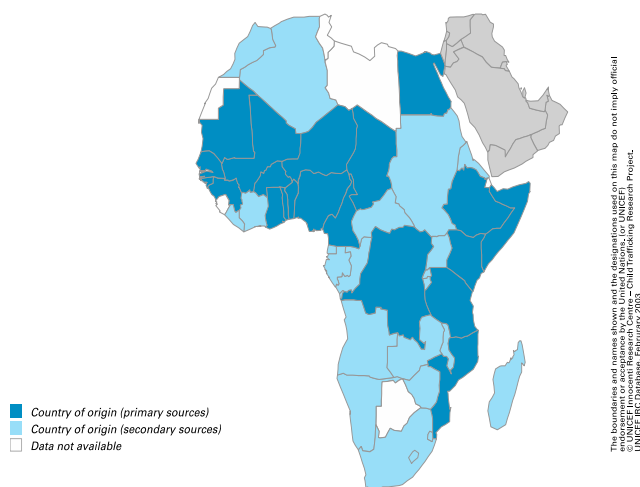
Present Difficulties & Efforts

Collecting data on the extent and nature of trafficking is a difficult task for international watchdogs, as it was only recently that an international consensus has arisen with regards to the definition/scope of trafficking. It has been noted in various UN reports that statistics available, if any, are extremely unreliable. One problem is that there is no centralized agency that collects data on human trafficking. Trafficking is difficult to tackle, precisely because even as most estimate that its practice is widespread and growing, few know the exact extent and nature of this global problem.

Since the 1990s, Regional Economic Communities of the AU have created policies to tackle this particular issue. A brief outline of some of these efforts: the Libreville Common Platform of Action of the Sub-regional Consultation of the Development of Strategies to Fight Child Trafficking for Exploitative Labor Purposes in West and Central Africa, the Declaration of Action against Trafficking of the Economic Community of West African States (ECOWAS), and the ECOWAS and Economic Community of Central African States (ECCAS) Joint Action Plan; The Maputo Consensus and Plan of Action to prevent and respond to trafficking, SADC and facilitate by the Southern Africa Network against Trafficking and Abuse of Children (SANTAC).

Efforts aimed at eradicating the issue have been gaining momentum in the last decade. The African Union Commission's Department of

Figure 2 - Countries reported as country of origin in Africa

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations, or UNICEF
© UNICEF Innocenti Research Centre – Child Trafficking Research Project.
UNICEF IRC Database, February 2003

■ Country of origin (primary sources)
■ Country of origin (secondary sources)
☐ Data not available

Social Affairs has outlined in the 2009-2012 Strategic Plan and 2008 Program of Activities, several policies on migration and development (e.g. Ouagadougou Plan of Action on

Trafficking in Human Beings Especially Women and Children). The AU recognizes that under international law, states have an obligation to ensure freedom from slavery and/or trafficking in all its forms. In addition, the AU notes the commendable efforts of several member states that have taken steps to reform criminal laws, and engaged in inter-state taskforces for a common approach to combating trafficking.

Although reports estimate that the number of people trafficked run into the hundreds of thousands globally, most are not detected by or even approach the authorities for help. Quite understandably, trafficked women rarely report their situation due to misunderstandings of the law, fear of reprisals from traffickers, and lack of opportunity/knowledge in how to contact the relevant authorities. Traffickers who do get prosecuted are fewer still. This indicates a severe need for advocacy groups to raise

Figure 10 - Trafficking flows by sub-region; number of identified bilateral links			
SUB-REGION	To Western and Central Africa	To Northern Africa	To Southern and Eastern Africa
From Western and Central Africa	74	4	2
From Northern Africa	1	0	0
From Southern and Eastern Africa	0	3	31

Source: UNICEF IRC Child Trafficking Research Project. Multiple origins and destinations reported

awareness of legal means for victims to receive help, as well as stronger national legal bodies with relevant criminal codes, to prosecute key trafficking groups.

Country Positions:

Northern & Southern Africa (Egypt, Libya, Tunisia, Republic of South Sudan, Republic of the Sudan; South Africa)

Trafficking is reported to be less severe than in other parts of Africa; nonetheless, it is still relatively high (some estimates assert that it is a

problem in 33% of all nations). While several countries, like Tunisia, have laws prohibiting slavery and bonded labor, there are no laws specifically addressing trafficking.

Western & Eastern Africa (Cote d'Ivoire, Ghana, Nigeria, Sierra Leone, Togo; Rwanda, Somalia, Tanzania, Uganda)

Transnational trafficking in human beings is a serious problem in the region. Western African economies are driven by the exploitation of national resources, and according to a recent paper published in the African Studies Quarterly (Spring 2012), violent unrest led to transnational and intercontinental trafficking for victims trying to cope with untenable living conditions (high food prices, dire economic conditions). Conflicts in the area can be attributed to "soaring prices of commodities" because these conditions can destabilize already at-risk governing bodies. There is also a lack of a "governmental priority" given to data collection in West Africa. Most states today have not done much to streamline human rights concerns into laws relating to trafficking.

Central Africa (Democratic Republic of the Congo, Cameroon, Chad)

The region is especially vulnerable given the internal conflict currently experienced by the DRC. As was noted earlier, situations involving civil conflict and/or economic hardship, make women more vulnerable to exploitative groups.

Questions for Consideration
- How can countries increase human agency/means to which vulnerable persons can seek help, particularly in states where higher volumes of trafficking?
- How can states strengthen the legal institutions to improve and increase prosecution of traffickers?
- What can states do to deter future occurrences of trafficking and protect victims of trafficking?
- Trafficking is a trans-boundary issue, as such, how should states deal with increase volume of trafficking when neighboring states are politically unstable/ are undergoing internal warfare?
- Should states improve research that looks specifically into identifying the locations, transits and destinations of trafficking within Africa?
- How can states make use of the vast amount of expertise, relative to the states themselves, which NGOs have in this area?

Resources

Useful UN Reports:
http://www.ungift.org/knowledgehub/en/about/africa.html

http://www.endvawnow.org/en/articles/689-trafficked-women-and-girls.html

http://www.unhcr.org/cgi-bin/texis/vtx/refworld/rwmain?page=topic&docid=4fe30c9620&skip=0&tocid=4565c22535&toid=4565c25f42b&querysi=africa&searchin=title&display=10&sort=date

http://www.unicef.org/emerg/files/women_insecure_world.pdf

http://www.unicef-irc.org/publications/pdf/trafficking-gb2ed-2005.pdf

African Studies Quarterly,"The Challenges of Transnational Human Trafficking in West Africa". Spring 2012.
http://www.africa.ufl.edu/asq/v13/v13i1-2a5.pdf

Introduction

Female genital mutilation, or cutting (FGM/C), is the partial or total removal of the external genitalia, which is practiced for culture and/or non-medical reasons. This often causes severe pain, sometimes resulting in prolonged bleed, infection, infertility, and even death. Health complications in woman can occur during childbirth, increasing the changes of death or disability for both mother and child. There is no dispute over whether FGM/C directly causes serious immediate and long-term health effects. However, despite the clear health risks, nearly three million girls face FGM/C annually in Africa, in addition to the 140 million women and girls worldwide who have already undergone the practice, according to the heads of the UN Children's Fund (UNICEF) and the UN Population Fund (UNFPA).

The WGDD recognizes that the entrenched prevalence of FGM/C in Africa is a clear violation of fundamental human rights. Specifically, it is a violation of the basic right of the female child to bodily integrity. And while joint efforts between UNICEF and UNFPA has led to over 6,000 communities in Africa abandoning the practice, there is still much that needs to be done.

Socio-cultural and Traditional Context of Female Circumcision

The major challenge to reducing the prevalence of female genital mutilation in Africa is the cultural norms and traditions that constantly undermine women's contributions to society, and relegates them to restrictive roles in society, preventing them from developing to their full potential. Female circumcision is often referred to as a traditional practice owing to the fact that it is maintained from one generation to the next. The reasons why it is performed are many, and the following list does not attempt to be exhaustive:

Health and hygiene reasons:
- Maintenance of cleanliness
- Prevention of stillbirths in *primigravida*
- Maintenance of good health
- Enhancement of fertility

Physical reasons:
- Pursuance of aesthetics
- Improvement of male sexual performance and pleasure
- Preservation of virginity before marriage
- Diminishment of female sexual satisfaction
- Purging the body of "evil" and ill-health

Social reasons:
- Rite of passage/puberty rite
- Promotion of social and political cohesion
- Prevention of female promiscuity
- Increase of matrimonial opportunities
- Protection of women against rape and sexual assault

Religious reasons:
- Requirement of the *Qu'ran*

Prevalence of female genital mutilation in Africa and Yemen (women aged 15 - 49)

The traditional practice of FGM/C has proven difficult to change, despite awareness-raising, legislation, and human rights activism, for three reasons. Firstly, communities practicing FGM/C today believe that their tradition is logical, rational and necessary. Secondly, the rural socio-cultural setting where FGM/C is particularly widespread is steeped in tradition and socio-cultural norms that guide individual behavior. Many African women's health and rights advocates point to the negative attitude many Africans have towards the law (including human rights) and legal institutions as an obstacle to the effective use of a human rights-centered approach. Thirdly, it is important to keep in mind that in countries where FGM/C is practice, it is done so a large proportion of the population. The implication of this is that an individual-by-individual approach is not a good strategy; for FGM/C to be abandoned, the entire community must reject it.

Thus policies must address these the relevant social values that inform how individuals interact and impose dominant ideals on one another. This must be done explicitly to allow for more effective interventions and the likelihood of longer-lasting effects.

Present Difficulties
Data from previous efforts to eradicate the practice shows a resistance to this intervention, as it is perceived as a Western intervention against traditional African and/or religious values. This tends to come to the fore more frequently when the intervention is solely focused on FGM/C, strongly suggesting that it is essential to incorporate other elements catering

to the village's most pressing needs into the campaign (e.g. merging FGM/C with education or reproductive health to secure the interest of the entire community).

Raising awareness of the dangers of FGM/C is also imperative in devising a working solution; even the educated tend to be unaware of the harmful implications of this practice. Members of the community may not recognize the need for such an intervention that challenges a long practiced tradition; hence it is important to highlight the socio-economic, psychological and physical implications of FGM/C.

It has been suggested that religious leaders and doctors play the biggest role in convincing people to renounce the practice. Utilizing local sources representatives of authority to influence community decisions are likely the most

Prevalence of FGM in Women and Daughters
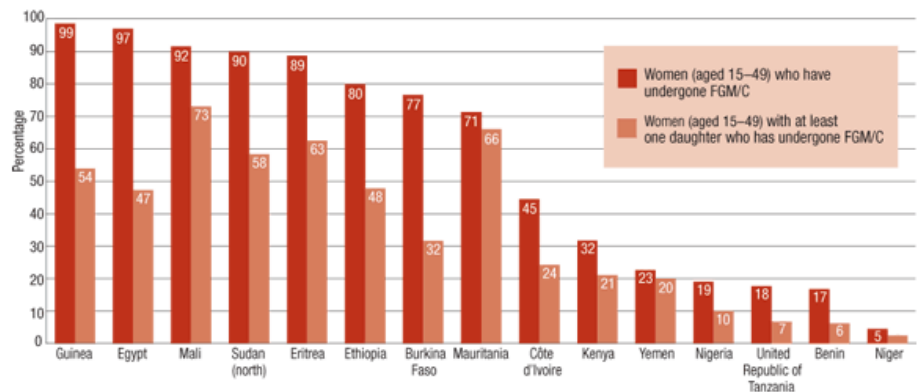
effective ways to reach the entire communities much more quickly, than through government officials or foreign/local NGOs. In community forums, it may be useful to include community leaders to help break the silence and facilitate constructive dialogue in the renegotiation of societal norms. Note that this can also be problematic if such authority figures send mixed messages, or openly supports FGM/C. The

WHO problem of the "medicalization of FGM/C" – where health care providers perform the procedure, thereby legitimizing the act as medically necessary – is rising, with more than 18% (and rising) of all FGM/C done carried out by doctors. Given the important role that these leaders play, more needs to be done to positively empower these individuals as advocates for FMG/C abandonment.

Potential Objectives

Across Africa, the trend of FMG/C is declining, but rates are still high and indicate a continued need for efforts to change the attitudes supporting this practice. The following is suggests several objectives that states should take note of, in crafting a collective African Union-centered policy (modified from a UNICEF Report):

1. Increase knowledge of community members of the dangers of FGM/C and empower them to be advocates for eradicating the practice.
2. Support leaders to break the silence about FGM/C in their communities.
3. Increase the number of local NGOs implementing the FGMAP through training and support by partner NGOs.
4. Increase community mobilization activities related to eradicating FGM/C.
5. Increase the number of girls saved from FGM/C.
6. Help establish FGM/C free communities

Country Positions

FGM/C is currently widely practiced in Western, Eastern and North-Eastern Africa.

Northern & Southern Africa (Egypt, Libya, Tunisia, Republic of South Sudan, Republic of the Sudan; South Africa)

Egypt, Republic of South Sudan and Republic of the Sudan have a high prevalence of FGM/C, according to recent data. In the specific case of Egypt, this is practiced by a majority of Egypt's women, Muslim and Christian alike. Outlawed in 1996, forbidden under articles 241 and 242 of the penal code, which punish the deliberate infliction of bodily harm. They widely believe this to be an Islamic practice, even though it is also practiced by Egyptian Christians and not practiced in most Muslim countries outside the Nile valley. While the leadership of the *al-Azhar*, the central authority on Islam in Egypt, condemned the inaccuracy of this information, clergymen continue to confirm FGM as religiously mandated. Both the state and NGOs have made serious efforts to eradicate the harmful practice. The National Council for Childhood and Motherhood launched an extensive program to combat FGM in 2003. In Libya, it is not known to be in practice, although some assert that it occurs within rural communities of migrants from sub-Saharan Africa. It is not considered to be widespread in South Africa either, but it is practice in some parts of the Eastern Cape and KwaZulu-Natal.

South Africa does not have specific legislation on FGM/C, but it would amount to assault in domestic common law.

Western & Eastern Africa (Cote d'Ivoire, Ghana, Nigeria, Sierra Leone, Togo; Rwanda, Somalia, Tanzania, Uganda)

As mentioned earlier, the "medicalized" form of FGM/C has increased in popularity, particularly

in Cote d'Ivoire (46%). This may reduce some of the immediate consequences of the procedure (pain and bleeding) but it also obscures its human rights aspect, and directly undermines long-term solutions for ending the practice. There has also been a lowering in some countries of the average age at which a girl is subject to the procedure, which may have been the result of recently enacted anti-FGM/C legislation. Note that legislation, as a solution to FGM/C hotspots is not the best solution either, as it does not address the core issues at hand, and would drive FGM/C underground or encourage cross-border movement to countries where it is allowed. FGM/C is found in large parts of Nigeria, but there is great variation in how it is practiced. It is a criminal offense there, but no cases of legal prosecution have been recorded. Projects against FGM, run by both state authorities and NGOs, focus on information to the general public and consciousness building.

Central Africa (Democratic Republic of the Congo, Cameroon, Chad)

Current data of FGM/C prevalence in Congo are not readily available, but in a 2007 report, UNICEF state that it was estimated to be less than 5%. Reports of its occurrence are generally limited to the Kivu, Kasai and Katanga provinces. It is especially prevalent in regions that border other countries where the practice is reportedly "endemic," including Uganda, Rwanda, Burundi, and Zambia. Note that FGM/C takes place often in the context of armed conflict or violent rape (sexual torture). Cameroon's government has criticized the practice, but there is no legislation in place. It is generally on the decline, partly due to the influence of NGOs and threat of HIV. It

continues to be practiced especially in the Ejagham tribe of the South West Province and the Hausas and Araphous in Northern Cameroon. Furthermore, migration contributes to the spread of FGM to different parts of the country. The country presents one of the lowest prevalence rate of FGM/C among countries with available data. Chad law does prohibit FGM/C, although the practice is widespread in rural areas (as high as 90 to 100%), among ethnic groups, and in the east and south.

Questions for Consideration
- Eliminating current/future FGM/C is important, but what should be done (if any at all) for women who have already undergone the practice? Field findings have indicated that counseling is required for such individuals, particularly with regards to marital problems and unfulfilling sexual relationships.
- How can the message on FGM/C be integrated in a more comprehensive and holistic approach to development?
- What needs to be done in order to attain a critical mass of families and community members who have declared abandonment of the practice? How can the process be scaled up through a sustainable approach with higher success numbers and cost efficiency?
- The overwhelming majority of current activities target women, which although effective, will not culminate in entire families abandoning FGM/C. How can such activities be geared towards men, since they tend to have an important say in the lives of African women?

Resources:

Useful UN Reports & Articles:
http://www.unhcr.org/cgi-
bin/texis/vtx/refworld/rwmain?page=topic&skip
=0&tocid=4565c22544&toid=45744f482

http://www.un.org/apps/news/story.asp?NewsID
=36793&Cr=women&Cr1=#.UK6nhuOe9EB

http://www.un.org/apps/news/story.asp?NewsID
=33695&Cr=UNFPA&Cr1=#.UK6nheOe9EB

http://www.unfpa.org/webdav/site/global/shared
/documents/publications/2012/Annual_Report_2
011.pdf

http://www.unicef.org/evaldatabase/files/EGY_
FGM_AP_report.pdf

World Health Organization Reports:
http://www.who.int/reproductivehealth/publicati
ons/evidence/en/

http://www.who.int/reproductivehealth/topics/fg
m/fgm_trends/en/index.html

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Other General Resources

The Economist article (referred to in the introduction)
http://www.economist.com/news/economic-and-financial-indicators/21564857

Key International Gender Resolutions

http://www.thegreatinitiative.com/resources/key-international-gender-resolution/

African Union Documents on Gender Policy
http://au.int/en/dp/wgd/sites/default/files/Statement%20Director%2028th%20October%202011%20SDGEA%20Meeting.pdf

http://africacsp.org/wahenga/sites/default/files/workshop/African_Union_(AU)_Gender_Policy.pdf

Joint Publications between the AU & UNIFEM
http://www.africa-union.org/root/AU/Conferences/2010/october/wgd/Walking%20the%20Talk%20II%20Gender%20equality%20in%20the%20African%20Union.pdf

http://www.peacewomen.org/assets/file/wps_jointnewsletter_unwomenau_april2011.pdf

Op-eds Relating to the African Women's Decade
http://yfa.awid.org/2011/02/the-african-womens-decade-2010-2020/

Appendix 1 – Map of Africa

Appendix 2 – Report Terminology

Northern Africa	Western Africa	Eastern Africa	Southern Africa	Central Africa
1. Egypt 2. Libya 3. Tunisia 4. Republic of South Sudan 5. Republic of the Sudan	1. Cote d'Ivoire 2. Ghana 3. Nigeria 4. Sierra Leone 5. Togo	1. Rwanda 2. Somalia 3. Tanzania 4. Uganda	1. South Africa	1. Democratic Republic of the Congo 2. Cameroon 3. Chad

Sub-Saharan African countries form the bulk of the ACP (African, Caribbean, and Pacific Group of States) countries.

The designation "sub-Saharan Africa" is commonly used to indicate all of Africa except northern Africa, with the Republic of South Sudan and Republic of the Sudan included in sub-Saharan Africa.

Source: http://unstats.un.org/unsd/methods/m49/m49regin.htm