COLLABORATION STRATEGY ON TRADITIONAL PRACTICES

BETWEEN

THE AFRICAN UNION COMMISSION (AUC)

THE AFRICAN COMMITTEE OF EXPERTS ON THE RIGHTS AND WELFARE OF THE CHILD (ACERWC)

THE UN ECONOMIC COMMISSION FOR AFRICA (UNECA)

UNITED NATIONS CHILDREN’S FUND (UNICEF)

UNITED NATIONS POPULATION FUND (UNFPA)

INTER-AFRICAN COMMITTEE ON TRADITIONAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND CHILDREN (IAC)
The six partners namely, the African Union Commission (AUC), the African Committee of Experts on the Rights and Welfare of the Child (ACERWC), the United Nations Economic Commission for Africa (UNECA), the United Nations Children’s Fund (UNICEF/Liaison Office to the AU and UNECA), the United Nations Population Fund (UNFPA/Liaison Office to the AU and UNECA) and the Inter-African Committee on Traditional Practices (IAC), share the common main objective to address sustainably the elimination of harmful practices in general and female genital mutilation in particular that are detrimental to the psychosocial development and human rights of women and children in Africa.

Harmful traditional practices are forms of physical or psychological violence that prejudice the bodily integrity or mental wellbeing of women and children—especially girls—on the basis of the inferior position they have in the social grouping and are considered as long-established and community accepted practices deserving tolerance and respect. The practices are inclusive of all sets of behavior, and corresponding attitudes that negatively affect the fundamental rights of women and children, such as, their right to life, physical integrity, health, dignity, education and protection from any form of violence.
An increased collaboration is needed in joint efforts to achieve a common goal ensuring the promotion of a human-rights-based comprehensive approach to promoting the elimination of the practices. This will include the harmonization of existing legal frameworks and mechanisms and enforcement of laws in addressing the issues of harmful traditional practices within the context of the African Charter on the Rights and Welfare of the Child (1999), particularly Article 21 entitled “Protection against Harmful Social and Cultural Practices”, together with the African Union Social Policy Framework for Africa (2008), the Renewed Call for Action on The Implementation of the Plan of Action Towards Africa Fit For Children, in particular the 6th commitment of Member States to enhance life chances and the 8th commitment of Member States to reinforce national efforts to provide full protection of children against all forms of abuse, neglect, exploitation and harmful practices (2012). Also to be considered the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the Convention on the Right of the Child (CRC) in its article 24, paragraph 3, which calls “States Parties to take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children”. Also to be considered the African Youth Charter in its article 23, paragraphs a, d, g, l, and m.

The Decision by the African Head of States, during the Summit of the African Union held in July 2011 in Malabo, Equatorial Guinea to recommend and support the
Resolution on FGM to the United Nations General Assembly at its 67th Session was a significant step forward towards ensuring and strengthening the commitment of AU Member States.

The concerted action of the AU Member States has ensured African leadership in the unanimous adoption of the Resolution “Intensifying global efforts for the elimination of female genital mutilation” by the United Nations General Assembly (UNGA) at its 67th Session on 20 December 2012. The Resolution calls upon the international community, the relevant United Nations Entities and Civil Society to continue to actively support through the allocation of increased financial resources and technical assistance for comprehensive programs that address the needs and priorities of girls and women at risk or subjected to female genital mutilation. Moreover, Member States are urged to pursue a comprehensive culturally sensitive, systematic approach that incorporates a social perspective and is based on human rights and gender-equality principle.

Taking into serious consideration the UNGA Resolution on FGM, the African Charter on the Rights and Welfare of the Child and other relevant international and regional legal frameworks and building on existing collaboration, including as has been developed through the UNFPA-UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change, synergies and alliances between the six Parties will be strengthened through common initiatives to accelerate the implementation of
joint activities using their respective expertise and existing programmes in the area of harmful traditional practices specifically female genital mutilation at the international, Africa, regional, sub-regional and country levels.

This action oriented strategy of collaboration among the six Parties will further enhance coherent and complementary efforts for lobbying and advocacy of the AU Member States to domesticate and implement the UNGA Resolution “Intensifying global efforts for the elimination of female genital mutilation”, the African Charter on the Rights and Welfare of the Child and all African relevant references (instruments tools and frameworks) related to Harmful Traditional Practices (HTPs).

To reach common objectives, realize complementary initiatives, share innovative experiences and knowledge, there is a need for joint annual plan of action. The six Parties will meet regularly to monitor the implementation of 2013 plan of action and thereafter to agree on and implement future annual plans of action.
A number of harmful practices negatively affect the rights of children and women. Without any prejudice to other harmful practices that this Strategy will address as relevant, emphasis is placed here on two—namely Female Genital Mutilation and early marriage. Female Genital Mutilation (FGM) is the most well-known harmful traditional practices in Africa. It has received much international attention in recent years from health and human rights advocates. It is a manifestation of gender inequality as is child marriage, another harmful practice prevalent in many African countries. Long neglected, child marriage has recently been elevated in prominence in the global development debate.

According to 2013 estimates by UNICEF, more than 120 million girls and women have been victim of FGM in the 29 countries in Africa and the Middle East where FGM is concentrated, with the global numbers being higher since there are girls and women in Europe as well as in Asia and North America who have undergone the practice. UNICEF further estimates that, if current trends continue, and as many as 30 million young girls are at risk of being victim of FGM before they reach their 15th birthday.¹

¹ Estimates released by UNICEF on 6 February 2013
This is the result of a statistical exploration by UNICEF of the largest ever number of nationally representative surveys from all 29 countries where FGM is concentrated, including 17 new surveys undertaken in the last three years. The publication containing the statistical exploration will be available in July 2013.

The prevalence of FGM varies from country to country as well as within a country. In countries such as Djibouti, Guinea and Somalia over 90% of girls and women between 15 and 49 years of age have undergone FGM. At the opposite end of the spectrum, are countries such as Cameroon, Ghana, Niger and Uganda where prevalence levels are below 5%. However, in some of these, FGM is only practiced among certain population groups and, within the group, prevalence levels are higher. Between these extremes are countries such as Burkina Faso, Ethiopia and Mauritania that have a moderately high prevalence (between 51 and 80%), countries such as Guinea-Bissau, Kenya and Nigeria with moderately low prevalence (between 26 and 10%), and countries such as Benin, Central African Republic and Tanzania that have low prevalence (between 10 and 25%).

The short and long-term complication of FGM has negative effects on the psychosocial wellbeing of women and children. A recent study (2006) by the World Health Organization (WHO) “Estimating the obstetric costs of female
genital mutilation in six African countries” that included Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan, found that the costs of treating obstetric complications resulting from FGM imposes a huge strain on the health systems of these countries. WHO estimates 10 - 20 babies die per 1,000 deliveries as a result of FGM of about 15 – 32 with 55 percent neo-natal mortality depending on FGM Type (I, II, III).

Moreover, the consequences of FGM on the health of women and children could be disastrous affecting and impeding women’s active participation in the social, economic and cultural development processes in their countries.

Another practice is early marriage, which is well established as hazardous to the best interests of the girl child, given the health risks of premature pregnancy, denied of education and, frequently, the marriage being arranged or enforced contrary to or regardless of girl’s consent, often with a substantial age difference between the girl and her husband. For such reasons, the African Charter on the Rights and Welfare of the Child (ACRWC) explicitly prohibits child marriage that is the marriage of any African child under the age of 18 years. As already pointed out, the ACERWC is also clear about the child’s best interest prevailing when there is a conflict with those interests and claimed as cultural, religious or traditional practices. Nevertheless, of all 20 - 24 year old African women, one in three was married before the age of 18 years. The rate is twice as high for rural (44 percent) than urban (22 percent) in Africa.
The highest country rates include: Malawi (50 percent), Mozambique (52 percent), Sierra Leone (56 percent), Central African Republic (61 percent), Guinea (63 percent), Mali (71 percent), Chad (72 percent), and Niger (75 percent). (Source: The State of Africa’s Children Report 2010. African Union Commission).
1) Promote the rights of women and children in Africa through elimination of HTPs in general and FGM in particular, and promotion of conducive practices to the wellbeing of women and children,

2) Encourage AU Member States to review and strengthen existing policies and programs aimed at the elimination of harmful practices in general and FGM in particular taking into account the complementarities of punitive measures and of measures aimed to enable practicing groups to increase individual and collective awareness of the harms of the practices and of the benefits of ending them, with a view to strengthening social action aimed at elimination of the practices,

3) Encourage AU Member States to pass and enforce enabling legislation to protect children particularly girls, and women as well as implement and domesticate relevant Africa and international commitments including the UNGA Resolution on FGM,

4) Ensure evidence based information and action oriented research to further strengthen action and monitor its impact,
5) Support the development and utilization of efficient and reliable M&E systems on the elimination of HTPs, particularly FGM and early marriage at the national level in order to track progress made by the Member States,

6) Implement High-Level Africa Consultation/Commission on child marriage and as appropriate on other harmful practices, and launch a massive awareness campaign at continental and national levels.
I) Strengthening knowledge of content and implication of all African relevant references (instruments, tools and frameworks) related to harmful practices including the UNGA Resolution on FGM, the African Charter on the Rights and Welfare of the Child (ACRWC) within AU Member States and at continental level;

2) Creating awareness and promoting the implementation of programs that advance the rights of women and children within the AU Member States and ensure “Accountability for Investment in Children” through the “Renewed Call for Action on the Implementation of the Plan of Action Towards Africa Fit For Children”;

3) Sharing relevant data and information on issues related to harmful practices affecting women and children collected from AU Member States and other relevant competent partners;

4) Participating in or organizing jointly conferences; events, research and advocacy work on issues related to the elimination of harmful practices and on the promotion of the conducive practices;

5) Producing and publishing comprehensive and timely knowledge products while engaging more with AU Member States and RECs through more research and policy analysis work, hands-on capacity building using the tools developed; tailored technical support and advisory services.
V. PARTICIPATING PARTNERS

1) African Union Commission (AUC)
2) African Committee of Experts on the Right and Welfare of the Child (ACERWC)
3) UN Economic Commission for Africa (UNECA)
4) United Nations Children’s Fund (UNICEF)
5) United Nations Populations Fund (UNFPA)
6) Inter-African Committee on Traditional Practices (IAC)

24 May 2013
Addis Ababa, Ethiopia