



**BURKINA FASO HAS A STRONG LAW
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BURKINA FASO HAS A STRONG LAW AGAINST FGM/C, BUT WINNING HEARTS AND MINDS REMAINS CRUCIAL

In 1996 Burkina Faso—land-locked, drought-prone and prey to chronic economic hardship—became the third African country to legally ban Female Genital Mutilation/Cutting (FGM/C). Even before this, in 1990, a National Committee to Fight the Practice of Excision (CNLPE) was established by Presidential Decree. After the FGM/C prohibition was enacted, the committee was equipped with a Permanent Secretariat to improve operational efficiency. The UNFPA-UNICEF Joint Programme on FGM/C has been supporting the SP/CNLPE since 2009 as it works to raise awareness about the law and promote its enforcement. But in a country where cultural practices like FGM/C have been shrouded in secrecy, law enforcement faces many challenges. This should be accompanied by educating people about its harmful effects and the benefits of ending it.

“MOST CASES ARE NEVER KNOWN”

“The real problem in Burkina is that many cases of FGM/C are never known,” says Günther Lanier of UNICEF’s Child Protection programme who works with UNFPA in the Joint Programme. “Once the authorities become aware of a case, the system works fairly well”.



The FGM/C arrests that occur are usually the result of anonymous tips. As early as 1990 the government established a national telephone hotline called the Green Phone: SOS Excision to encourage people to report cases of FGM/C, even though, at that time, they were not illegal. Today, such reports serve as the basis for legal interventions and prosecutions. Information about the hotline is disseminated on radio, TV, in newspapers, on posters, at public events, in street theatre and door-to-door by the police.

**The national
telephone hotline:
SOS Excision**

“In the last few years many more people have reporting cases of FGM,” says Marie Rose Sawadogo, Permanent Secretary of the SP/CNLPE. “This doesn’t mean that more people are practicing FGM/C, but that more people are aware of the harm caused by the practice and are reporting cases. In the past they didn’t speak up because FGM/C is considered a family matter and there is a sense of family and community solidarity. People were afraid they would be treated as social outcasts if they reported cases. But recently we’ve had many reports from around the whole country, especially from areas where people never reported this before, where there used to be a code of silence surrounding this issue.”

The way in which the telephone hotline functions (it is manned only during working hours) diminishes its effectiveness. Since most cases of FGM/C take place after dark, a night watchman may take the calls and, in theory, relay the information to a gendarme attached to the SP/CNLPE—hardly a reliable system. More volunteers are needed to man the phones, and they will require some compensation.

The number of calls to the Green Phone tends

to increase during school vacations—any time between May and December—because that is when most girls are cut. In 2009, 203 cases of FGM/C were reported. Callers tend to be women, educated individuals and young people. Cases are also reported at police stations or customs offices, through religious leaders and local administrators, or directly to the SP/CNLPE. When an informant reports that the procedure is about to be carried out, the police go to the scene to halt it, if it is not too late, and they explain to the child's family why FGM/C is harmful and is against the law. If the procedure has already been carried out, they take the child to a health clinic for medical examination and treatment. But the SP/CNLPE lacks sufficient resources to cover the cost of treatment, so the health facility is expected to provide care and seek reimbursement from the child's family, who can seldom afford to pay. Meanwhile, the police create a case file which begins to make its way through the justice system.



WINNING HEARTS AND MINDS

The SP/CNLPE has at least a presence in all of Burkina Faso's 45 provinces. In the 17 provinces where FGM/C is most prevalent, the committee has deployed 22 special patrols that are supposed to reach remote areas and report cases of FGM/C—a daunting task given the reluctance of community members to speak up. But more important, in an effort to change “hearts and minds” about the practice, the SP/CNLPE has put in place a grassroots-based system for educating the public about the harm caused by FGM/C to women and their unborn children.

The law has been accompanied by campaigns to raise awareness about the problems caused by FGM/C. “We work with the gendarmerie doing patrols. A group of gendarmes, social workers and sometimes people from the local radio go out into the villages and do awareness-raising.” The Joint Programme has given the gendarmerie an important role as a national advocate against FGM/C.” But the gendarmes are often not very mobile. They tend to be hampered by the high cost of petrol when they try to follow up on a case.”

The mere fact of government agents arriving in a village to talk about FGM/C sends a powerful message, Mr. Lanier says. But the way the message is conveyed—through discussions and exchanges within the community, what he calls a “soft approach”—is all-important. “Ideally, the gendarmes come into a village and get the villagers to talk about their problems and then steer the discussion towards a public awareness of the problems involved with FGM,” he says.

“The problem is that the facts about FGM/C are the exact opposite of what people believe in the villages,” points out the joint programme focal person. “They actually believe that cutting is good for the health of both mothers and babies. If you live in a community where all the women are cut, you have no means of comparison. You won't listen to people telling you the contrary of what everyone believes.” And he points out that even though, as a result of FGM/C, many women face lifelong gynaecological problems and severe difficulties during childbirth, not all do. Public opinion, therefore, finds it difficult to believe that FGM/C is harmful, and tends to attribute complications in childbirth and other problems to other causes, such as punishment for “sins.”

“Nevertheless, the very fact that the gen-

darmes come to a village with the express purpose of talking about women's problems, such as excision, is a good thing."

In 2003 Burkina Faso began implementing the Integrated Communication Plan (PIC), in which the SP/CNLPE uses regional- or provincial-level radio stations to broadcast information about harmful traditional practices including FGM/C. And as part of PIC, 4,840 local volunteer activists located in 868 communities have been trained to discuss the consequences of FGM/C in order to convince communities to abandon the practice. The five volunteers in each community include two women, a member of the local traditional authority, a member of a local youth group and a member of a local non-governmental organization. The goal is to eventually reach the entire country with messages.

"These teams show pictures of the consequences of FGM/C," says Mrs. Sawadogo from CNLPE. "We have a video of a birth from beginning to end showing all the problems that a woman who has been cut has to face, and another video showing how comparatively easy childbirth is for a woman who has not been cut. When they see these, people begin to understand. And since people cherish their children, they are much more interested in reproductive health than in human rights. People with no education don't respond to the idea of human rights. They think it's a reflection of Western values, not African values."

In addition, the Joint Programme supports the dissemination of information about the law through national and international radio, television, newspapers, street theatre, focus groups, pamphlets published in local languages as well as through the police.

In 2009 the President of Burkina Faso, Blaise Compaoré gave a powerful speech condemning FGM/C and calling on the leaders of the three principal religions—Muslim, Catholic and Protestant—as well as traditional leaders, NGOs and government ministries to commit themselves to actively support the campaign to end the practice and to produce action plans detailing how they will go about it. "It's not only uneducated people who support FGM/C," says Mrs. Sawadogo. "There are quite a few intellectuals who support it. So the President requested that this awareness-raising take

From 2005 through 2009, the number of people sentenced for FGM increased to 686 – 40 excisors and 646 parents. In 2009 alone, the authorities responded to 230 individual cases and halted three planned excisions. Eight excisors and 54 accomplices were arrested in 2009.

place at all levels. As has been done in the campaign against AIDS, the SP/CNLPE is coordinating the establishment of offices within each ministry and each institution to enable us to explain the problems of FGM/C so we can arrive at zero tolerance by 2015."

Mrs. Sawadogo says that support from the Joint Programme has been critical in the creation of networks of influential people that can

support the campaign against FGM/C: religious and traditional leaders, human rights workers, NGOs, journalists who work in local languages, gendarmes, police, magistrates and corrections officers. "All of the activities of these networks are funded by the Joint Programme," she says. So far, the networks have produced the following results:

- Twenty traditional and religious leaders have prepared talks and sermons condemning the practice of FGM.
- Members of Parliament and other political leaders were provided with information to enable them to educate and mobilize the electorate to abandon FGM/C.
- Twenty-eight magistrates from 20 high courts were trained in the enforcement of the law and given information about the harm done by FGM/C. They also received training in how to raise public awareness about the consequences of FGM/C during trials and in how to improve the performance of prosecutors in cases where the law is not applied or is inadequately applied. Magistrates are also enjoined to punish anyone who is aware of a case of FGM/C but does not report it to the authorities.

In October 2010, with support from the Joint Programme, the SP/CNLPE addressed a plenary session of the National Assembly, showing a video about the consequences of FGM/C. "The Members of Parliament said they were horrified," says Mrs. Sawadogo. "They promised to encourage their constituents to abandon the practice. The president urged them to follow through and report to him on the actions they have taken.

"By calling on the most influential leaders, the President really added impetus to the campaign," says Mrs. Sawadogo. "It made people understand that the campaign is a top priority. And donors also

understand that there is political will behind these efforts. That inspires them to support the efforts of the government.

“We recently conducted focus groups with community representatives who asked us to include teaching about FGM/C in pre-schools,” says Mrs. Sawadogo. “In some communities, that’s the age at which the practice is carried out. If children are aware that it is harmful they can report cases and defend themselves. If they don’t want to be cut, they can seek help. We need to start this education very early.”



CHALLENGES IN ENFORCING THE LAW

In Burkina Faso as in many developing countries, the wheels of justice turn slowly; enforcing laws against deeply ingrained cultural practices such as FGM/C is fraught with difficulties.

When cases have come to trial, many convicted excisors and their accomplices (usually the child’s parents) have received suspended sentences – often because judges are, perhaps understandably, reluctant to incarcerate a child’s parents and thus deprive her and her siblings of their care. Moreover, because the law is not widely supported by the public, police officials, and even local political leaders, are subject to intimidation and pressure not to enforce it. In addition, some judges and their

staffs still need to be convinced of the negative effects of FGM/C and thus, despite the statute, do not take the issue as seriously as they should.

A number of purely practical problems also hamper the rigorous application of the FGM law, which calls for six months to three years imprisonment and a fine of up to CFA francs 900,000 (US \$1,724) for anyone performing, arranging or otherwise aiding FGM. Until 2008, however, the average sentence pronounced was just over three months. This is largely because many jails lack separate facilities

for women (virtually all excisors are women), making it difficult to incarcerate them for extended periods with a modicum of dignity. Furthermore, since most excisors are elderly, their health tends to deteriorate in jail, and their supporters often rally to demand their release—hence the large number of suspended sentences. As a result, a public perception has been created that in cases of FGM/C, pardons are to be expected.

Some magistrates are also reluctant to impose fines. The SP/CLNPE recently sent a letter to the Minister of Justice demanding that fines be imposed more vigorously. One member of the SP/CNLPE believes that the threat of fines should be a powerful disincentive to practicing FGM/C. “In a very poor

country, fines are actually more of a deterrent than prison,” he says.

Then there are the problems that arise from being a land-locked nation. Burkina Faso is surrounded by six countries: Ghana, Togo, Benin, Niger, Mali and Côte d’Ivoire. All of these countries, except Mali, have laws against FGM/C and Ghana’s law even forbids excision abroad. But when it comes to the enforcement of these laws, Burkina Faso’s record is far better than that of its neighbours. This means that Burkinabés who are intent on having their daughters cut can easily slip across the nearest border to have the practice performed. Adding to this problem is inadequate coordination among national authorities in border areas, insufficient co-operation among the police and justice systems in these countries.

During the early years following passage of Burkina Faso’s FGM prohibition, the judicial system’s record-keeping was also erratic : local police and court administrations did not always keep reliable statistics about the enforcement of the law. To remedy this, at the 2008 meeting the SP/CNLPE requested that the Minister of Justice be responsible for keeping detailed records of FGM/C cases and passing them on to the Committee.

Thus, despite many challenges, the SP/CNLPE’s records now show a gradual increase in the numbers of FGM/C prosecutions over the years. Between 1997 and 2005, a total of 94 individuals (excisors and parents) were sentenced for violating the law. From 2005 through 2009, the number increased to 686—40 excisors and 646 parents. In 2009 alone, the authorities responded to 230 individual cases of FGM/C and halted three planned excisions. Eight circumcisers and 54 accomplices were arrested in 2009 and received sentences ranging from three months (with parole) to five years.

Perhaps most significant, a report published in 2008 indicates that over all in Burkina Faso the practice of FGM/C is declining.^[1] While 80 per cent of women between the ages of 20 and 49 have been cut, among women between 15 and 19, the level is 65 percent. Among girls of less than 10 years of age, only around 20 percent have been cut (in the past, this figure would have been at least 50 per cent or more) and it is reasonable to hope that a majority of these girls will never be cut. While the FGM law is important, the downward trend in the incidence of FGM/C in Burkina Faso, although gradual, is almost certainly the result of shifting attitudes about the practice and its consequences.

^[1] Analysis of the Evolution of the Practice of Female Genital Mutilation/Cutting in Burkina Faso, The Population Council, 2008.