



Comissão para a Cidadania e Igualdade de Género
Presidência do Conselho de Ministros

III

PROGRAMME OF ACTION FOR THE PREVENTION AND ELIMINATION OF

Female Genital Mutilation

2014-2017

NATIONAL PLANS 2014-2017
Annex to the V PNPCVDG



UNIÃO EUROPEIA
Fundo Social Europeu



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2014-2017**

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CIG - sede | CIG - headquarters

Av. da República, 32, 1.º — 1050-193 Lisboa — PORTUGAL
Tel: +351 217 983 000 — Fax: +351 217 983 098 — e-mail: cig@cig.gov.pt

CIG - Delegação do Norte | CIG - Northern Delegation

Rua Ferreira Borges, 69, 3.º F — 4050-253 Porto — PORTUGAL
Tel: +351 222 074 370 — Fax: +351 222 074 398 — e-mail: cignorte@cig.gov.pt

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**III Programme of Action for the Prevention and Elimination
of Female Genital Mutilation 2014-2017**

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III Programme of Action for the Prevention and Elimination of Female Genital Mutilation 2014-2017

III PROGRAMME OF ACTION FOR THE PREVENTION AND ELIMINATION OF FEMALE GENITAL MUTILATION 2014-2017

I – Introduction

Female Genital Mutilation (FGM) is a serious violation of human rights; nevertheless, it is still practiced behind the disguise of alleged health and hygiene benefits and on the pretext of religious or cultural tradition. As well as other harmful traditional practices, FGM affects women of all ages, cultures and religions, violating their right to physical integrity and health, including sexual and reproductive health, and it is a major obstacle to the full exercise of citizenship and to the achievement of equality between women and men.

The World Health Organisation defines FGM as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons, and places Portugal among the countries at risk of FGM, since the immigrant communities that live in Portugal and come from countries in which FGM is performed may carry on the practice of FGM, either in our country or by sending the girls to their countries of origin.

The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, adopted in Istanbul on 11 May 2011 and ratified by the Portuguese State on 5 February 2013, explicitly foresees that the State Parties undertake to adopt the legislative or other measures as may be necessary to ensure the criminalisation of this practice. According to this Convention, the following intentional conducts should be criminalised: the excision, infibulation or any other total or partial mutilation of the labia majora, labia minora or clitoris of a woman; the act of forcing a woman to undergo such practices or of providing her the means to that end; and the act of inciting or forcing a girl to undergo such practices or of providing her the means to that end.

In the context of the European Union, the European Parliament approved a set of Resolutions in this matter, among which can be pointed out the latest:

The Resolution (2010/C 117 E/09) on combating female genital mutilation in the European Union that calls on the Member States to draw up an overall strategy and action plans aimed at banishing FGM from the European Union; the Resolution (2010/C 285 E/07) on the elimination of violence against women that urges the Member States to take appropriate measures to stop FGM, namely informing immigrant communities that female genital mutilation is a serious assault on women's health and a violation of human rights and implementing or adopting specific legal provisions on this matter; the Resolution (2010/2209

(INI) on priorities and outline of a new EU policy framework to fight violence against women that proposes new data collection efforts to obtain comparable statistical data on gender-based violence, including female genital mutilation, and urges Member States to reject any reference to cultural, traditional or religious practices as a mitigating factor in cases of violence against women, including so-called “crimes of honour” and female genital mutilation; and the Resolution (2012/2684 (RSP)) on ending female genital mutilation that urges Member States to fulfil their international obligations and to join forces to fight this practice through prevention, protection measures and legislation.

Within the framework of the United Nations, the Beijing Platform for Action urges the Member States’ governments to approve and implement legislation against the persons responsible for practices and acts of violence against women, such as FGM, and prohibiting FGM wherever it may occur. It must be pointed out the approval, by the General Assembly, of Resolution no. 67/146 of 20 December 2012, which aims to eliminate the practice of female genital mutilation, requesting the Member States to enforce sanctions and promote educational actions to stop this practice.

Regarding the Community of Portuguese Speaking Countries (CPLP), the II Meeting of Ministers Responsible for Gender Equality of the CPLP, held in 2010, approved the so-called Lisbon Resolution, in which it is acknowledged that all forms of violence against women, including FGM, are a serious violation of human rights and fundamental freedoms of women, and an obstacle to the achievement of gender equality and the empowerment of women. The Strategic Plan for Gender Equality and Women’s Empowerment in the CPLP (2010) and the CPLP Action Plan for Gender Equality and Women’s Empowerment (2011) consequently announced a set of measures aimed at combating harmful traditional practices, namely FGM. Finally, the Luanda Declaration, approved in the Extraordinary Meeting of Ministers Responsible for Gender Equality of the CPLP, held in 2011, considers that all forms of violence against women, including harmful traditional practices affecting women and girls, namely FGM, are a serious violation of human rights and a public health problem.

In Portugal, the Resolution of the Assembly of the Republic no. 71/2010 of 19 July recommends the Government to reaffirm its commitment to meet the 4th and 5th Millennium Development Goals (MDGs) regarding the reduction of child mortality and the improvement of sexual and reproductive health, including gender, and refers that harmful traditional practices, including FGM, should be specific areas in education and development cooperation.

The practice of FGM fits under article 144 of the Penal Code because it is a serious offence against physical integrity.

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Law no. 147/99 of 1 September, which approves the law for the protection of children and youngsters at risk, foresees the intervention of the Commissions for the Protection of Children and Youngsters (CPCJ) in these situations, since they are clear high-risk situations for the children involved; that provision is also set forth in the Law no. 27/2008, of 30 June, which establishes the conditions and procedures to grant asylum or subsidiary protection and defines the statutes for asylum seekers, refugee and subsidiary protection.

The problem of FGM in Portugal has not been limited to a merely penal approach, having been integrated into the gender equality public policies instruments.

The I Programme of Action for the Elimination of Female Genital Mutilation, included in the III National Plan for Equality - Citizenship and Gender (2007-2010), resulted from the work developed by an intersectoral group composed of representatives from a number of Public Administration authorities, intergovernmental organisations and non-governmental organisations. This first programme has contributed to make this practice visible to several strategic agents involved in preventing and combating FGM and helped to put the issue on the public agenda and to stimulate discussion on this subject within the national and European context and among the Portuguese speaking countries.

Subsequently, the II Programme of Action for the Elimination of Female Genital Mutilation (2011-2013) was included in the IV National Plan for Equality — Citizenship and Gender and non Discrimination (2011-2013).

The execution of the II Programme of Action came to be characterised by the strengthening of the intersectoral working group on FGM, which has also experienced new dynamics. This group is responsible for the implementation of the Programme, as well as for boosting the measures through a more direct involvement of the health, internal affairs and justice sectors.

The development of concerted action strategies was established as a priority, fundamentally aiming at three objectives and target audiences: raising awareness of communities on consequences of FGM; informing and training healthcare professionals mainly in areas with the highest concentration of population potentially at risk; and activating the criminal dimension of FGM within the programme of action through the involvement of magistrates and criminal police departments.

Consequently, the Guideline for Healthcare Professionals on Female Genital Mutilation no. 005/2012, of 6 February 2012, was issued and disseminated, consisting of a set of standards of practice for healthcare professionals on this matter, including guidance on procedures for the referral of the cases, as well as for the enforcement of intervention plans and for supporting families, and a

Guide to Criminal Police Practice and Procedure was elaborated with the same principles for security professionals.

Within the framework of the Health Data Platform, a specific registration field for FGM cases was created, and its existence and usefulness must now be the subject of intense dissemination among healthcare professionals.

The enhancement of the participation and involvement of immigrant associations representative of communities in which FGM is performed must also be mentioned within the development of actions for the prevention of this harmful traditional practice, leading to the establishment of the Prize “Against FGM — Change the Future Now”, which had its first edition in 2012.

The II Programme of Action, which is now ending, has benefited both from internal and external monitoring and evaluation, whose results in form and content are expressed in this III Programme of Action for the Prevention and Elimination of Female Genital Mutilation (III PAPEMGF) and were also integrated into the dynamic of the intersectoral working group on FGM, which is responsible for its execution.

The III PAPEMGF is no longer included in the National Plan for Equality, being now an integral part of the V National Plan to Prevent and Combat Domestic and Gender-based Violence 2014-2017. This option is based on the internationally accepted understanding that FGM is a form of gender-based violence, namely expressed by its inclusion in the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence.

However, acknowledging that all forms of gender-based violence, and especially FGM, are rooted in a persistent inequality situation, the execution of this Programme involves close coordination with the V National Plan for Gender Equality, Citizenship and Non-discrimination 2014-2017.

This programme foresees the strengthening of intervention in some measures that prove to be structural for the challenge of eradicating FGM, namely through training and capacity building of professionals who, in any way, deal with the problem of FGM, having been formally introduced in this Programme of Action the training of new stakeholders and target groups, such as CPCJ technicians and non-teaching staff of schools of every level. It is also foreseen the establishment of a pool of accredited trainers in the area of gender equality, with the necessary knowledge and tools to deal with this theme in their work, as well as the establishment of a specific multidisciplinary group for replicating training after the programmes developed for healthcare professionals.

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This Programme of Action also proposes to act in a more incisive way with communities at risk, through a more intense mobilisation of non-governmental organisations, especially immigrant associations, whenever possible in a logic of intervention in network.

The III PAPEMGF foresees the adoption of 42 structured measures around the five following strategic areas:

- 1) Prevention;
- 2) Integration;
- 3) Training;
- 4) Acknowledgement;
- 5) Cooperation.

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II – Method of implementation

CIG is responsible for the coordination of the III PAPEMGF. For its implementation, the CIG is supported by a working group composed of representatives from a number of stakeholders and organisations: Ministry of Internal Affairs (MAI), High Commissioner for Immigration and Intercultural Dialogue. (ACIDI, I.P.), Camões — Institute for Cooperation and Language (Camões, I.P.), National Commission for the Protection of Children and Youngsters at Risk (CNPCJR), Directorate-General for Education (DGE), Directorate-General for Health (DGS), Directorate-General for Justice Policy (DGPJ), Judicial Police School (EPJ), Institute for Employment and Vocational Training. (IEFP, I.P.), Community of Portuguese Speaking Countries (CPLP), International Organization for Migration (IOM), non-governmental organisations, namely the Family Planning Association (APF) and the Union of Women: Alternative and Response (UMAR), and three immigrant associations representative of communities of nationals from States in which FGM is performed, to be jointly nominated by the CIG and the ACIDI, I.P.

The Portuguese Attorney General's Office (PGR) and the Superior Council of Magistracy (CSM) are also represented in this working group, acting in accordance with the respective statutes and within the scope of their powers.

Other persons and entities may be invited to attend the meetings of the working group if relevant for the specific matter under discussion.

The members of the working group, which supports the coordinator entity, do not receive a remuneration, including attendance fees, or subsistence allowances.

Annual interim reports on the level of execution of the measures are prepared and submitted to the Government member overseeing the CIG until March 15 every year.

The III PAPEMGF is subject to an independent external evaluation.

Strategic Area 1 – Prevention

Awareness raising and prevention are indispensable for the elimination of FGM, since its practice is based on a vast array of beliefs and myths that persist within the communities. In that sense it is necessary to gather all efforts to discourage the practice of FGM, by informing the populations about its physical, psychological and social consequences.

The involvement of immigrant associations or organisations and interlocutors in any way representative of the communities proves to be particularly effective for this purpose, and that is the reason why their involvement should be strengthened in this Programme of Action and their specific interventions in territories at risk should be privileged, involving all the organisations and local professionals deemed to be relevant in the various areas.

It is essential to promote the involvement of local communities in the initiative, in the planning and in the participation in activities, having in mind the different existing needs, their values, beliefs, aspirations, expectations, conflicts and reference groups.

Simultaneously, combating this harmful traditional practice requires the strengthening of the intervention of public services in the fields of health, education, social intervention, gender equality, immigration and development cooperation, in order to improve their roles in the referral, prevention and intervention on the occurrences.

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III PAPEMGF Measures	Responsible entity(ies)	Entities involved in the execution	Goals	Outcome indicators	Schedule
1) To promote awareness raising programmes for professionals who work in the communities at risk, including the problem of FGM into the following themes: citizenship and gender equality, sexual and reproductive health, gender-based violence and best practices in the elimination of FGM.	PCM/CIG/ ACIDI, I.P. MS/DGS MEC/DGE	All members of the working group.	Acquisition of knowledge about this theme for a more adequate intervention.	Number of debates. Identification of the target groups. Number of participants. Number of actions.	During the period of the programme.
2) To organise communitarian strategies for combating FGM through the creation of action networks in territories at risk, composed of privileged local interlocutors.	MS/DGS MEC/DGE	All members of the working group. Municipalities Schools Health facilities IPSS NGO Immigrant associations	Reinforcement of the partnerships established between schools, health facilities, municipalities, IPSS, NGO's, immigrant associations. Communitarian support. Eventual referral of situations of FGM already performed or imminent among girls, young women and women.	Number and type of initiatives carried out. Number of partnerships established with different stakeholders.	During the period of the programme.
3) To encourage and support non-governmental organisations, particularly immigrant associations, in the development of activities contributing to the prevention and the elimination of harmful traditional practices, namely FGM.	PCM/ACIDI, I.P.	PCM/CIG NGO	Involvement of the organisations representative of the communities in which FGM is performed. Increase of the number of projects about FGM in the community.	Number of associations supported. Number of projects developed.	During the period of the programme.
4) To elaborate and disseminate information and training materials on FGM.	PCM/CIG	All members of the working group.	Production and dissemination of materials on FGM to be distributed to the stakeholders involved in the goals of this Programme.	Number and type of copies produced. Number of copies distributed. Number of stakeholders providing it online.	During the period of the programme.
5) To promote the inclusion of the FGM theme into the reference criteria outlined for education for health and for education for the development, citizenship and gender equality.	MNE/Camões, I.P. MS/DGS MEC/DGE	All members of the working group.	Providing information on the theme in the various fields foreseen.	Number of reference criteria produced.	During the period of the programme.
6) To promote the development, in the primary and secondary education levels, of projects about FGM.	MEC/DGE	PCM/CIG	Knowledge about FGM in the schools, at the national level.	Number of projects developed.	2015.
7) To promote the inclusion of the theme of harmful traditional practices, particularly MGF, into the curricula of different graduate and postgraduate courses, namely in health sciences, social sciences and humanities and criminal science.	PCM/CIG	Higher education institutions.	Deepening of knowledge about the theme among the academic community. Establishment of protocols with higher education institutions.	Number of higher education institutions plans that integrate this theme into their academic curricula. Number of protocols established.	During the period of the programme.

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III PAPEMGF Measures	Responsible entity(ies)	Entities involved in the execution	Goals	Outcome indicators	Schedule
8) To disseminate information through the media concerning the practice of FGM as a violation of the human rights of girls and women.	PCM/CIG/ACIDI, I.P.	Social media. Journalists and media professionals in general.	Increase of the number of news about FGM produced by the media.	Number of works produced. Number of programmes produced. Number of professionals involved, broken down by sex.	During the period of the programme.
9) To monitor and update the implementation of technical guidelines in the field of health.	MS/DGS	DGS	Production of a biennial report.	Number of reports produced and disseminated.	2015 and 2017.
10) To issue a circular, addressed to all the CPCJ, with technical guidelines on how technicians should act to prevent FGM practice in territories in which the problem has been identified.	CNPCJR	CPCJ	Distribution of the circulars to all the CPCJ.	Number of CPCJ covered. Number of awareness raising programmes and other preventive activities developed by the CPCJ technicians.	1 st semester of 2014.
11) To enrich the module «health, immigration and diversity» of the Pool of Trainers of ACIDI, I.P. with information on FGM.	PCM/ACIDI, I.P.	PCM/CIG	Enrichment of the module.	Amendments introduced.	2014.
12) To establish a pool of trainers on the FGM subject and/or capacity building of accredited trainers in the area of gender equality to also address the FGM theme.	PCM/ACIDI, I.P.	PCM/CIG	Establishing and providing a pool of trainers on FGM.	Number of trainers, broken down by sex.	2016.
13) To conduct and participate in seminars on FGM.	All members of the working group.		Dissemination of the theme and presentation and sharing of best practices.	Number of seminars conducted or attended. Number of communications presented.	During the period of the programme.
14) To include the FGM theme in communications presented at national and international events in the scope of the responsibilities and competencies of the various stakeholders.	All members of the working group.		Dissemination and sharing of best practices.	Number of communications about FGM.	During the period of the programme.
15) To establish contacts with religious leaders and privileged interlocutors of the immigrant communities, aiming to prevent and eliminate FGM.	PCM/CIG/ACIDI, I.P.	NGO Representatives of the communities.	Awareness raising and mobilisation of the religious leaders and the privileged interlocutors. Identification and adoption of best practices in the intervention with the communities in which FGM is performed.	Number of contacts established. Best practices identified.	During the period of the programme.

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Strategic Area 2 – Integration

Being a gender-based violence, FGM occurs in a universe of socio-cultural references, which tend to circumscribe women's sphere of activity within the family context and the reproductive function.

A family's decision to practice or abandon FGM is influenced by powerful social rewards and sanctions — the loss of social status makes potential victims and respective families more responsive to community pressures, inside or outside the country.

It is important to actively involve communities in the discussion about violence against women and particularly about female genital mutilation, as well as in the definition of the most appropriate action strategies to eliminate that practice.

The capacity building of immigrant women belonging to communities at risk is, from a strategic point of view, fundamental for the purpose of eradication of the practice, assuming that, the better informed, prepared and autonomous they are, the better they will be able to start individual or collective resistance campaigns.

Simultaneously, it is imperative to strengthen the support and integration measures aimed at girls, young women and women who have already undergone FGM or who are at risk of FGM, as well as aimed at their families and the associations working within these communities.

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III PAPEMGF Measures	Responsible entity(ies)	Entities involved in the execution	Goals	Outcome indicators	Schedule
16) To promote immigrant women association and entrepreneurship, particularly among women from countries in which there are harmful traditional practices, namely FGM.	PCM/ACIDI, I.P.	Associations representative of immigrants and/or working with immigrants. Immigrant women.	Increase of the number of women supported.	Number of women supported.	During the period of the programme.
17) To intervene in cases of FGM through the help/emergency lines, in the fields of health, immigration, sexuality and combat against violence.	PCM/CIG/ACIDI, I.P. MS/DGS MSESS	NGO	Answering to all situations, through psychosocial support or referral to other available resources.	Number of women supported.	During the period of the programme.
18) To monitor the Referral System for cases of FGM and the Health Data Platform (PDS).	PCM/ACIDI, I.P. MS/DGS		Production of biennial reports.	Number of reports produced. Number of cases identified.	2015 and 2017.
19) To support the CPLP network of students temporarily living in Portugal.	PCM/CIG	MEC/DGE	Increase of the number of students participating in the actions developed by the network.	Number of students involved. Number of activities developed.	During the period of the programme.
20) To biennially award the Prize "Against FGM — Change the Future Now".	PCM/CIG/ACIDI, I.P. MS/DGS	PCM/ACIDI, I.P.	Distinction of projects for community intervention in FGM.	Number of associations distinguished.	2014. 2016.

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Strategic Area 3 – Training

The training of the different stakeholders which, in any way, contact with FGM reality during the performance of their professional activities proves to be fundamental and becomes a basic condition for the good execution of this Programme of Action as a whole.

The range of professionals covered is thus improved, including cooperation agents, media professionals, CPCJ technicians and non-teaching staff of schools of every level.

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III PAPEMGF Measures	Responsible entity(ies)	Entities involved in the execution	Goals	Outcome indicators	Schedule
21) To conduct training programmes for healthcare professionals.	MS/DGS	MS/ARS, I.P.	Acquisition of knowledge on FGM by the healthcare professionals.	Number of training programmes conducted. Number of people involved, broken down by sex, professional category and geographical area of intervention.	During the period of the programme.
22) To establish a multidisciplinary group to replicate training after the programmes developed for healthcare professionals.	MS/DGS	MS/ARS, I.P.	Ensuring the multidisciplinary of the working group.	Number of areas represented in the multidisciplinary working group.	2014.
23) To conduct training programmes for sociocultural mediation professionals and for the technicians of the Portuguese Refugee Council (CPR) and the Immigrant Integration Support Centres.	PCM/ACIDI, I.P.	MS/DGS	Acquisition of knowledge on FGM by the involved professionals.	Number of training programmes conducted. Number of people involved, broken down by sex and geographical area of intervention.	During the period of the programme.
24) To conduct training programmes for cooperation agents.	MS/DGS	MNE/Camões, I.P.	Acquisition of knowledge on FGM by the cooperation agents.	Number of training programmes conducted. Number of people involved, broken down by sex, professional category and geographical area of intervention.	During the period of the programme.
25) To conduct training programmes for teachers in every school level and undergraduate technical/professional courses, particularly for teachers and coordinators within the education for health area.	PCM/CIG	MS/DGS MEC/DGE	Acquisition of knowledge on FGM by the referred teachers.	Number of training programmes conducted. Number of people involved, broken down by sex, professional category and geographical area of intervention.	During the period of the programme.
26) To conduct training programmes for non-teaching staff in every school level.	MEC	PCM/CIG MS/DGS NGO	Acquisition of knowledge on FGM by the involved professionals.	Number of training programmes conducted. Number of people involved, broken down by sex, professional category and geographical area of intervention.	During the period of the programme.
27) To conduct training programmes for magistrates.	MJ/CEJ CSM	MS/DGS	Acquisition of knowledge on FGM by the magistrates.	Number of training programmes conducted. Number of people involved, broken down by sex and geographical area of intervention.	During the period of the programme.
28) To conduct training programmes for criminal police bodies.	PCM/CIG	MAI/SEF/PSP/GNR	Acquisition of knowledge on FGM by the criminal police officers.	Number of training programmes for criminal police bodies. Number of people involved, broken down by sex, professional category and geographical area of intervention.	2015.

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III PAPEMGF Measures	Responsible entity(ies)	Entities involved in the execution	Goals	Outcome indicators	Schedule
29) To conduct training programmes for media professionals.	PCM/CIG	MS/DGS NGO	Acquisition of knowledge on FGM by the media professionals.	Number of training programmes conducted. Number of people involved, broken down by sex and professional category.	During the period of the programme.
30) To conduct training programmes for the teams working in the help/emergency lines in the fields of health, immigration, sexuality and combat against violence.	PCM/CIG/ ACIDI, I.P. MS/DGS	MSESS/ISS, I.P. NGO	Reinforcement of the knowledge of the members of the teams that operate the helplines. 1 training programme per year.	Number of training programmes conducted. Number of people involved, broken down by sex.	During the period of the programme.
31) To conduct training programmes for CPCJ staff.	PCM/CIG MSESS/CNPCJR	All members of the working group.	Acquisition of competencies by CPCJ staff. To conduct 4 specific training programmes on FGM.	Number of training programmes conducted. Number of people involved, broken down by sex and geographical area of intervention.	2014 and 2015.

Strategic Area 4 – Acknowledgement

Knowledge and research become indispensable instruments in the development of policies for the intervention in this area.

FGM is still a hidden reality, both regarding its dimension and the circumstances in which it is practiced in the national context. The knowledge about the prevalence of the phenomenon, including its georeferencing, is thus an essential condition to the adoption of adequate general and specific interventions.

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III PAPEMGF Measures	Responsible entity(ies)	Entities involved in the execution	Goals	Outcome indicators	Schedule
32) To follow-up the conduction of the study on the prevalence of FGM in Portugal and ensure the dissemination of the respective results.	MEC/FCT, I.P.	Research centres and higher education institutions.	Deepening of knowledge about FGM in Portugal through the dissemination of the study.	Presentation of a report on the activity developed.	During the period of the programme.
33) To identify the number of cases of FGM performed on girls that are reported within the CNPCJR action.	MSESS/CNPCJR	Institute of Informatics.	Identification by the CPCJ of cases of FGM performed on girls.	Creation of the FGM subcategory within the physical abuse category in the CNPCJR computer application.	2014.
34) To monitor the number of cases of FGM performed on girls, young women and women.	PCM/ACIDI, I.P. MAI MS/DGS MSESS/CNPCJR	All members of the working group. MAI/SEF, PSP, GNR MS/ACSS, I.P./ARS, I.P.	Production of a biennial report.	Number of cases of FGM identified by the different services, broken down by age.	2015 and 2017.
35) To keep the online information on FGM and the links updated.	All members of the working group.	All members of the working group.	Periodic updating of the available information.	Number of stakeholders providing information online and links.	During the period of the programme.
36) To collect and supply updated information about geographical areas where it may be justifiable to strengthen social prevention campaigns on FGM.	MAI	General Secretariat of the MAI/SEF	Obtaining updated data.	Data on the distribution of the population coming from countries in which there are traditional practices of FGM.	2014.

Strategic Area 5 – Cooperation

This Programme of Action still favours the cooperation work with the countries in which FGM is performed, with particular focus on the Portuguese speaking countries and especially on Guinea-Bissau.

The work to be carried out in the scope of cooperation includes the debate on the problem of FGM and the sharing of best practices, particularly with the technical and political representatives of those territories.

This strategic area also comprises measures aiming to guarantee the observance of the commitments accepted by Portugal in the international field concerning gender-based violence in general and particularly female genital mutilation, as well as the integration of its policies into the strategic options generated within this domain, namely through the active participation and involvement of Portugal in different international bodies and authorities in which it is represented.

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III PAPEMGF Measures	Responsible entity(ies)	Entities involved in the execution	Goals	Outcome indicators	Schedule
37) To contribute for the integration of the FGM issues into the agenda of national, European and international organisations.	All members of the working group.		Promotion of debate on FGM at the international level.	Number of interventions with organisations.	During the period of the programme.
38) To promote the implementation, in bilateral and multilateral cooperation agreements, of mechanisms that promote and prioritise the admission of girls into the education system, in a perspective of continuity, until they complete compulsory school.	MNE/Camões, I.P.	All members of the working group.	Promotion of the admission of girls into the education system.	Number of documents signed.	During the period of the programme.
39) To disseminate information on how women and girls at risk of FGM can claim refugee status or seek asylum.	PCM/CIG MAI/SEF	All members of the working group.	Improvement of the knowledge about claiming refugee status or seeking asylum among women and girls at risk of FGM.	Number of information materials produced and disseminated.	During the period of the programme.
40) To support technical and political decision makers in the preparation of documents concerning the FGM theme.	MNE/Camões, I.P.	All members of the working group.	Reinforcement of the knowledge about FGM of the stakeholders attending national and international meetings.	Number of documents issued.	During the period of the programme.
41) To promote the development of cooperation projects including the themes of human rights, children's rights, maternal and child health, sexual and reproductive health and sexually transmitted diseases, including the HIV/AIDS, aiming to the abandonment of all harmful traditional practices, namely FGM.	MNE/Camões, I.P.	All members of the working group. NGO	Contribution to the abandonment of harmful traditional practices.	Number of cooperation projects that integrate the FGM theme.	During the period of the programme.
42) To implement a cooperation project with Guinea-Bissau aiming to combat FGM.	MNE/Camões, I.P.	DNGO	Contribution to the elimination of FGM practice in Guinea-Bissau.	Indicator(s) set out in the project documents().	During the period of the programme (according to the application submission schedule).

ACRONYMS

ACIDI, I.P.	— High Commissioner for Immigration and Intercultural Dialogue
ACSS, I.P.	— Central Administration of the Health System
ANMP	— National Association of Portuguese Municipalities
APF	— Family Planning Association
ARS, I.P.	— Regional Health Administration
ASCJR	— Health Act for Children and Youngsters at Risk
CEJ	— Centre for Judicial Studies
Camões, I.P.	— Camões - Institute for Cooperation and Language
CIG	— Commission for Citizenship and Gender Equality
CITE	— Commission for Equality in Labour and Employment
CLAI	— Local Immigrant Integration Support Centres
CNAI	— National Immigrant Support Centres
CNPCJR	— National Commission for the Protection of Children and Youngsters at Risk
CPCJ	— Commissions for the Protection of Children and Youngsters
CPLP	— Community of Portuguese Speaking Countries
CSM	— Superior Council of Magistracy
CVP	— Portuguese Red Cross
DGAE	— Directorate-General for Economic Activities
DGE	— Directorate-General for Education
DGPJ	— Directorate-General for Justice Policy
DGRSP	— Directorate-General for Probation and Prison Services
DGS	— Directorate-General for Health
EPJ	— Judicial Police School
FCT, I.P.	— Foundation for Science and Technology
FS	— Security Forces
GEPAC	— Cultural Strategy, Planning and Assessment Bureau
GMCS	— Office for the Media
GNR	— National Republican Guard
IEFP, I.P.	— Institute for Employment and Vocational Training
INE, I.P.	— National Institute of Statistics
INMLCF, I.P.	— National Institute of Legal Medicine and Forensic Sciences

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IPDJ, I.P.	— Portuguese Institute for Sport and Youth
IPSS	— Private Institutions for Social Solidarity
ISS, I.P.	— Social Security Institute
LGBT	— Lesbian, Gay, Bisexual and Transgender
LNES	— Social Emergency National Line
MAI	— Ministry of Internal Affairs
MAOTE	— Ministry of Environment, Spatial Planning and Energy
ME	— Ministry of Economy
MEC	— Ministry of Education and Science
FGM	— Female Genital Mutilation
MJ	— Ministry of Justice
MNE	— Ministry of Foreign Affairs
MS	— Ministry of Health
MSESS	— Ministry of Solidarity, Employment and Social Security
MDGs	— Millennium Development Goals
IOM	— International Organization for Migration
NGO	— Non-Governmental Organisation
DNGO	— Development Non-Governmental Organisation
UN	— United Nations
PAVD	— Programme for Perpetrators of Domestic Violence
PCM	— Presidency of the Council of Ministers
PDS	— Health Data Platform
PGR	— Portuguese Attorney General's Office
PNCVD	— National Plan Against Domestic Violence
PSP	— Public Security Police
SEAL	— Secretary of State of Local Administration Place
SEAPI	— Secretary of State of Parliamentary Affairs and Equality
SEF	— Immigration and Borders Service
SICAD	— Intervention Service for Addictive Behaviours and Dependencies
SIVD	— Information Service for Victims of Domestic Violence
UMAR	— Union of Women: Alternative and Response

