THE LAW AND FGM/C
Qatar
2026

About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation catalysing the global movement to end female genital cutting (FGC). Orchid Project's strategy for 2023 to 2028 focuses on three objectives:

1. To undertake research, generate evidence and curate knowledge to better equip those working to end FGM/C
2. To catalyse, support and strengthen regional networks to actively participate in the movement to end FGM/C
3. To influence global and regional policies, actions and funding to end FGM/C.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative.**

About Wadi

Founded in 1992, Wadi's mission is rooted in the fundamental belief that true development only occurs when individuals possess the power to decide their own futures. We don't provide aid—we support communities to find local resilient solutions rooted in our fundamental beliefs in human rights and equality. Our strategy remains consistent: we provide the platform, but the community provides the voice.

Wadi pioneered the fight against FGM/C in Iraqi Kurdistan through grassroots action, media campaigns, and lobbying at a local and international level. This work has never stopped, only evolved to include the myriads of other forms of gender issues in the area and we continue to work to empower women through literacy, education, vocational education, women's health access in order to combat the systemic roots of gender-based violence.

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ORCHID PROJECT

WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

Overview of Domestic Legal Framework

Overview of Domestic Legal Framework in Qatar	
The Constitution explicitly prohibits:	
x	Violence against women and girls
x	Harmful practices
x	Female genital mutilation (FGM/C)
National legislation:	
x	Provides a clear definition of FGM/C
✓	Criminalises the performance of FGM/C under the Penal Code (2004)
✓	Criminalises the procurement, arrangement and/or assistance of acts of FGM/C - under Penal Code (2004)
✓	Criminalises the failure to report incidents of FGM/C - under Penal Code (2004)
x	Criminalises the participation of medical professionals in acts of FGM/C
x	Criminalises the practice of cross-border FGM/C
x	Government has a strategy in place to end FGM/C

Introduction

Figure 1: Map of Qatar (1)

The State of Qatar is a peninsular country surrounded by the Persian Gulf and borders with Saudi Arabia to the southwest, and the island country of Bahrain to the northwest. It comprises eight municipalities and has a population of approximately 3.7 million (2) of which 88.4% are non-Qatari citizens (3). The main population centres are Doha on the east coast and Al Rayyan, inland from Doha by some ten kilometres; 99.4% of the population live in urban areas.

The majority of non-Qatari citizens are male migrant workers, mostly from South Asia, North and East Africa (4), contributing to a skewed population of 75.9% male and 24.1% female. Two-thirds of the population (67.7%) are Muslim, 13.8% Christian, 13.8% Hindu, 3.1% Buddhist, and the remainder are 'unaffiliated' or 'other' (2).

Note on Terminology

In Middle Eastern countries female circumcision is sometimes referred to as *khatana*, *sunna*, or *sunat*. In most reports about the practice in Qatar the term FGM/C is used (or sometimes female circumcision). However, for consistency across Orchid's law reports the term FGM/C has been used throughout.

Female genital cutting is classified into four major types by the World Health Organization (WHO):

Type 1: This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area(5).

Prevalence of FGM/C

No studies or surveys about the extent of FGM/C have been undertaken in Qatar.

Qatar's Report on the Complete and Effective Implementation of the Beijing Declaration and Platform for Action 2014-2019 (6) calls on the elimination of discrimination against women and girls and emphasises that the Qatar National Vision 2030 requires 'the development of an integrated social policy to achieve gender equality in the country.' To establish such social policy, the report calls for elimination of discrimination and violence against women and girls, and the ending of harmful practices. Harmful practices cited in the report include: 'child marriage, early marriage, forced marriage, and female genital mutilation' (6). The report also highlights FGM/C when discussing the alignment between the Qatar National Vision 2030 and the Beijing Declaration and Platform for Action, noting the elimination of the practice is a key goal in achieving gender equality and empowerment of all women and girls in the country. However, the report does not discuss the prevalence of FGM/C in Qatar, nor set out an action plan to address the problem either through national legislation or social interventions.

Other reports state that FGM/C does not occur in Qatar, that it is a practice 'socially rejected by Qatari citizens and it is not a part of local customs and traditions' (7), and that 'there are no confirmed cases of FGM/C occurring within Qatar.' This suggests that if there are reports of FGM/C in Qatar they may be limited to migrant populations residing in Qatar who originate 'from countries where FGM/C is traditionally practiced' (7). Equality Now's report 'FGM/C: A Call for A Global Response' (8) puts Qatar into its category four grouping which includes 'Countries where media reports and anecdotal evidence refer to occurrence of FGM/C, but where there is no official data available to confirm the practice.' This report cites a medical case report published in 2007 discussing the medical complications of a woman living in Qatar who had experienced Type 3 FGM/C, suggesting the woman is from a 'diaspora community'.

Further information about FGM/C in Qatar is available at:
https://www.fgmcri.org/country/qatar

National Legal Framework

Qatar has a dual system of civil and Sharia courts. Civil courts deal with civil, commercial, administrative, and criminal matters. Sharia courts are based on the Islamic law system and deal with family, personal status, inheritance, and some criminal matters. The Sharia courts apply the Sunni Hanbali school of jurisprudence, which is the dominant sect in Qatar, but also recognize the Shia Jaafari school for the Shia minority. Sharia courts have the power to issue fatwas, or religious rulings, on various issues (8).

The highest court(s) in Qatar are the Supreme Court or Court of Cassation, and the Supreme Constitutional Court.

Subordinate courts include Courts of Appeal; Administrative Courts; Courts of First Instance; Sharia courts; Courts of Justice; and the Qatar International Court and Dispute Resolution Centre.

The **Constitution of Qatar (2004)** (9) makes no reference to protection of citizens from harmful practices. It does, however, commit to providing 'care for the young, and preserve the same from causes of corruption, protect such from exploitation, and shield them from the evils of physical, mental and spiritual neglect (Article 22),' and 'Every person who is a legal resident of the State shall enjoy the protection of his person and property, in accordance with the provisions of the law (Article 52)'. This implies the right to physical integrity and non-violation.

Applicable general laws

There is no specific law relating to criminalisation of those who perform FGM/C. However, some provisions of the Qatar Penal Code could be read as addressing and prohibiting FGM/C practices.

Penal Code of the State of Qatar Law No 11 of 2004, as amended (10)**:**

Article 269 refers to the offence of 'jeopardising a person under sixteen'. The concept of 'jeopardising' is not defined but could reasonably be said to include inflicting physical harm, such as FGM/C, on a child.

Articles 307-309 deal with crimes of assault, ranging in severity as described below. 'Assault' is not defined but could be understood to include the cutting or wounding which takes place when FGM/C is undertaken.

> **Article 307**: Assault that results in the victim's 'permanent deformity'. 'Permanent deformity' is defined as 'any injury leading to the amputation of an organ or part thereof, or the total or partial disablement of one of the senses in a permanent way'.

This could include injury to the clitoris that can be permanently disabled in its function and sensitivity as a result of FGM/C.

Article 308: Assault that results in the victim's illness or inability to undertake work for more than 20 days. This would not apply if FGM/C is carried out on a child but could apply if carried out on a woman over 16 years of age, whose experience resulted in bleeding and severe pain, causing her to be unable to work.

Article 309: Assault of a less severe nature (i.e. assault that does not result in harm of the type specified in Articles 307-308). This could certainly be applied to FGM/C.

Procuring, Aiding and Abetting FGM/C

If FGM/C is included in the Penal Code under Articles 307-309, aiding and abetting could be covered under other Articles in the Penal Code that relate to Accomplices:

Article 38 defines a perpetrator as one who: 'Commits an offence by himself or with another; Acts as accomplice in the commitment of the offence and be present during its execution'.

Article 39 goes on to state: The following shall be deemed as accomplice:

1. Whoever abets the commission of an offence which occurs as a consequence of such abetting.

2. Whoever agrees with another on the commission of an offence which occurs as a result of such agreement.

3. Whoever knowingly aids the perpetrator in any manner in the commission thereof, making the occurrence thereof possible, due to such aid.

4. Whoever knowingly supplies the principal to an offence with a weapon, instrument or anything else to commit an offence or deliberately assists the principal in any other way to carry out acts thereof.

The last of these clauses in Article 39 could cover allowing use of premises, and providing tools for the purposes of FGM/C.

And under **Article 40:** 'Unless otherwise stipulated by the law, whoever participates in the commission of an offence shall be punishable by the penalty prescribed for that offence.'

Failure to report

There is no specific reference to failing to report a past or future incident of FGM/C but, again if FGM/C is held to be a criminal offence under Articles 306-309, then **Article 186** states:

> *Whoever, in advance, knows about the perpetration of an offence or the existence of a plan to perpetrate an offence and who could prevent it but abstains, without valid excuse, to inform the relevant authorities shall be punished with imprisonment for a term not exceeding three years and/or a fine not exceeding ten thousand (QR 10.000) Qatari Riyals. The penalty shall not apply to the spouse of the perpetrator, his ascendants or descendants.*

The last sentence of this Article would mean that a parent who failed to report a planned or past incident of FGM/C against their child would not be penalised, but non-family members (e.g. a teacher or health professional) could be charged with failing to report an offence.

Medicalised FGM/C

The extent to which FGM/C has become medicalised (i.e. performed by a health professional and / or in a health clinic or hospital) in Qatar is not known. A report by UNFPA on FGM/C prevalence across the Middle East and North Africa Region (MENAR) makes the point that this region is 'home to the highest FGM medicalisation rate globally, mainly in Egypt (81.9 per cent) and Sudan (77.3 per cent), where doctors and midwives are involved (11).'

Article 47 (Clause 1) of the Penal Code may be applied to medical professionals performing FGM/C who seek to claim as their defence that it is done in the interests of the girl/woman:

> *Nothing is an offence which is done in good faith, in exercising the right justified by the Law or Islamic Sharia and within the limits thereof. The said rights are as follows:*
>
> *1- Practicing medicine according to acknowledged scientific principles in the licensed medical professions, with the consent of the patient or his representative, expressly or implicitly, or if the medical procedure is an emergency or the patient is not in a condition to express his will or it is difficult to obtain the consent of his representative in a timely manner.*

As FGM/C is known to have no justification in medical terms and is a completely unnecessary procedure, a doctor or other health professional performing FGM/C would not be able to claim exemption from prosecution on the grounds it was done in good faith according to scientific principles in the licensed medical profession.

Cross-Border FGM/C

In an article about the only case of a woman reporting to a Qatar clinic having undergone FGM/C, the woman is not explicitly described as an immigrant or refugee, but the article implies she was by suggesting that immigrant women brought the practice to Qatar (12).

Although probably not relevant to this cited case of FGM/C as the procedure may have taken place when the woman was a child and may not have been in Qatar at that time, the Penal Code does have extraterritorial effect in the following situations:

> *where an individual commits outside of Qatar an act which renders him a perpetrator or an accomplice in a criminal offence that has occurred entirely or partially inside Qatar* (Article 16(1)); and
>
> *where an individual commits inside Qatar an offence that makes him a perpetrator or an accomplice in a criminal offence that has occurred entirely or partially outside Qatar and it is punishable under both the Qatar Penal Code and the law of the country in which it was committed* (Article 16(2)).

Thus, if a person living in Qatar makes an arrangement in Qatar to take a girl child out of the country to another country for the purposes of undergoing FGM/C they would be committing an offence as the procurement would have taken place in Qatar. Or if FGM/C was performed on a girl in another country by a person from Qatar, they would be guilty of an offence if FGM/C was also illegal in that other country. Or if a person from another country entered Qatar and performed FGM/C on a girl in Qatar they would also be guilty of an offence in Qatar.

Penalties

Penalties for Performance of FGM/C under the Penal Code Articles 269, and 307-309:

Article 269 which contains the offence of 'jeopardising a person under sixteen' is punishable by a maximum jail term of 2 years and/or a maximum fine of 10,000 Qatari Riyals. The penalty is increased to up to three years in prison and/or a fine up to 15,000 Qatari Riyals, if the guardian is the offender.

Articles 307-309 of the Qatari Penal Code which deals with crimes of assault, ranging in severity are punishable as follows:

> Article 308: Assault that results in the victim's illness or inability to undertake work for more than 20 days is punishable by a maximum prison sentence of 2 years and/or a maximum fine of 10,000 Qatari Riyals. The sentence is increased to a maximum prison term of 3 years and/or a fine of 15,000 Qatari Riyals if the crime is premeditated or executed by more than one person.
>
> Article 309: Assaults of a less severe nature (i.e. those that do not result in harm of the type specified in Articles 307 or 308) are punishable by a maximum of 1 year in prison and/or a maximum fine of 5,000 Qatari Riyals.
>
> Article 310 states that the penalties stipulated in Articles 307-309 'shall apply to any assault which is the result of giving a person medications or materials causing a disease or incapacity.'

Penalties for procuring, aiding or abetting FGM/C under the Penal Code Articles 40-43:

> Article 40: *Unless otherwise stipulated by the law, whoever participates in the commission of an offence shall be punishable by the penalty prescribed for that offence.*
>
> Article 41: *Where an accomplice is not subject to the sanction on grounds of one of the causes of permissibility, or for the lack of criminal intent or for other particular reasons related thereto, the other accomplices shall not benefit therefrom. (For example, if one accomplice is held not to have criminal intent in participating in the act of FGC they may be sanctioned from penalty, but that sanction won't apply to any others participating in the offence.)*

Articles 42 and 43 go on to set out other conditions, such as aggravation or extenuation in relation to accomplices' role in the offence.

Penalties for Failing to Report an Offence under the Penal Code:

Article 186: Anyone who knows an offence is going to take place has a duty to inform the relevant authorities, and failure to do so shall be punished with 'imprisonment for a term not

exceeding three years and/or a fine not exceeding ten thousand (QR 10.000) Qatari Riyals. The penalty shall not apply to the spouse of the perpetrator, his ascendants or descendants.'

Article 187: requires anyone witnessing an offence to assist the victim if they are not endangered themselves, and failure to do so is punishable with 'imprisonment for a term not exceeding three years and/or a fine not exceeding ten thousand Qatari Riyals (QR 10.000).

Implementation of the law

There have been no criminal prosecutions in Qatar against perpetrators of FGM/C under the Penal Code Articles listed above or any other law.

Role of the State

Qatar is signed up to the **Convention on the Elimination of all forms of Discrimination Against Women** (CEDAW) and the **Convention on the Rights of the Child** (CRC), but reservations against both treaties refer to the supremacy in Qatar of Islamic Law. (Please see Annex 1).

In their 2019 Concluding Observations on the State of Qatar's Second Periodic Review (13) CEDAW makes explicit reference to FGM/C, but in para 50 (b) they reminded the State of the:

> *[…] joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2014) on harmful practices, which required states to 'gradually reduce with certain legislative and programmatic approaches […]' the harmful practices that include 'traditional or emerging practices, prescribed by social norms, which are often embedded in culture […] (such) As female genital mutilation, early marriage and forced marriage […]'*

In response to this Concluding Observation of CEDAW the 'State of Qatar's Report to the Commission on the State of Women (CSW) on the occasion of the 25th Anniversary of the Beijing Declaration and Platform for Action' (6), there are two references to the State's commitment to eliminate FGM/C in the country:

In the list of goals relating to social protection in the Qatar National Vision 2030 (p38) which are intended to be 'aligned and directed towards achieving the general objectives, gender equality and the empowering of all women and girls' […] (bullet point 3, p38) Elimination of all harmful practices, such as child marriage, early marriage, forced marriage and female genital mutilation.'

In the section on 'Social Policies Related to Sustainable Development Agenda 2030 in the State of Qatar' […] (bullet point 3, p47) the same commitment is made, i.e. 'Eliminating all harmful practices, such as child marriage, early marriage, forced marriage and female genital mutilation.'

In May 2025 the **Committee on the Rights of the Child** concluded its consideration of the fifth and sixth combined periodic reports of Qatar under the Convention on the Rights of the Child. In their questions issued to the State of Qatar prior to submission of the state's fifth and sixth periodic report to the CRC (14), the Commissioners asked the government to provide information on measures taken to eliminate the practice of female genital mutilation in the State party (para 22 b).

Qatar responded in their Combined fifth and sixth periodic reports submitted by Qatar under article 44 of the Convention, presented in June 2024:

> *112. Female genital mutilation is not practised in the State of Qatar where it is categorized as an offence against the integrity of the body, as per articles 307, 308 and 309 of the Criminal Code* (Act No. 11 of 2004) (14).

This confirms, therefore, that Articles 307, 308 and 309 can be used as the basis of criminalisation of FGM/C in Qatar.

While there is no direct link between child marriage and the practice of FGM/C, laws relating to early marriage can provide an indication of girls' broader legal standing and the cultural environment in which FGM/C occurs. The minimum legal age of marriage in Qatar is 16 for girls and 18 for boys. However, girls may be permitted to marry before the age of 16 with the consent of their legal guardian and both prospective spouses. Girls Not Brides notes that, in Qatar, 2% of girls were married before the age of 18. It also notes that there appears to be a strong link between early marriage and education level, with 21% of women who did not complete secondary education being married before the age of 18, compared with 3% of those who had completed higher education (15).

Qatar has been a member of the **Organisation of Islamic Co-operation** since 1972. Qatar has not signed the Cairo Declaration on the Elimination of FGM (in June 2003); it has not been signed by any of the Gulf States or Middle East countries as, then, it was seen as only relevant to African members of OIC. However in February 2025, the OIC's Independent Permanent Human Rights Commission (IPHRC) issued a statement on behalf of its membership on the occasion of the 'International Day of Zero Tolerance for Female Genital Mutilation 2025', in which it made an emphatic call for an end to all forms of violence against women, including Female Genital Mutilation in accordance with international human rights standards. This statement is reproduced at Annex 4 (16).

This OIC IPHRC's statement calls on member states to take 'urgent and coordinated action to eliminate FGM' by a) enacting and enforcing legislation to eliminate FGM and other harmful practices, b) implementing effective measures to protect women and girls from harmful practices, and c) conducting widespread awareness and advocacy campaigns about the dangers of FGM and to dispel misconceptions regarding its religious basis.

Reference to ending harmful practices is also made in the OIC's Plan of Action for the Advancement of Women (OPAAW) which was adopted by OIC's Sixth Session of the Ministerial Conference on the Role of Women in the Development of OIC Member States held in Istanbul in November 2016 (17). The following statements reference this commitment:

> **Objective No 6:** *Protection of Women from Violence: Combating all forms of gender-based violence, human trafficking and other harmful traditional practices against women and girls. Combating different forms of violence against women and girls including deprivation of opportunities and full enjoyment of their rights through preventive measures and provisions of rehabilitation to victims and punishment of perpetrators.*

> **Section 6 (g):** *Contributing to eradication of all harmful practices, in particular, female genital mutilation through strong political support and involvement of religious and community leaders.*

And in the matrices setting out the Mechanisms for Implementation:

> *Contributing to eradication of all harmful practices, in particular, female genital mutilation through strong political support and involvement of religious and community leaders* (17 p.9).
>
> *Combating gender-based violence in all its manifestations, including domestic violence, human trafficking, fighting harmful traditional practices and violence against displaced women* (17 p.36).
>
> *Integrate sexual and gender-based violence response, including child violence in all humanitarian policies and develop channels of communication to denounce these harmful practices and provide necessary assistance to victims* (17 p.40).

Civil Society Observations

While there are several women's support organisations in Qatar (18), none are concerned with eliminating FGM/C.

Qatar's civil society associations and Non-governmental organizations (NGOs) are subject to Law Decree 20/2021 on Private Associations and Foundations which sets out regulations for registration, management and finance (19). The degree of regulation has been criticised for its burdensome procedures and close oversight by the Ministry of Social Development and Family, which may deny the establishment of an association if it deems it a threat to the public interest (20).

Political parties are not permitted, and public participation by civil society in politics is very limited. While Qatari citizens are among the wealthiest in the world, most of the population comprises working migrants, who have few political rights and limited access to economic opportunities (21). There are also restrictions on establishment of newspapers and other media outlets, many of which are owned by, or have close ties to, members of the ruling family or government officials (20).

The Constitution provides for freedom of expression and scientific research. However, academics at Qatar University and organisers of cultural events have said that they sometimes have to exercise self-censorship. State institutions are authorised to censor books, films and internet sites for obscenity, as well as sexual, political and religious content. This may make it difficult for civil society associations and NGOs to collect and publish data on sensitive topics such as FGM/C and child marriage (20).

Conclusions

While there is no specific law relating to criminalisation of those who perform FGM/C the government of Qatar has confirmed in its responses to CEDAW that performing FGM/C is an offence under **Articles 307-309 of the Penal Code (Law No 11 of 2004).**

> **Article 308**: Assault that results in the victim's illness or inability to undertake work for more than 20 days. This would not apply if FGM/C is carried out on a child but could apply if carried out on a woman over 16 years of age, whose experience resulted in bleeding and severe pain, causing her to be unable to work.
>
> **Article 309**: Assault of a less severe nature (i.e. assault that does not result in harm of the type specified in Articles 307-308). This could certainly be applied to FGM/C.

Penalties for crimes under **Articles 307-309** range from 2 to 7 years imprisonment, plus a fine.

If FGM/C is criminalised under the above Articles then other Articles of the Penal Code can be applied to those who aid and abet a perpetrator of FGM/C, or provide facilities or tools for use in carrying out FGM/C **(Articles 38-40**, dealing with accomplices) and failure to report a crime **(Article 186)**.

Article 47 of the Penal Code may be applied to medical professionals performing FGM/C as FGM/C is known to have no justification in medical terms and is a completely unnecessary procedure.

Cross border offences of FGM/C could be dealt with under **Article 16** of the Penal Code.

Recommendations

Research demonstrates that while important, legislation against FGM/C should be part of a holistic, multi-sectoral approach to effectively work toward elimination of the practice. Enforcement of the law without a holistic approach can lead to fear and pushing the practice underground.

The following recommendations, therefore, should be considered alongside holistic and multi-sectoral approaches to ending the practice.

1. Introduce a law that explicitly prohibits and criminalises FGM/C in Qatar. This law should cover perpetrators; procuring aiding and abetting FGM/C; providing tools and premises for the purposes of FGM/C; and failure to report a planned or past incident of FGM/C.

   OR

   Amend the Qatar Penal Code to define and make specific reference to FGM/C as a criminal offence.

   Guidance on the features that should be included in a law against FGM/C are set out in Orchid Project's Model Law report, which is available **here.**

2. Develop Ministry of Health guidelines on the dangers of FGM/C for all professional medical, health and welfare staff working in Qatar's hospitals and clinics, including midwives, doctors and nurses, and forbid the practice from being undertaken in health facilities, with penalties for doing so that include their licence to practice medicine being withdrawn.

3. Strengthen border controls, to deter perpetrators from FGM/C originating countries from entering Qatar with the intention of undertaking FGM/C within Qatar.

4. Undertake a national statistical and disaggregated survey of Qatar to reliably determine prevalence and features of the practice of FGM/C, including surveying those who have already undergone FGM/C or are at risk of undergoing FGM/C, and assessing the extent to which medicalisation of the practice is taking place.

Appendix 1: International and Regional Treaties

Treaty	Signed	Ratified	Acceded	Reservations on reporting
Convention on the Elimination of All forms of Discrimination Against Women (1979) (*CEDAW*)			29 April 2009	'1. Article 2 (a) in connection with the rules of the hereditary transmission of authority, as it is inconsistent with the provisions of article 8 of the Constitution. 2. Article 9, paragraph 2, as it is inconsistent with Qatar's law on citizenship. 3. Article 15, paragraph 1, in connection with matters of inheritance and testimony, as it is inconsistent with the provisions of Islamic law. 4. Article 15, paragraph 4, as it is inconsistent with the provisions of family law and established practice. 5. Article 16, paragraph 1 (a) and (c), as they are inconsistent with the provisions of Islamic law. 6. Article 16, paragraph 1 (f), as it is inconsistent with the provisions of Islamic law and family law. The State of Qatar declares that all of its relevant national legislation is conducive to the interest of promoting social solidarity. […] 3. In accordance with article 29, paragraph 2, of the Convention, the State of Qatar declares, under the terms of that text, that it does not consider itself bound by paragraph 1 of that article.'

				Accession also included the following declaration: '1. The Government of the State of Qatar accepts the text of article 1 of the Convention provided that, in accordance with the provisions of Islamic law and Qatari legislation, the phrase "irrespective of their marital status" is not intended to encourage family relationships outside legitimate marriage. It reserves the right to implement the Convention in accordance with this understanding. 2. The State of Qatar declares that the question of the modification of "patterns" referred to in article 5 (a) must not be understood as encouraging women to abandon their role as mothers and their role in child-rearing, thereby undermining the structure of the family.'
Organisation of Islamic Co-operation (OIC) – Cairo Declaration on the Elimination of FGM (CDEFGM) (2003)				N/A
Convention on the Rights of the Child (1989) (*CRC*)			3 April 1995	Reservations amended as follows on 29 April 2009: 'Whereas the Government of the State of Qatar ratified the 1989 Convention on the Rights of the Child on 3 April

				1995, and entered a general reservation concerning any of its provisions that are inconsistent with the Islamic sharia; Whereas the Council of Ministers decided at its fourth ordinary meeting of 2009, held on 28 January 2009, to approve the partial withdrawal by the State of Qatar of its general reservation, which shall continue to apply in respect of the provisions of articles 2 and 14 of the Convention; Now therefore We declare, by means of the present instrument, the partial withdrawal by the State of Qatar of its general reservation, which shall continue to apply in respect of the provisions of articles 2 and 14 of the Convention.'

'**Signed**': a treaty is signed by countries following negotiation and agreement of its contents.

'**Ratified**': once signed, most treaties and conventions must be ratified (i.e. approved through the standard national legislative procedure) to be legally effective in that country.

'**Acceded**': when a country ratifies a treaty that has already been negotiated by other states.

Annex 2: CEDAW General Recommendation No. 14: Female Circumcision

FGM/C – UN CEDAW Committee General Recommendation No. 14 UN CEDAW COMMITTEE General Recommendation No. 14 (ninth session, 1990) Female circumcision

The Committee on the Elimination of Discrimination against Women, Concerned about the continuation of the practice of female circumcision and other traditional practices harmful to the health of women,

Noting with satisfaction that Governments, where such practices exist, national women's organizations, non-governmental organizations, and bodies of the United Nations system, such as the World Health Organization and the United Nations Children's Fund, as well as the Commission on Human Rights and its Sub- Commission on Prevention of Discrimination and Protection of Minorities, remain seized of the issue having particularly recognized that such traditional practices as female circumcision have serious health and other consequences for women and children,

Taking note with interest the study of the Special Rapporteur on Traditional Practices Affecting the Health of Women and Children, and of the study of the Special Working Group on Traditional Practices,

Recognizing that women are taking important action themselves to identify and to combat practices that are prejudicial to the health and well-being of women and children,

Convinced that the important action that is being taken by women and by all interested groups needs to be supported and encouraged by Governments,

Noting with grave concern that there are continuing cultural, traditional and economic pressures which help to perpetuate harmful practices, such as female circumcision,

Recommends that States parties:

- Take appropriate and effective measures with a view to eradicating the practice of female circumcision. Such measures could include :
    - The collection and dissemination by universities, medical or nursing associations, national women's organizations or other bodies of basic data about such traditional practices;

- The support of women's organizations at the national and local levels working for the elimination of female circumcision and other practices harmful to women;
- The encouragement of politicians, professionals, religious and community leaders at all levels, including the media and the arts, to co-operate in influencing attitudes towards the eradication of female circumcision;

The introduction of appropriate educational and training programmes and seminars based on research findings about the problems arising from female circumcision;

- Include in their national health policies appropriate strategies aimed at eradicating female circumcision in public health care. Such strategies could include the special responsibility of health personnel, including traditional birth attendants, to explain the harmful effects of female circumcision;

  Invite assistance, information and advice from the appropriate organizations of the United Nations system to support and assist efforts being deployed to eliminate harmful traditional practices;
- Include in their reports to the Committee under articles 10 and 12 of the Convention on the Elimination of All Forms of Discrimination against Women information about measures taken to eliminate female circumcision.

Annex 3: Role of the State (UN: CEDAW/C/GC/31/Rev.1CRC/C/GC/18/Rev.1)

In 2019 the Committee on the Elimination of Discrimination against Women and Committee on the Rights of the Child issued Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment, and No. 18 of the Committee on the Rights of the Child (2019), on harmful practices.

Available at: g1913442.pdf or
www.documents.un.org/doc/undoc/gen/g19/134/42/pdf/g1913442.pdf

The objective of this Joint General Recommendation/General Comment is to clarify the obligations of States party to the Conventions by providing authoritative guidance on legislative, policy and other appropriate measures that must be taken to ensure full compliance with their obligations under the Conventions to eliminate harmful practices.

This Joint Recommendation/General Comment sets out a framework that States should follow in order to eliminate harmful practices. Of particular note are the recommendations as set out below:

Article 39. The Committees recommend that the States parties to the Conventions:

> (a) Accord priority to the regular collection, analysis, dissemination and use of quantitative and qualitative data on harmful practices disaggregated by sex, age, geographical location, socioeconomic status, education level and other key factors, and ensure that such activities are adequately resourced. Regular data collection systems should be established and/or maintained in the health-care and social services, education and judicial and law enforcement sectors on protection-related issues;
>
> (b) Collect data through the use of national demographic and indicator surveys and censuses, which may be supplemented by data from nationally representative household surveys. Qualitative research should be conducted through focus group discussions, in-depth key informant interviews with a wide variety of stakeholders, structured observations, social mapping and other appropriate methodologies.

Article 55. The Committees recommend that the States parties to the Conventions adopt or amend legislation with a view to effectively addressing and eliminating harmful practices. In doing so, they should ensure:

(a) That the process of drafting legislation is fully inclusive and participatory. For that purpose, they should conduct targeted advocacy and awareness-raising and use social mobilization measures to generate broad public knowledge of and support for the drafting, adoption, dissemination and implementation of the legislation;

(b) That the legislation is in full compliance with the relevant obligations outlined in the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child and other international human rights standards that prohibit harmful practices and that it takes precedence over customary, traditional or religious laws that allow, condone or prescribe any harmful practice, especially in countries with plural legal systems;

(c) That they repeal without further delay all legislation that condones, allows or leads to harmful practices, including traditional, customary or religious laws and any legislation that accepts the defence of honour as a defence or mitigating factor in the commission of crimes in the name of so-called honour;

(d) That the legislation is consistent and comprehensive and provides detailed guidance on prevention, protection, support and follow-up services and assistance for victims, including towards their physical and psychological recovery and social reintegration, and is complemented by adequate civil and/or administrative legislative provisions;

(e) That the legislation adequately addresses, including by providing the basis for the adoption of temporary special measures, the root causes of harmful practices, including discrimination on the basis of sex, gender, age and other intersecting factors, focuses on the human rights and needs of the victims and fully takes into account the best interests of children and women;

(f) That a minimum legal age of marriage for girls and boys, with or without parental consent, is established at 18 years;

(g) That a legal requirement of marriage registration is established and effective implementation is provided through awareness-raising, education and the existence of adequate infrastructure to make registration accessible to all persons within their jurisdiction;

(h) That a national system of compulsory, accessible and free birth registration is established in order to effectively prevent harmful practices, including child marriage;

(i) That national human rights institutions are mandated to consider individual complaints and petitions and carry out investigations, including those submitted on behalf of or directly by women and children, in a confidential, gender sensitive and child-friendly manner;

(j) That it is made mandatory by law for professionals and institutions working for and with children and women to report actual incidents or the risk of such incidents if they have reasonable grounds to believe that a harmful practice has occurred or may occur. Mandatory reporting responsibilities should ensure the protection of the privacy and confidentiality of those who report;

(k) That all initiatives to draft and amend criminal laws must be coupled with protection measures and services for victims and those who are at risk of being subjected to harmful practices;

(l) That legislation establishes jurisdiction over offences of harmful practices that applies to nationals of the State party and habitual residents even when they are committed in a State in which they are not criminalized;

(m) That legislation and policies relating to immigration and asylum recognize the risk of being subjected to harmful practices or being persecuted as a result of such practices as a ground for granting asylum. Consideration should also be given, on a case-by-case basis, to providing protection to a relative who may be accompanying the girl or woman;

(n) That the legislation includes provisions on regular evaluation and monitoring, including in relation to implementation, enforcement and follow-up;

(o) That women and children subjected to harmful practices have equal access to justice, including by addressing legal and practical barriers to initiating legal proceedings, such as the limitation period, and that the perpetrators and those who aid or condone such practices are held accountable;

(p) That the legislation includes mandatory restraining or protection orders to safeguard those at risk of harmful practices and provides for their safety and measures to protect victims from retribution;

(q) That victims of violations have equal access to legal remedies and appropriate reparations in practice.

Article 69. The Committees recommend that the States parties to the Conventions:

(a) Provide universal, free and compulsory primary education that is girl friendly, including in remote and rural areas, consider making secondary education mandatory while also providing economic incentives for pregnant girls and adolescent mothers to complete secondary school and establish non-discriminatory return policies;

(b) Provide girls and women with educational and economic opportunities in a safe and enabling environment where they can develop their self-esteem, awareness of their rights and communication, negotiation and problem-solving skills;

(c) Include in the educational curriculum information on human rights, including those of women and children, gender equality and self-awareness and contribute to eliminating gender stereotypes and fostering an environment of non-discrimination;

(d) Ensure that schools provide age-appropriate information on sexual and reproductive health and rights, including in relation to gender relations and responsible sexual behaviour, HIV prevention, nutrition and protection from violence and harmful practices; (

e) Ensure access to non-formal education programmes for girls who have dropped out of regular schooling, or who have never enrolled and are illiterate, and monitor the quality of those programmes;

(f) Engage men and boys in creating an enabling environment that supports the empowerment of women and girls.

Article 73: The Committees recommend that the States parties to the Conventions:

(a) Provide all relevant front-line professionals with information on harmful practices and applicable human rights norms and standards and ensure that they are adequately trained to prevent, identify and respond to incidents of harmful practices, including mitigating negative effects for victims and helping them to gain access to remedies and appropriate services;

(b) Provide training to individuals involved in alternative dispute resolution and traditional justice systems to appropriately apply key human rights principles, especially the best interests of the child and the participation of children in administrative and judicial proceedings;

(c) Provide training to all law enforcement personnel, including the judiciary, on new and existing legislation prohibiting harmful practices and ensure that they are aware of the rights of women and children and of their role in prosecuting perpetrators and protecting victims of harmful practices;

(d) Conduct specialized awareness and training programmes for health-care providers working with immigrant communities to address the unique health-care needs of children and women who have undergone female genital mutilation or other harmful practices and provide specialized training also for professionals within child welfare services and services focused on the rights of women and the education and police and justice sectors, politicians and media personnel working with migrant girls and women.

Article 81. The Committees recommend that the States parties to the Conventions:

(a) Develop and adopt comprehensive awareness-raising programmes to challenge and change cultural and social attitudes, traditions and customs that underlie forms of behaviour that perpetuate harmful practices;

(b) Ensure that awareness-raising programmes provide accurate information and clear and unified messages from trusted sources about the negative impact of harmful practices on women, children, in particular girls, their families and society at large. Such programmes should include social media, the Internet and community communication and dissemination tools;

(c) Take all appropriate measures to ensure that stigma and discrimination are not perpetuated against the victims and/or practising immigrant or minority communities;

(d) Ensure that awareness-raising programmes targeting State structures engage decision makers and all relevant programmatic staff and key professionals working within local and national government and government agencies;

(e) Ensure that personnel of national human rights institutions are fully aware and sensitized to the human rights implications of harmful practices within the State party and that they receive support to promote the elimination of those practices;

(f) Initiate public discussions to prevent and promote the elimination of harmful practices, by engaging all relevant stakeholders in the preparation and implementation of the measures, including local leaders, practitioners, grass-roots organizations and religious communities. The activities should affirm the positive cultural principles of a community that are consistent with human rights and include information on experiences of successful elimination by formerly practising communities with similar backgrounds;

(g) Build or reinforce effective partnerships with the mainstream media to support the implementation of awareness-raising programmes and promote public discussions and encourage the creation and observance of self-regulatory mechanisms that respect the privacy of individuals.

Article 87. The Committees recommend that the States parties to the Conventions:

(a) Ensure that protection services are mandated and adequately resourced to provide all necessary prevention and protection services to children and women who are, or are at high risk of becoming, victims of harmful practices; (

b) Establish a free, 24-hour hotline that is staffed by trained counsellors, to enable victims to report instances when a harmful practice is likely to occur or has occurred, and provide referral to needed services and accurate information about harmful practices;

(c) Develop and implement capacity-building programmes on their role in protection for judicial officers, including judges, lawyers, prosecutors and all relevant stakeholders, on legislation prohibiting discrimination and on applying laws in a gender-sensitive and age-sensitive manner in conformity with the Conventions;

(d) Ensure that children participating in legal processes have access to appropriate child-sensitive services to safeguard their rights and safety and to limit the possible negative impacts of the proceedings. Protective action may include limiting the number of times that a victim is required to give a statement and not requiring that individual to face the perpetrator or perpetrators. Other steps may include appointing a guardian ad litem (especially where the perpetrator is a parent or legal guardian) and ensuring that child victims have access to adequate child sensitive information about the process and fully understand what to expect;

(e) Ensure that migrant women and children have equal access to services, regardless of their legal status.

Annex 4: OIC statement dated 2 Feb 2025 (16)

OIC-IPHRC, on the occasion of the 'International Day of Zero Tolerance for Female Genital Mutilation 2025', made an emphatic call for an end to all forms of violence against women, including Female Genital Mutilation in accordance with the international human rights standards.

Jeddah, 6th February 2025: The Independent Permanent Human Rights Commission (IPHRC) of the Organization of Islamic Cooperation (OIC) joins the international community in commemorating the 'International Day of Zero Tolerance for Female Genital Mutilation (FGM) 2025' and strongly condemns all forms of violence against women and girls, including the harmful practice of Female Genital Mutilation (FGM). The Commission reaffirms that FGM is a deeply entrenched traditional practice with no religious justification and stands in clear violation of human rights.

The Commission emphasizes that Islam upholds the dignity and rights of women and categorically rejects practices that cause physical, psychological, or emotional harm. It is estimated that over 230 million girls and women worldwide have suffered the effects of FGM and that an estimated 27 million additional girls are at risk of undergoing FGM by 2030 unless action is accelerated1. FGM violates several human rights outlined under the Universal Declaration of Human Rights, the Convention on the Elimination of all Forms of Discrimination against Women, and the Convention on the Rights of the Child. The practice of FGM is recognized internationally as a violation of the human rights of girls and women. It is mainly carried out on minors and is a violation of the rights of the girl child. The practice also violates a person's right to health, security, and physical integrity; the right to be free from torture and cruel, inhuman, or degrading treatment; and the right to life in instances when the procedure results in death.

The Commission acknowledges and appreciates efforts being taken by the Member States against this practice that endangers the physical and psychological health of women and girls. It was concluded at the Second Islamic Conference of Ministers in charge of Childhood held in Khartoum in 20092 that FGM is a violation of the human rights of girls and women. OIC has adopted 'The Cairo Declaration of the OIC on Human Rights3, in which specific sections are included on 'Human Rights of Women,' which calls for the protection of women against all forms of discrimination, violence, abuse, and harmful traditional practices. Also, OIC welcomed the UN General Assembly resolution 67/146, entitled, 'Intensifying global efforts for the elimination of female genital mutilations' and resolution 67/144, entitled, 'Intensification of efforts to eliminate all forms of violence against women', both of which were adopted without a vote. Human Rights Council adopted resolution 44/16 on the

elimination of FGM to speed up efforts to reach zero tolerance for FGM by 2030 and to restate the global ban on the harmful practice as it constitutes a serious violation of women rights. Goal 5 of the 2030 Agenda for Sustainable Development calls for eliminating FGM. The International Islamic Fiqh Academy, in its Resolution No. 220 (4/23), categorically stated that female genital mutilation is prohibited in Islam. Accordingly, the OIC Plan of Action for the Advancement of Women (OPAAW) and its comprehensive implementation mechanism, while supporting international efforts, calls for the eradication of all harmful practices, in particular, FGM.

The Commission calls for collective efforts to empower women and girls through education, healthcare, and legal protection. It calls upon governments, civil society organizations, and the media to take urgent and coordinated action to eliminate FGM. Human rights-based approaches to eradication include, but are not limited to, the enforcement of laws, education programs focused on empowerment, and campaigns to recruit change agents from within communities. Accordingly, the Commission urges governments to: (a) enact and enforce legislation to eliminate FGM and other harmful practices; (b) implement effective administrative measures to protect women and girls from harmful practices and violence and ensure accountability; (c) conduct widespread awareness and advocacy campaigns to educate the public on the dangers of FGM and dispel misconceptions regarding its religious basis. In this regard, the Commission, while respecting cultural sensitivities and national laws, affirmed its readiness to work together with all relevant OIC institutions and Member States to bring an end to all forms of violence, bias, and discrimination against women.

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This report analyses and discusses the application of national (criminal) laws to the commission of FGM/C and any possible related crimes. It also explores other legal factors deemed relevant, such as legal obligations to report the commission or likely upcoming commission of FGM/C, available legal protective measures for girls and women at risk of FGM/C, and any obligations of national governments in relation to FGM/C.

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