MAPPING ON FGM IN EUROPE

COUNTRY - PORTUGAL

1. LAW: Criminal Law

Is FGM criminalised?

Code*	• Yes, through a specific provision in the Penal Code

- **Year of the law:**

Article 144 of the Portuguese Penal Code: Law 83/2015 (38th amendment to the Penal Code, approved by Decree-Law 400/82, 22 September) determines FGM as a standalone crime. This law came into force on 4 September 2015 and is only applicable to instances of FGM occurring after that date.

- **Definition of FGM:**

Article 144-A: A total or partial clitoridectomy, infibulation, excision, or any other harmful practice of the female genitalia for non-medical reasons.

- **Definition of acts criminalised:**

Article 144-A:
"Female genital mutilation
1. Whoever genitally mutilates, totally or partially, a female person through clitoridectomy, infibulation, excision or any other harmful practice of the female genital organ for non-medical reasons are punished with a prison sentence of 2 to 10 years.
2.Preparatory acts for the crime provided for in the previous paragraph shall be punished with a prison sentence of up to 3 years."

*(the coding system is explained on page 25)

FGM is a crime against public order. As such, the criminal procedure does not need to be instigated by a victim report. Proceedings can start when the Public Prosecutor's Office is made aware of the incident, either through their own channels or through police authorities or any other person's reporting.

- **Penalty:**

Article 144-A(2) confers imprisonment of 2–10 years. Preparatory acts (for example, planning the trip, buying plane tickets, organising the party) are punished with imprisonment up to three years.

- **Jurisprudence:**

The first FGM case to go to court in Portugal (8 January 2021) found a woman guilty of practicing or allowing the practice of FGM on her baby daughter (one and a half years old) during a trip to Guinea-Bissau in 2019. The woman was sentenced to three years of effective imprisonment, by the Sintra Court. In July 2021, the Lisbon Court of Appeal upheld an appeal filed by the mother and suspended the prison sentence.

Are there limitations/exceptions?

Code	• **Limitation period** • **Age of the victim statutory limit for prosecution**

Under Law 83/2015, the limitation period is 15 years. However, if the victim of the crime is a minor (under 18), the statute of limitations—the time period in which legal action can be initiated—does not run out until the victim reaches the age of 23. So, the criminal proceedings related to FGM cannot be stopped by prescription (expiration of the legal period) until the victim reaches 23 years old, giving the victim more time to seek justice after they become an adult.

Are girls at risk of FGM included in child protection provisions in place?

-Yes. Law 147/99 (Protection of Children and Young People at Risk Act) assigns the National Commission for the Protection of Children and Young People at Risk (CNPDPCJ) a preventive and protective role in "situations that may affect the safety, health, formation, education and full development of children and young people".
The 2020 manual Actively Collaborating in the Prevention and Elimination of Female Genital Mutilation contains guidelines to deepen awareness of FGM for child protection officers and provides recommendations on how to deal with situations involving persons at risk of FGM or FGM survivors.

Law: Extraterritoriality

Is the principle of extraterritoriality applicable?

Code	• **Yes, depending EITHER on the suspect OR the victim's connection with the country**

According to Decree-Law 48/95, Article 5(1):
"Unless an international treaty or convention stipulates to the contrary, Portuguese criminal law remains applicable to facts committed outside the national territory".

Article 5(1)(c) specifies:
"When they constitute the crimes provided for the Law 144-A, [...],
I) The offenders are found in Portugal;
II) The act is also punishable under the laws of the place where it was committed, unless punitive power is not exercised in that place; and
III) It constitutes a crime that allows extradition, and extradition cannot be granted;"

In fact, even if the crime was committed outside Portuguese territory, Portuguese criminal law may apply when combined with the requirements set out in Article 5(c)(1) of the Penal Code, namely the perpetrator of the crime is on Portuguese territory and has not already been tried for the same crime and cannot be extradited.

Are there limitations/exceptions?

Code	• **Type of connection (citizenship, permanent residency, temporary residency, other…)** • **Age of the victim**

- The perpetrator must be on Portuguese territory to be prosecuted.
- Applies only if the victim is under 18 years old.

Law : Asylum

Is FGM grounds for international protection?

Code	• Yes, it's grounds for refugee status

- Year of the law: 2008

-Requirements to be recognised (e.g. being at risk of FGM / suffering from consequences of FGM / protecting a girl from FGM / opposing FGM):

-The Asylum Act (Act 27/2008 of 30 June, amended by Act 26/2014 of 5 May), transposing Directives 2011/95/EU (Recast Qualification Directive), 2013/32/EU (Recast Asylum Procedures Directive), and 2013/33/EU (Recast Reception Conditions Directive), recognises refugees as people who face acts of persecution or a serious threat of persecution.

Article 5(2) provides a non-exhaustive list of forms that such acts may take, including acts of physical or mental violence, including those of sexual nature (a), and acts committed on grounds of gender or against children (f).

Women and girls at risk of FGM might also qualify for asylum by belonging to a specific social group. As mentioned in Article 2(2), gender may be considered as a characteristic for belonging to a social group.

Women and girls at risk of FGM might also qualify for subsidiary protection in case of impossibility to return to the country of origin due to systematic violations occurring there or because they run the risk of suffering serious violence (Article 7). Within this legal framework, FGM may constitute grounds for granting international protection in Portugal.

-Link to the law: Portuguese version and English version

Are there limitations/exceptions?

Code	• **Not concerning parents of persons at risk who are opposing FGM**

Parents of girls at risk do not qualify for asylum; however, they automatically receive an extraordinary residence permit to preserve the family unit, which extends asylum to family members (Asylum Act 2008, Articles 67 and 68).

What are the rights granted to the FGM-affected woman or girl within the international protection status obtained?

- A person granted international protection in Portugal is entitled to the rights and holds the duties described in Chapter VII of the Asylum Act (Article 65 et seq).

- Temporary residence permit

Those with international protection can receive residence permits for refugees (valid for five years). In cases of subsidiary protection, residence permits can be provided (valid for three years).

Beneficiaries of any kind of international protection are eligible for long-term residency (valid for five years), if they meet the following criteria:

-Legal and continuous residence in the national territory for five years following the date of the application for international protection
-Stable and regular resources to ensure his/her survival and that of his/her family members, without social assistance support
-Health insurance
-Accommodation
-Basic Portuguese language skills

- Family reunification:

A person granted international protection in Portugal can reunite with their spouse or unmarried partner, and minor children if dependent on the sponsor and/or on his/her spouse or unmarried partner; adult children who lack legal capacity (e.g. for reasons of mental health) and dependent on the sponsor and/or on his/her spouse or unmarried partner are also included; and parents, if the sponsor is under 18 years old. Unaccompanied minor children can also apply for family reunification with their parent(s).

- Housing, healthcare, and social welfare:

The law provides the same rights, in terms of housing, healthcare, access to social welfare, child benefits, family allowances, unemployment benefits, and education to nationals or refugees and beneficiaries of subsidiary protection. The 2008 Asylum Act (Article 73) refers to the provision of tailored health care to refugees and beneficiaries of international protection belonging to particularly vulnerable groups, including victims of FGM (Articles 73(2) and (3)).

- For more information, please see the Portuguese country report on AIDA.

Law: Istanbul Convention

Has the country ratified the Istanbul Convention?

Code	• **Yes, it has ratified it.**

- Signature: 11 May 2011
- Ratification: 05 February 2013
- Entry into force: 01 August 2014

Date when the first State implementation Report is due: Evaluation rounds and related documents for Portugal (State, GREVIO and Civil society organisation reports).

2. POLICY: National Action Plan

Are there any National Action Plans (NAPs) on FGM?

Code	• Yes, FGM is included as part of a wider NAP

The National Strategy for Equality and Non-Discrimination (Estratégia Nacional para a Igualdade e Não Discriminação – Portugal + Igual) 2018-2030 (ENIND) was approved by the XXI Constitutional Government on 8 March 2018 and published in Diário da República through Resolution of the Council of Ministers (RCM) 61/2018 of 21 May.

ENIND contains three NAPs, which define strategic objectives and concrete measures to prevent and combat gender-based violence and to promote equality (FGM is addressed under the second action plan – PAVMVD). The three NAPs are as follows:

- Non-discrimination based on sex and equality between women and men: Action Plan for Equality between Women and Men (PAIMH);
- Preventing and combating all forms of violence against women, gender-based violence and domestic violence: Action Plan for preventing and combating Violence against Women and Domestic Violence (PAVMVD);
- Combating discrimination based on sexual orientation, gender identity and expression, and sexual characteristics: Action Plan to combat discrimination based on sexual orientation, gender identity and expression, and sexual characteristics (PAOIEC).

Since ENIND's programmatic cycle covers a period of 12 years (2018-2030), RCM 61/2018 of 21 May established implementation measures between 2018 and 2021 for each of the plans.

In June 2022, the Commission for Citizenship and Equality (CIG) carried out an assessment of the execution of each of the plans, reflected in the ENIND Final Monitoring Report, 2018–2021

- The new Resolution of the Council of Ministers 92/2023 of 14 August reformulated the wording of the previous RCM (61/2018) and approved the aforementioned Action Plans for the period 2023–2026.

Previously, three NAPs were implemented between 2007–2017 specifically on FGM (I, II and III PAPEMGF). These NAPs created sector-specific guidelines and protocols, and were developed by participating professionals:

- I Programme of Action for the Elimination of Female Genital Mutilation (2007–2010), included in the III National Plan for Equality (2007–2010);
- II Programme of Action for the Elimination of Female Genital Mutilation (2011–2013), included in the IV National Plan for Equality, Citizenship and Gender and Non-discrimination (2011–2013);
- III Programme of Action for the Prevention and Elimination of Female Genital Mutilation (2014–2017), an integral part of the V National Plan to Prevent and Combat Domestic and Gender-based Violence (2014–2017).

Is there a proper independent monitoring & evaluation system in place?

- The monitoring and evaluation (M&E) system for Portugal's National Action Plans (NAPs) cannot be characterised as fully independent because it often relies on government-led or affiliated bodies for data collection and assessment, which can introduce bias or conflicts of interest.
- While mechanisms to track progress are present, they tend to lack the external oversight needed for true impartiality. Moreover, coordination between the various stakeholders involved in M&E is often insufficient, resulting in fragmented oversight and weak accountability.

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- A fully independent system would require a more robust involvement of external, neutral organisations that can provide unbiased reviews and hold implementing bodies accountable in a transparent manner.

The NAP was evaluated and the "Final Monitoring Report of ENIND (National Strategy for Equality and Non-Discrimination – Portugal + Equal) 2018–2021" was published in 2022.

Is there a proper budget allocated for the NAP?

- The National Strategy and its Action Plans do not have their own budgets.

- The measures in the National Strategy are implemented via the specific budgets of the organisations (mostly public bodies) responsible for their execution.

Implementation-related NGOs are supported by the coordinating body of the National Strategy (Commission for Citizenship and Equality - CIG) through grants, prizes, competitions, etc.

POLICY: Multi-agency Coordination Mechanism

Is there any multi-agency coordination mechanism on FGM?

Code	• Yes, there is an inter-agency coordination mechanism on FGM

Since 2023, the technical coordination of the National Strategy for Equality and Non-Discrimination (ENIND) Portugal + Equal 2018–2030 is led by CIG, now supported by a dedicated Technical Monitoring Committee to oversee the Action Plans, including three NGOs for each of the three plans.

The Commission for Citizenship and Gender Equality (CIG) coordinates the Thematic Working Group on FGM. This group was reinstated in 2019, after advocacy from national NGOs, to succeed the Intersectoral Working Group on FGM. The new working group (WG)—composed of 15 public bodies, 13 local authorities, and 12 NGOs—includes most of the organisations that made up the previous one, supplemented by new public bodies that prioritise ending FGM, such as the Border Police and the Regional Health Administration. For the first time, the WG includes local authorities from territories with the highest prevalence of FGM in the Greater Lisbon area (Lisbon, Amadora, Sintra, Loures, Odivelas, Almada, Seixal, Alcochete, Montijo, Moita, Barreiro, Oeiras and Cascais).

POLICY: Relevant professionals' duty to record

Is there a duty to record (register) FGM cases?

Code	• It is regulated but it is not mandatory

In 2012, the Ministry of Heath created the Health Data Platform (PDS), now renamed Electronic Health Registry - Portal for Professionals (RSE-PP) for professionals to record observations. The RSE-PP is used for public health purposes by nearly 400 health institutions, covering all the Portuguese primary care services and all the public hospitals.

The RSE-PP has a section for clinical data on FGM. The data that can be recorded for women subjected to FGM include: current age, date of registration, institution where registration is introduced, type of FGM (1, 2, 3, or 4), age and country where the procedure was performed, whether it was performed while in Portugal, where the woman was observed (medical check-up, hospitalisation, pregnancy, puerperium), and whether there were associated complications.

Female Genital Mutilation Registry Update 2023
Female Genital Mutilation Registry Update 2022
Female Genital Mutilation Registry Report 2018–2021
Female Genital Mutilation Registry Report 2014–2017

Are there limitations?

Code	• **Type of professional** • **In case of performed FGM**

- **Type of professional:**

Only medical professionals serving in public institutions are under an obligation to record data.

Note that only patients who have undergone FGM are recorded, and not girls and women at risk of FGM.

POLICY: Relevant professionals' duty to report

Is there a duty to report (notify to the authorities and intervene)?

Code	• Yes, there's a duty to report

- Doctors must alert the relevant authorities in the case of actual or planned FGM on a minor.

Specific reporting mechanisms for crimes committed against children are outlined in Law 147/99 (on the Protection of Children and Young People in Danger Act).

Are there limitations?

Code	• **Age of the victim**

- **Age of the victim:**

Only minors.

Portuguese healthcare professionals are required to adhere to the principle of confidentiality, but this doesn't apply when it comes to minors.

POLICY: Protection for persons at risk

Are there prevention/protection measures for persons at risk of being subjected to FGM?

Code	• Yes, there are prevention/protection measures

Procedural guidelines for health professionals, police, and child protection professionals are as follows:

Guideline 008/2021 from the General Health Directorate
These guidelines provide instructions or frameworks for healthcare practices, standards, or responses to specific health issues and community health about FGM.

- Adult Violence Prevention Teams (EPVA)

These teams are part of the Ministry of Health's Action Plan on Health, Gender, Violence, and Life Cycles (APHGVLC). This plan, coordinated by the Directorate General of Health, represents an integrated model for addressing interpersonal violence across all stages of life. One of the key objectives of this plan is to prevent FGM. To support the implementation of the Action Plan, multidisciplinary teams have been established in health centres and hospitals.

- Referral of newborns, children, or young people at risk of FGM:

For newborns at risk of FGM, Hospital Support Centres for Children and Youth at Risk (NHACJR) must coordinate with the Health Centres before discharge from maternity to ensure continued family monitoring. The referral should be made using the form from the “Practical Guide to Approach, Diagnosis, and Intervention - Maltreatment in Children and Youth”, in the health digital system. In Table C of the form, under the reason for referral, "Others" should be selected, with “Risk of Female Genital Mutilation” specified.

This signalling should also be used for children and young people of any age, whenever the risk of FGM is identified. In the digital information system for primary healthcare, in the Child Health module, family risk separator, a signalling form must be completed and sent to the relevant Support Centers for Children and Young People at Risk (NACJR) in the Health Centre. The family intervention and support plan must be performed by the health professionals of the Health Centre where the child's health is being monitored, with or without support from the Hospital Support Centre (NHACJR).

- Temporary suspension of custody of a parent:

Article 91 of Law 147/99 (Protection of Children and Young People at Risk Act), states:

1 - When there is a current or imminent danger to the life or serious compromise of the physical or mental integrity of the child or young person, and in the absence of consent from those holding parental responsibilities or from those who have de facto custody, any of the entities referred to in Article 7 or the protection committees shall take appropriate measures for their immediate protection and request the intervention of the court or the police authorities.

2 - The entity that intervenes under the terms of the previous paragraph shall immediately inform the Public Prosecutor's Office of the situations referred to therein or, when this is not possible, as soon as the cause for the impossibility ceases.

3 - Until the court's intervention is possible, the police authorities shall remove the child or young person from the danger in which they find themselves and ensure their emergency protection in a foster home, on the premises of the entities referred to in Article 7 or in another suitable location.

4 - The Public Prosecutor's Office, having received the communication made by any of the entities referred to in the previous paragraphs, shall immediately request the competent court to initiate urgent legal proceedings under the terms of the following article."
(Note that Article 92 refers to "urgent court proceedings".)

Border control:
As of 5 February 2020, the Foreigners and Border Service (SEF) adopted the Model for signalling and protecting victims in Portugal and when traveling to countries with Female Genital Mutilation/Cutting (FGM/C) and child, early and forced marriages.

The relevant measures include how to report suspicion that a child or young person/minor will travel to a third country to be subjected to FGM/C or a child, early, or forced marriage to the police, the local child protection services, or directly to the Public Prosecutor's Office. The latter has the power to initiate the process of prohibiting the child and young person/minor in danger from leaving the country.

A parent, or person who exercises parental responsibilities for the child and young person/minor, who is aware that he/she will travel to a third country to be subject to FGM/C or child, early or forced marriage, can communicate this fact directly to the SEF, expressing opposition to the minor's departure from the country.

Contact details:
E-Mail: DCID.UCIPD@sef.pt
Tel.: 808 202 653 (landline) / 808 962 690 (mobile)

When the child/young person at risk is leaving the Schengen area through the country:
-The Border Police can stop the departure of a child or a young person who has a ban by the competent judicial authority.
-The Border Police can also stop the departure of a child or young person in the event that one of the parents or a guardian expressly opposes the departure of the child/young person from the country.
-The Border Police can require an urgent procedure at the Family and Minors Court (or at the District Court) in situations where there are well-founded suspicions that a child or young person will leave the country to be subjected to FGM or a forced marriage.

Where it is not possible to prevent the departure of someone at risk, Cooperation Protocols may also be established with countries with recognised prevalence of the practice of FGM or early/forced child marriages, so that they can be accompanied by local authorities (in the destination country) in order to avoid being subjected to these practice

Are there limitations?

Code	• **Age of the person at risk** • **Not mandatory**

- **Age of the person at risk:**

Protection measures are mandatory for children and young people under the age of 18 or people in a particularly vulnerable situation.

- **Not mandatory:**

Protection measures are not mandatory for adults.

POLICY: Community engagement

Does the government have a formal system to engage with FGM-affected communities?

Code	• Yes, there is a formal system in place

The Thematic Working Group on FGM, coordinated by the Commission for Citizenship and Gender Equality (CIG). The WG integrates community-based organisations (CBOs) and the Guinea Bissau student organisation.

POLICY: Funding for initiatives to end FGM

Does the government have a funding scheme in place dedicated to activities to end FGM?

Code	• Yes, there is a dedicated funding scheme in place

Aside from funding for gender equality and combating violence against women, the government makes available biennial funding in the amount of €80,000 for NGOs to implement projects supporting the combatting and prevention of FGM.

In addition, in the context of programmes to combat FGM, the authorities have established a biannual offer of prizes, as an incentive for NGOs and CBOs (community-based organisations) to carry out preventive actions in communities at risk, as mentioned in the 2019 GREVIO Report.

Are there limitations?

Code	• **Sustainability of funding**

Only small grants on a project basis (short-term, for 12- to 18-month projects).

3. SERVICES: Holistic healthcare services

Is psychological, sexological and gynaecological care available to FGM survivors?

Code	• **Not all mentioned services are available**

Gynaecological services such as deinfibulation are mainly available during pregnancy and childbirth. Most women and girls who have undergone FGM are likely to only be referred to general services.
In the National Health Service (SNS), patients must be registered with some type of documentation, for example, a social security number or residence title/license etc. Exceptions are children, pregnant women, and victims of violence (e.g., domestic violence, human trafficking, or FGM).

Are there limitations?

Code	• **Type of service** • **Geographical barriers**

- **Type of service**: SNS provides psychological counselling and sexual counselling, but waiting lists tend to be long. Clitoral reconstruction is not available.
- **Geographical barriers:** Specialised services are only available in the Lisbon area.

SERVICES: Reconstructive surgery

Is it possible to get reconstructive surgery?

Code	• No, there is no reconstructive surgery available

Surgical interventions available in Portugal, but these do not extend to clitoral reconstructive surgery. Two hospitals in Lisbon (Maternidade Alfredo da Costa and Hospital Fernando da Fonseca) have gynaecology departments dealing with FGM-related issues surgically. New recommendations from the Directorate General of Health (DGS) with indications on reconstructive surgery will soon be published..

Are there limitations?

Code	• **Nationality, residence or migration status**

N/A

SERVICES: Reception conditions

Do reception conditions address the needs of FGM-survivors asylum seekers in terms of gender-sensitivity and access to adequate specialised services?

Code	• No

Law 27/2008, of 30 June

- Article 2 of the Asylum Act provides a non-exhaustive list of applicants with an increased vulnerability risk profile (including FGM) that could present a need for special reception conditions.

-However, there are no specific mechanisms, standard operating procedures, or units in place to systematically identify asylum seekers in need of special reception conditions.

- Age assessment procedures for identifying unaccompanied children are the only exception.

-Asylum seekers who present vulnerabilities entailing special reception needs must be identified by the Portuguese Refugee Council (CPR) within a reasonable period of time after registration.

-In 2017, based on The Time For Needs project: Listening, Healing, Protecting, the CPR disseminated tools and research findings to help identify and respond to the special procedural and reception needs of survivors of torture and/or serious violence. However, there is no evidence that this is being utilised (p 156).

-Ongoing gaps in centralised reception have resulted in chronic overcrowding, which affects living conditions and the capacity of staff to respond.

- Referral to the national health service (SNS) for health assessments and care, including differentiated care. However, there are referral capacity constraints from CPR due to overcrowding and other challenges, particularly for mental health care and certain categories of specialised medical care.
- Measures to avoid sexual and gender-based violence and harassment in reception centres and other housing are provided to asylum seekers.

For more information, please see the Portuguese country report on AIDA

SERVICES: Training of relevant professionals

Are professionals trained on FGM?

Code	• **Yes, but FGM modules in education/training curriculum of professionals are optional**

A postgraduate course available to health professionals in Sexual and Reproductive Health and FGM in Lisbon Regional Health Administration (one day per week on Friday, around 30 students per year, including doctors, nurses, midwives, and psychologists) is organised in cooperation with the Ministry of Health, APF, and the Schools of Nursing from Lisbon and Setúbal. At the end of the year, professionals must implement a project in the affected communities to get their degree. These professionals can also become trainers, particularly to other health professionals, in the territories where they work.
In December 2021, a new edition of the course began at the National School of Public Health (ENSP), within the scope of a protocol established with the Lisbon Regional Health Administration and the Directorate General of Health.

Since 2013, six cycles of the postgraduate course have been held, with a total of 180 health professionals.

- The Judicial Studies Centre (CEJ) carried out a training for judiciary members. Protection Officers dealing with children and young people at risk have also benefited from training.

Are there limitations?

Code	• **Non-mandatory** • **Geographical Barriers**

- **Non-mandatory:**

Professionals are not obliged to seek training on FGM. However, more training has been made available in the Lisbon region, with a significant focus on training health professionals, especially in the metropolitan area, which has the highest prevalence of FGM.

- **Geographical barriers:**

Training is mostly available in the Lisbon area.

SERVICES: Advice and Support

Public institutions

CIG – Comissão para a Cidadania e a Igualdade de Género
Address: Rua Almeida Brandão, 7, 1200-602 Lisboa
Phone number: (+351) 217 983 000
Email: cig@cig.gov.pt
Website: https://www.cig.gov.pt

DGS – Direção Geral da Saúde | Divisão de Saúde Sexual, Reprodutiva, Infantil e Juvenil Address: Alameda D. Afonso Henriques, 45, 1049-005 Lisboa 54
Phone number: (+351) 21 843 05 00
Email: secretariado.dsr@dgs.pt
Website: https://www.dgs.pt

CNPDPCJ – Comissão Nacional de Proteção dos Direitos e Proteção das Crianças e Jovens Address: Praça de Londres, 2, 2º, 1049-056 Lisboa
Phone number: 300 509 717 | 300 509 738
Helpline Linha Crianças em Perigo: (+351) 96 123 11 11
Email: CNPDPCJ.presidencia@cnpdpcj.pt
Website: https://www.cnpdpcj.gov.pt/inicio

AIMA - Agência para a Integração, Migrações e Asilo
Address: Avenida António Augusto de Aguiar, 20, 1069-119 Lisboa
Phone number: (+351) 218 106 191
Email: geral@aima.gov.pt
Website: https://aima.gov.pt/pt

NGOs

APF - Associação para o Planeamento da Família
Address: Avenida João Paulo II – Lote 565 – R/C – 1950-154 Lisboa
Phone number: (+351) 21 385 39 93
Email: apfsede@apf.pt
Website: https://apf.pt

Associação Mulheres sem Fronteiras
Address: Casa das Associações, Parque Infantil do Alvito, Estrada do Alvito, Monsanto, Lisboa
Phone number: (+351) 960 398 578
Email: info.mulheres.sem.fronteiras@gmail.com
Webpage: www.facebook.com/mulheressemfronteiras

P & D Factor – Associação para a Cooperação sobre População e Desenvolvimento
Address: (+351) 91 016 28 29
E-mail: info@popdesenvolvimento.org
Website: http://popdesenvolvimento.org

Immigrant associations representing FGM-affected communities
Associação dos Filhos e Amigos de Farim
Address: Rua Diogo Cão, 8, Loja Esquerda, Bairro 1.º de Maio, 2745-263 Monte Abraão
Phone number: (+351) 21 155 18 43 | (+351) 96 574 47 37
Email: geral@afafc.pt
Website: https://www.afafc.pt

Associação Guineense de Solidariedade Social
Address: Av. João Paulo II, Lote 528 – 2 Chelas, 1950-430 Lisboa
Phone number: (+351) 21 837 04 36/05 97
Email: aguinenso@gmail.com
Webpage: https://www.facebook.com/associacao.aguinenso/?locale=pt_PT

Balodiren – Associação de Solidariedade e Apoio à Comunidade Guineense
Address: Av. Santa Marta, 40, 6°B, 2605-698 Casal de Cambra
Phone number: (+351) 963 578 193
Email: abalodiren@gmail.com

4. DATA: FGM prevalence

Are there surveys and/or estimations to calculate the FGM prevalence in the country?

Code	• Yes

1. Lisboa, M. et al, (2015). Female Genital Mutilation: Prevalence, socio-cultural dynamics and recommendations for its elimination. Final report. Lisbon: FCSH-UNL.

This study largely relied on the 2011 Portuguese Census data and assessed the prevalence of FGM in Portugal among women of reproductive age (15–49 years) and among all women aged ≥15 years, as well as the number of girls aged <15 years living in Portugal who have undergone or will probably undergo FGM/C. According to this study, 6,576 women ≥15 years have undergone FGM.

By whom was the data collected?

Code	• **NGOs** • **Academics**

- **NGOs/Academics:** Researchers from the Interdisciplinary Centre for Social Sciences, Faculty of Social and Human Sciences, New University of Lisbon. The study was commissioned by the Royal Society for Public Health (RSPH), an independent, multidisciplinary charity for improving public health. This was the first extensive national study on FGM in Portugal.

DATA: Risk of FGM

Are there surveys and/or estimations to calculate how many girls are at risk of FGM in the country?

Code	• Yes

European Institute for Gender Equality (EIGE), 2015, Estimation of girls at risk of female genital mutilation in the European Union: Female Genital Mutilation risk estimation in Portugal

The estimated number of girls (aged 0–18) living in Portugal in 2011 who were at risk of FGM was 1,365 (high scenario).

By whom was the data collected?

Code	• **EIGE**

1. EIGE, with the approval of the Portuguese government.

DATA: National register on FGM cases

Is there a national register centralising all FGM cases?

Code	• Yes

In 2012, the Ministry of Health created the Portuguese Health Data Platform (PDS), now renamed the Electronic Health Registry - Portal for

Professionals (RSE-PP), where health professionals can record observations.
The RSE-PP allows for the recording of data on women subjected to FGM, including current age, registration date, type of mutilation, country where it was performed, whether it occurred in Portugal, location of observation, and any associated complications.

The data is available up to 2023 at Female Genital Mutilation Registry Update 2023

More detailed information can be found in the section of this country page called “Protection for persons at risk”.

DATA: FGM asylum requests/cases

Is there a data collection system put in place to record asylum cases requested and/or granted on grounds of FGM?

Code	• **Yes, ONLY for asylum requests or ONLY for granted asylum**

-Who is responsible for data collection and centralisation?

The Observatory on Migration (OM) of the Agency for Integration, Migration and Asylum (AIMA) collects annual data on asylum requests based on specific protection needs. A migration and asylum report is published annually in December. Latest report: Migration and Asylum Report 2023.

5. MILESTONES & GOOD PRACTICES:
Milestones

Are there any milestones in ending FGM in the country that may have not been covered in the above sections?

Code	• No • No information

N/A

Good practices

Code	• Yes

Dedicated funding scheme
NGOs can apply for funding under the "Projects to support FGM Combat and Prevention" scheme, for projects lasting 12 to 18 months, on a biennial basis and a total budget of €80,000. Additionally, authorities offer biannual prizes to incentivise NGOs and community-based organisations (CBOs) to carry out preventive actions in at-risk communities.

Single record (register) on FGM cases
Public healthcare professionals are required to record FGM cases in the patient's clinical file and in the national database, the Electronic Health Registry - Portal for Professionals (RSE-PP).

The RSE-PP—created by the Ministry of Health in 2012 and initially called the Health Data Platform (PDS)—is used by nearly 400 health institutions including all Portuguese primary care services and public hospitals. It has a specific place to record FGM-related clinical data. Recorded information includes the woman's age, registration details, type of mutilation, country where it occurred, and any associated complications.

Border control:

On 5 February 2020, the Foreigners and Borders Service (SEF) introduced procedures for identifying and protecting victims in Portugal and those traveling to countries with FGM and child, early, and forced marriages. The key measures include:

- Suspicions of a child or minor traveling to undergo FGM or forced marriage should be reported to the police, local child protection services, or the Public Prosecutor's Office. The latter can prohibit the child's departure from the national territory
- A parent aware of such travel can notify SEF and oppose the child's departure.
- The Border Police can also stop the departure of a child or young person in the event that one of the parents or a guardian expressly opposes the departure of the child/young person from the country.

In cases where departure of the person at risk cannot be prevented, cooperation protocols with destination countries may ensure local authorities monitor the situation to protect the person at risk.

CODING SYSTEM

- Green (Yes)
- Blue (Yes, but it is partially/not covered by the health insurance)
- Orange (Yes, but it is partially/not covered)
- Purple (subnational level)
- Red (No)
- Grey (No information)