



**REPUBLIC OF THE GAMBIA**

National Assembly, New Assembly Building, Rev. Pye Lane  
Banjul, The Gambia



**REPORT OF THE**

**JOINT COMMITTEE OF HEALTH AND**

**GENDER**

**ON THE**

**WOMEN'S (AMENDMENT) BILL 2024**

**JULY, 2024**

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## **ACKNOWLEDGEMENT**

The Joint Committee of Health and Gender register its appreciation to the Office of the Clerk of The National Assembly for providing the logistics and support staff that gave their best to enable the Committee to complete its work. This has invaluable contributed to enabling the Committee to perform its responsibilities as mandated by Section 109 of the Constitution of the Republic of the Gambia, 1997.

The Committee acknowledged the efforts of the sponsor of the Bill, Honourable Almameh Gibba, for the steadfast in exercising his democratic constitutional right.

The Joint Committee is equally grateful to all other stakeholders and witnesses who took time to scrutinise the Bill and testify before the Joint Committee as well as their written submissions or position papers on the subject matter. These has demonstrated competence, dedication, professionalism, and objectivity in giving valuable evidence which enriched the work of the Joint Committee in considering the Bill.

The Joint Committee also wish to acknowledge support from the Office of the Clerk and partners in supporting the Joint Committee to embark on a benchmarking visit to Egypt to learn best practices and legislation around the subject matter.

Finally, the Committee wishes to commend all the Honourable Members, Subject Matter Specialists and the Support Staff for demonstrating a high sense of commitment and dedication throughout the exercise.

## **INTRODUCTION**

The Assembly during its sitting of Monday 04<sup>th</sup> March, 2024 in the First Ordinary Session of the 2024 Legislative Year witnessed the introduction of a Bill entitled “Women’s (Amendment) Bill, 2024” by the National Assembly member for Foni Kansala, Honourable Almameh Gibba.

On a motion for the Bill to be read a second time, the general merits and principles of the Bill was debated. The Bill was read for the second time, and it was referred to the Assembly Business Committee for Committal to the relevant Committee in accordance with the Standing Orders. The Assembly Business Committee then referred the Bill to a Joint Committee of Health and Gender. The Joint Committee was tasked to consider and scrutinise the Bill and present its findings and recommendations to the Assembly.

Accordingly, the Joint Committee engaged in a thorough review process, to meticulously examine each of the proposed amendments together with the overarching objectives and ramifications of the proposed legislation. Expert and relevant stakeholders’ opinion were sought to ensure a well-informed scrutiny.

The Joint Committee having considered and scrutinised the Bill together with all the experts and witness testimonies, hereby present its finding, observation and recommendations contained in this report.

## **MANDATE OF THE COMMITTEE**

In accordance with Order 69 of the Standing Orders, the mandate of the Joint Committee was to:

- a) consider and scrutinise the Women (Amendment) Bill, 2024;
- b) Identify witnesses and gather evidence on clause-by-clause consideration of the Bill;
- c) Record the opinion of the Joint Committee on each clause of the Bill focusing on any proposed amendment;
- d) Consider amendments in the order in which they stand in the Bill; and
- e) Provide a report comprising a summary of the evidence gathered from the witnesses, the opinion of the Joint Committee on the clauses of the Bill and the amendments proposed.

## **PROCEEDINGS**

The Joint Committee relied on the testimonies of witnesses and the position papers presented to it to review the proposed amendment clauses of the Bill, clause-by-clause, taking cognisance of the overall objective and ramifications of the proposed amendment Bill.

Cross references were made to ensure that the content of the Bill was in conformity with the 1997 Constitution of the Republic of the Gambia, 1997 and other laws of The Gambia.

## **WOMEN'S (AMENDMENT) BILL, 2024**

A BILL ENTITLED

AN ACT to further amend the Women's Act, and for connected matters.

ENACTED by the President and the National Assembly.

[            ]

### **1. Short title**

This Act may be cited as the Women's (Amendment) Act, 2024.

### **2. Amendment of Cap. 33:01**

The Women's Act (hereafter referred to as the "Principal Act") is further amended as set out in this Act.

### **3. Amendment of section 32A**

**Section 32A of the Principal Act is deleted.**

### **4. Amendment of section 32B**

**Section 32B of the Principal Act is deleted.**

## **OBJECTS AND REASONS OF THE BILL**

This Bill seeks to lift the ban on female circumcision in The Gambia, a practice deeply rooted in the ethnic, traditional, cultural, and religious beliefs of the majority of the Gambian people. It seeks to uphold religious purity and safeguard cultural norms and values. The current ban on female circumcision is a direct violation of citizens' rights to practice their culture and religion as guaranteed by the Constitution. Given The Gambia's predominantly Muslim population, any law that is inconsistent with the aspirations of the majority of the people should be reconsidered.

Female circumcision is a culturally significant practice supported by Islam, with clear proves of the teachings from our Prophet (S.A.W). It is to be noted that the use of laws to restrict religious or cultural practices, whether intentional or otherwise, can lead to conflict and friction. Interestingly, the continued existence of the ban on female circumcision and penalizing practitioners has directly contradicted the broader principles of the United Nations, which encourages, through its agencies, the preservation and practice of cultural

and historical heritages. It is important to challenge the terminology used by antifemale circumcision movements, who label the practice as "mutilation." Properly conducted circumcision, as per religious guidelines and teachings, is not and cannot be deemed mutilation. Emphasising this distinction is crucial in addressing concerns raised by activists. Revoking the ban on female circumcision will allow people to indulge in the practice with all its precautions, guided by religion, diligence, and care.

## Definition of Female Genital Mutilation

According to the evidences received, Female Genital Mutilation or Cutting (FGM/C) is the partial or complete removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It is understood to be a deep-rooted traditional belief and practice, considered as a rite of passage in preparing young girls for marriage.

According to the 2015 Women's (Amendment) Act, Female Circumcision includes;

- (a) The excision of the prepuce with partial or total excision of the clitoris (clitoridectomy);
- (b) The partial or total excision of the labia minora;
- (c) The partial or total excision of the external genitalia (of the labia minora and the labia majora), including stitching;
- d) The stitching with thorns, straw, thread, or by other means in order to connect the excision of the labia and the cutting of the vagina and the introduction of corrosive substances or herbs into the vagina for the purpose of narrowing it;
- (e) Symbolic practices that involve the nicking and pricking of the clitoris to release drops of blood; or
- (f) Engaging in any form of female genital mutilation or cutting".

In most cultures in The Gambia, FGM/C is performed on girls between the ages of two weeks to five years. FGM/C has serious health and reproductive health consequences affecting the health and wellbeing of girls and women. It is important to note that for male circumcision it is the fore skin that is being removed whilst FGM/C is it the female organs that are very sensitive with nerves that are being cut.



## **SCRUTINY, FINDINGS AND RECOMMENDATIONS**

### **ORAL AND WRITTEN EVIDENCE OF WITNESSES**

The Joint Committee consulted various witnesses; the overwhelming consensus among them was against the repeal of the ban on Female Genital Mutilation or Cutting (FGM/C). Their testimonies underscored the imperative of upholding legal and human rights frameworks, emphasizing the severe health implications and entrenched cultural factors associated with FGM/C.

These perspectives reinforce the necessity of continued efforts to combat FGM/C and protect the rights and well-being of affected individuals.

### **JUSTIFICATION FOR SUPPORTING THE REPEAL OF THE ACT**

#### **1. Religious Beliefs:**

Some of the witnesses interpreted the legality of female circumcision within Islamic guidelines, but condemned the harmful practices associated with it and advocated for a balanced approach that respects religious beliefs while safeguarding women's well-being.

However, many Islamic scholars consulted by the Joint Committee within and outside of the country stated that female genital mutilation/circumcision is a custom and not one of the rituals of Islam, whereas male circumcision is part of the rituals of Islam. This clearly clarifies that FGM/C lacks a religious basis, supporting advocacy and educational efforts based on Islamic belief.

The claims of FGM/C being a Sunna (tradition of the Prophet) are refuted by the lack of authenticity of the Hadith. It was also stated that the Narrations describing the Prophet (PBUH) advising a woman performing FGM/C "not to cut too much" were misinterpreted by some scholars. This absence of credible religious justification further weakens the argument for FGM/C, highlighting it as a harmful cultural practice rather than a religiously mandated one.

The Joint Committee is of the opinion and receives evidence supporting that, even if the hadith was authentic, there is more authenticated hadith that prohibit harmful practices to individual health.

## **2. Cultural Tradition:**

The Gambia, like many African nations, has deep-rooted cultural traditions therefore supporting the repeal shows respect and will help empower the communities to manage their cultural practices. They also acknowledge that cultural change is gradual and should come from within communities, rather than through legislative coercion.

### **2.1 Preservation of Virginit**

In some cultures, FGM/C is believed to preserve a girl's virginity and purity before marriage. It is seen to control women's sexuality and prevent premarital or extramarital acts.

The Joint Committee is of the opinion that such a submission is not backed by any scientific evidence, and in fact the practice has been proven by medical experts that it affects women sexuality.

### **2.2 Hygiene and Cleanses**

It is also believed that FGM/C promotes hygiene and cleanliness by removing the "unclean" parts of a woman's body. It is believed to prevent infections and diseases, although there is no scientific evidence to support this claim.

### **2.3 Economic and Monetary Gain**

For some circumciser, FGM/C is used as a means of gaining revenue for sustenance. Due to this monetary gain, circumcisers are reluctant to abandon the practice.

The Joint Committee is of the opinion that an individual economic gain must not outweigh the harmful effects of the practice on the girl child.

In spite of all these arguments, the Joint Committee is of the opinion that cultural or traditional practice must not impinge on the rights and freedoms of others, especially their health rights.

## **JUSTIFICATIONS AGAINST THE REPEAL OF THE ACT**

### **1. National, Regional and International Conventions and Laws**

The Gambia has also enacted domestic laws, in particular, the Children's Act of 2005 and the Women's Amendment Act of 2015 and its amendment of 2015 on the prohibition of FGM, reflecting the country's commitment to protecting its women and girls from this

harmful practice which is a gross violation of their human rights. The repeal of the Women's Amendment Act of 2015 would also violate the fundamental rights and freedoms provided for under Chapter 4 of the Constitution as the cultural practice of FGM/C contravenes the provisions contained therein. Chapter 4 of the 1997 Constitution of The Republic of the Gambia protects fundamental rights and freedoms, in particular, the following sections;

- Section 18 – The Right to Life - In certain instances, the practice of FGM has even led to the death of girls and women thereby violating this fundamental right.
- Section 21 - No person shall be subject to torture or inhuman degrading treatment. Traumatic way the practice is carried out as recounted by many survivors.
- Section 28 – Rights of Women to Dignity - Women shall be accorded full and equal dignity of the person with men.
- Section 29 – Right of Children Which also provides that 'legislation enacted in the best interest of children.
- Section 33 – Protects from discrimination and further provides under Section 33(2) that 'no law shall make any provision which is discriminatory either of itself or in its effect.

Furthermore, the Gambia is a signatory to the Conventions on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Declaration and Platform for Action (BDPA) 1995, the Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC), the African Union Solemn Declaration on Gender Equality in Africa (SDGEA) and the Maputo Protocol.

The Gambia ratified the CRC on 9 August 1990, CEDAW on 6 April 1993, the African Children's Charter on 14 December 2000, and the Maputo Protocol on 25 May 2005. It enacted the Women's Act in 2010 and the subsequent Women's (Amendment) Act in 2015.

## **2. Violation of the Right to Health:**

The right to health is a fundamental human right for all which is guaranteed in the 1997 constitution and several international and regional instruments The Gambia is party to. The repeal of the law would allow the continued practice of FGM/C which is a serious violation of the right to health and is proven to be causing severe physical and emotional harm to women and girls. The procedure is often performed without proper medical care, leading to complications such as bleeding leading to shock, transmission of infection, injuries to adjacent organs, dyspareunia, anorgasmia, Para clitoral cyst and chronic pain. It also poses obstetric risks such as prolonged labour, increased caesarean section rates, increased rates of episiotomy, perineal tears, postpartum haemorrhage and increased perinatal complications.

In some circumstances, FGM/C has even led to death thereby violating the "Right to Life" as provided for under Section 18 of the Constitution. FGM/C survivors in The Gambia and

different parts of the world have given account of the psychological effects of the practice on them due to the inhumane and traumatic way it is carried out. Such recounts indicate a violation of the right to the highest attainable standard of physical and mental health.

### **3. Setback for Gender Equality in The Gambia:**

FGM/C is a human right violation and also a deeply rooted practice that discriminate based on sex, gender, age and other grounds which expressly contradicts the principle of 'non-discrimination' provided in section 33 of the 1997 Constitution. Repealing the law would be a significant setback for The Gambia's efforts to enhance the welfare of women and girls in the country along with attaining their economic empowerment.

### **4. Community Development:**

Rejecting the repeal of the law is essential for promoting progressive social change and community development. It encourages dialogue, education, and awareness-raising initiatives to challenge harmful cultural norms and practices that affect women and girls in society.

The committee is of the opinion that the National Assembly thrives for a more enlightened and inclusive society where everyone can live freely from violence and discrimination.

### **STUDY TOUR CAIRO, EGYPT.**

The study tour to Egypt, conducted by Members of the Joint Committee of Gender and Health and other Parliamentarians from June 9th to 14th, 2024, aimed to explore the strategies, policies, and community practices that have effectively addressed Female Genital Mutilation (FGM) in Egypt. The delegation met various religious leaders and experts from Al Azhar University, Egyptian National Council for Women, Members of parliament and Civil society members. The delegation comprised Hon. Members of the Joint Committee on Health and Gender, other National Assembly Members, and Support Staff of the National Assembly. The visit sought to gather insights and best practices to make informed decisions regarding FGM.

The history of female genital mutilation (FGM) in Egypt is marked by a transition from traditional practices to medicalization, followed by legislative efforts aimed at eradication. In the mid-20th century, FGM began to be medicalized to reduce severe complications, allowing health professionals to perform circumcisions. By 1994, the Egyptian Ministry of Health permitted FGM under certain medical conditions. Notably, Egypt, along with other African and Middle Eastern countries, had high rates of medicalized FGM, with 79% of procedures in 2015 conducted by medical professionals. This shift aimed to reduce health risks but inadvertently legitimized the practice.

Significant legislative progress occurred in 1996 when a decree prohibited FGM in government health facilities. This was expanded in 2007 to ban all forms of FGM by both medical and non-medical personnel. In 2008, amendments to the Child Law explicitly criminalized FGM, and further amendments in 2016 and 2020 increased penalties and extended accountability. Despite these comprehensive legal measures, enforcement challenges and deep-rooted cultural norms persist. Ongoing efforts by the government, NGOs, and international organizations aim to change societal attitudes and ensure the law is upheld. This underscores the importance of strong legal frameworks and sustained public education.

The study tour aimed to understand Egypt's strategies and legislative frameworks against FGM, learn from successful programs, observe community-based interventions, and study healthcare approaches to prevent and treat FGM-related complications. Discussions covered the scientific background of FGM, its medicalization, and ethical concerns, as well as the negative consequences of the practice. Religious perspectives clarified that FGM lacks a basis in Islam, supporting advocacy against it. National efforts to combat FGM were highlighted, emphasizing the crucial role of political leaders and parliamentarians in engaging communities and supporting the elimination of FGM.

## **Lessons Learned**

### **1. Female Genital Mutilation is not Islamic but a Custom/Traditional Belief:**

FGM is rooted in cultural traditions rather than religious teachings. Islamic scholars have clarified that it is not a requirement of Islam, helping to debunk the myth that it has religious significance. This understanding can aid in changing community attitudes towards the practice.

### **2. All Islamic Scholars Speak with One Voice to Produce an Overall Fatwa Against FGM:**

Islamic scholars in Egypt have issued a unified fatwa against FGM, declaring it non-Islamic and harmful. This consensus provides a strong religious foundation for anti-FGM advocacy. It supports efforts to educate communities and discourage the practice.

### **3. FGM is More of a Humanitarian Issue than a National Issue:**

FGM is primarily a violation of human rights, impacting the health and well-being of women and girls. Addressing it requires a focus on its humanitarian aspects rather than just national legalities. It calls for global attention and coordinated human rights efforts.

#### 4. The Gambia's Act Against FGM is Far Better than the Egyptian Law:

The Gambia's legislation against FGM is more comprehensive and effective compared to Egypt's. It includes stringent penalties and robust enforcement measures. This highlights the need for stronger legal frameworks and enforcement in Egypt.

#### 5. FGM is Not Performed in Saudi Arabia; Therefore,

They Have No Information Regarding FGM: FGM is not a common practice in Saudi Arabia, resulting in limited information on the subject. This indicates that FGM is not universally tied to Islamic practice. It underscores the cultural rather than religious basis of FGM.

#### 6. Prophet Muhammad's (PBUH) Daughters Were Not Circumcised:

Historical evidence shows that the daughters of Prophet Muhammad (PBUH) were not subjected to FGM. This fact helps to refute the notion that FGM is a religious obligation in Islam. It provides a strong argument for anti-FGM advocacy based on religious history.

### **RECOMMENDATIONS OF THE JOINT COMMITTEE**

The Joint Committee having considered and scrutinise the Bill and heard various experts and opinions, hereby recommends as follows:

1. That the Women (Amendment) Act, 2015 should be maintained to prohibit female circumcision in all forms of whether genital mutilation or cutting in The Gambia.
2. Protect Women's Health and Well-being: Repealing the ban on FGM/C would expose women and girls to severe health risks and violate their right to physical and mental well-being. The practice of FGM/C has been consistently linked to numerous health complications, including chronic pain, infections, obstetric risks, and psychological trauma. Preserving the ban is essential for safeguarding the health and dignity of women and girls in The Gambia.
3. Promote Gender Equality and Social Development: The continuation of FGM/C perpetuates harmful gender inequalities and discrimination against women and girls. By maintaining the ban, The Gambia can reaffirm its commitment to gender equality and promote social development by challenging harmful cultural norms and

practices. Rejecting the repeal of the FGM/C ban is crucial for fostering an inclusive society where everyone can thrive free from violence and discrimination.

4. **Legal Support and Protection:** Girls and women who are at risk or have undergone FGM/C should have access to legal support and protection. This includes access to shelters, counselling, and other support services.
5. **Research and Data Collection:** Continued research and data collection are necessary to understand the prevalence of FGM/C, its impact on individuals and communities, and the effectiveness of interventions aimed at preventing and addressing it.
6. **Legislation and Policy:** Government should enforce law as well as issue clear policy directives prohibiting FGM/C and provide continued legal protections for girls and women at risk.
7. **Awareness and Education:** Comprehensive public awareness campaigns and educational programmes should be implemented to raise awareness about the harmful effects of FGM/C and promote gender equality and women's rights.
8. **Healthcare Interventions:** Healthcare providers should be trained to recognise and address the physical and psychological consequences of FGM/C. They should also provide support and medical care for girls and women who have undergone FGM/C.
9. To clearly ban any attempt to medicalize the practice of FGM/C.

## **CONCLUSION**

The Gambia's commitment to national, regional, and international conventions, such as CEDAW, CRC, and the Maputo Protocol, reflects its dedication to eliminating discrimination and promoting gender equality.

The practice of Female Genital Mutilation or Cutting (FGM/C) directly violates these commitments by infringing upon the fundamental right to health and causing severe physical and psychological harm to women and girls. Allowing FGM/C to continue undermines gender equality and perpetuates, abuse, and discrimination, contradicting the principles enshrined in the 1997 Constitution. Repealing laws against FGM/C would not only violate human rights but also hinder community development and the country's progress towards a more inclusive and equitable society.

It is essential to uphold and enforce laws against FGM/C to protect women's and children's rights and foster a progressive social change in The Gambia.



## COMPOSITION OF THE COMMITTEE

### HONOURABLE MEMBERS

- |     |                          |   |                  |
|-----|--------------------------|---|------------------|
| 1.  | Hon. Amadou Camara       | - | Co-Chairperson   |
| 2.  | Hon. Fatoumata Njai      | - | Co- Chairperson  |
| 3.  | Hon. Fatou Cham          | - | Vice-Chairperson |
| 4.  | Hon. Modou Lamin B Bah   | - | Vice-Chairperson |
| 5.  | Hon. Gibbi Mballow       | - | Member           |
| 6.  | Hon. Musa Badjie         | - | Member           |
| 7.  | Hon. Pa Dembo Sanneh     | - | Member           |
| 8.  | Hon. Amie Colley         | - | Member           |
| 9.  | Hon. Bakary Kora         | - | Member           |
| 10. | Hon. Abdoulie Ceesay     | - | Member           |
| 11. | Hon. Omar Darboe         | - | Member           |
| 12. | Hon. Dawda Jeng          | - | Member           |
| 13. | Hon. Suwaibou Touray     | - | Member           |
| 14. | Hon. Kebba T Sanneh      | - | Member           |
| 15. | Hon. Sulayman Saho       | - | Member           |
| 16. | Hon. Alhagie Mbow        | - | Member           |
| 17. | Hon. Maimuna Ceesay      | - | Member           |
| 18. | Hon. Fatoumata K. Jawara | - | Member           |

### SUBJECT MATTER SPECIALISTS

- |    |                     |   |     |
|----|---------------------|---|-----|
| 1. | Dr. Yahya Bah       | - | SMS |
| 2. | Alpha Jallow        | - | SMS |
| 3. | Aminata LR Ngum     | - | SMS |
| 4. | Fatou Sosseh Jallow | - | SMS |
| 5. | Tabaski Njie        | - | SMS |

### SUPPORT STAFF

- |    |                     |   |                  |
|----|---------------------|---|------------------|
| 1. | Sarata Bojang       | - | Committee Clerk  |
| 2. | Modou Sillah        | - | Committee Clerk  |
| 3. | Fatoumata K. Sisawo | - | Research Officer |

### WITNESSES


- |    |                    |   |                     |
|----|--------------------|---|---------------------|
| 1. | Isatou Dea Sawaneh | - | Victim and Survivor |
| 2. | Emily Joof         | - | Tostan              |
| 3. | Sarata Jobateh     | - | Survivor            |
| 4. | Takoh Kandeh       | - | Survivor            |
| 5. | Mama Jabbie        | - | Survivor            |
| 6. | Mariama Fatajo     | - | Survivor            |
| 7. | Fatou L Sonko      | - | Survivor            |
| 8. | Mai Njie           | - | Survivor            |

9.	Kalla Sonko	-	Survivor
10.	Fatou Sillah	-	Survivor
11.	Mariama Kanteh	-	Survivor
12.	Mariama Camara	-	Survivor
13.	Michelle Mendy	-	Advocate
14.	Anta Jobateh	-	Survivor
15.	Penda S Bah	-	Survivor
16.	Mariama Sanyang	-	Think Young Women
17.	Isatou Bah	-	Think Young Women
18.	Binta O Bojang	-	Think Young Women
19.	Binta Ceesay	-	Islamic Enlighten
20.	Fatou Khoureyehi	-	Islamic Enlighten
21.	Kabirou F Dampha	-	Islamic Enlighten
22.	Kalipha Dampa	-	Islamic Enlighten
23.	Hawa Drammeh	-	Islamic Enlighten
24.	Ada Jami Camara	-	Islamic Enlighten
25.	Nyimasatou Jarju	-	Islamic Enlighten
26.	Neneh Fadera	-	Islamic Enlighten
27.	Bilkis Sillah	-	Islamic Enlighten
28.	Hada Jara Mbye	-	Islamic Enlighten
29.	Sally Bojang	-	Islamic Enlighten
30.	Mariama Njie	-	Islamic Enlighten
31.	Natouma Cessay	-	Islamic Enlighten
32.	Karamo Cessay	-	Islamic Enlighten
33.	Hawa Sillah	-	Women's Association for Islamic Solidarity
34.	Aisha Dampha	-	Women's Association for Islamic Solidarity
35.	Nyimansata Keita	-	Women's Association for Islamic Solidarity
36.	Zalika Jarju	-	Women's Association for Islamic Solidarity
37.	Fatoumata Ndong	-	Women's Association for Islamic Solidarity
38.	Solomon Adibuni	-	Child Protection Alliance
39.	Fanta Badjie	-	Child Protection Alliance
40.	Lamin Fatty	-	Child Protection Alliance
41.	Mr. Fallu Sowe	-	Network Against Gender Base Violence
42.	Baboucarr Mbye	-	Network Against Gender Base Violence
43.	Dr Babanding	-	Network Against Gender Base Violence
44.	Halimatou Jallow	-	Network Against Gender Base Violence
45.	Adela Faye Colley	-	Action aid The Gambia
46.	Isatou Jallow	-	Action Aid The Gambia
47.	Abdou A Kanteh	-	Paradise Freelancer
48.	Daniel Okello	-	UNICEF
49.	Momat Jallow	-	UNICEF
50.	Yassin Senghore	-	Female Lawyers Association
51.	Anna Njie	-	Female Lawyers Association

52.	Fatou E. H Jarra	-	GAMCOTRAP
53.	Momodou Keita	-	GAMCOTRAP
54.	Isatou Touray	-	GAMCOTRAP
55.	Dr. Adriana Kaplan	-	Wassu Kafo
56.	Mariama Sarr	-	Wassu Kafo
57.	Fatou Nyang	-	Wassu Kafo
58.	Alieu Saine	-	Nyang Sanneh Institution
59.	DR Anna Njie	-	Medical Women Association
60.	Vivian Khumbah	-	Medical Women Association
61.	DR Saffie Jammeh	-	Medical Women Association
62.	DR Bintou Njie	-	Medical Women Association
63.	DR Ama Unesi	-	Medical Women Association
64.	Momodou Njie	-	Gambia Family Planning Association
65.	Kassamanding Touray	-	Gambia Family Planning Association
66.	Lamin S Kinteh	-	Gambia Family Planning Association
67.	DR Cherno Jallow	-	Consultant
68.	DR Abdoulie Keita	-	Ministry of Health
69.	DR Mustapha Bittaye	-	Ministry of Health
70.	DR Momodou T Nyassi	-	Ministry of Health
71.	Saffiatou Nyang	-	Ministry of Justice
72.	Aminata L. B Cessay	-	National Human Rights Commission
73.	Emmanuel Joof	-	National Human Rights Commission
74.	Matida Mendy	-	National Human Rights Commission
75.	Jainaba John	-	National Human Rights Commission
76.	Kajali Sonko	-	Ministry of Gender, Children and Social Welfare
77.	Roheyatou Kah	-	Ministry of Gender, Children and Social Welfare
78.	Neneh Touray	-	Ministry of Gender, Children and Social Welfare
79.	Saikou Marong	-	Ministry of Gender, Children and Social Welfare
80.	Hon Almameh Gibba	-	NAM (Sponsor of the Bill)
81.	Essa Foday Darboe	-	Supreme Islamic Council
82.	Dawda Jawo	-	Supreme Islamic Council
83.	Demba Jallow	-	Supreme Islamic Council
84.	Hama Jaiteh	-	Supreme Islamic Council
85.	Ebrima Jagana	-	Supreme Islamic Council
86.	Saikou M Jawara	-	Supreme Islamic Council
87.	Ebrima Sey	-	Supreme Islamic Council
88.	Aminata Jatta	-	TANGO
89.	Amie Touray	-	TANGO
90.	Momodou Njie	-	TANGO
91.	Yadicon Njie	-	TANGO
92.	Omar Cham	-	National Youth Parliament
93.	Aminata Jatta	-	FIOHTG
94.	Muhammed Lenn	-	FIOHTG

95. Prof. Abdoulie saine	-	Nyang Sanneh Institute
96. DR Hassan Azadeh	-	Lecturer UTG
97. DR Adriana Kaplan	-	Wassu Kafo
98. Omar K Danso	-	GSIC
99. Mam Liza Camara	-	Safe Hands for Girls
100. Jaha Mari Dukureh	-	Safe Hands for Girls
101. Sait Matty Jaw	-	Safe Hands for Girls
102. Isatou Bah	-	Safe Hands for Girls
103. Omar Cham	-	Safe Hands for Girls
104. Momodou Jarju	-	Foroyaa Newspaper
105. Jankey Cessay	-	The Point Newspaper
106. Olimatou Coker	-	The Standard Newspaper
107. Fatou Bojang	-	The Standard Newspaper
108. Hazaly Jatta	-	Voice Out Digital Newspaper
109. Mariama Dem	-	Star TV
110. Ali Bayo	-	Star TV
111. Kebba AF Touray	-	Foroyaa Newspaper
112. Mariama Ndaw	-	Star FM
113. Dawda Baldeh	-	The Fatou Network
114. Juldeh Njie	-	QTV Gambia
115. Saihou B Manga	-	QTV Gambia
116. Mansour Nang	-	The Fatou Network
117. Matarr Jassej	-	The Fatou Network
118. Alagie Maku	-	Start of Ministry
119. Awa S Jarju	-	Gambian Talent TV
120. Fatou Secka	-	Gambian Talent TV
121. Arret Jatta	-	The Voice NP
122. Nfamara Jawneh	-	TANGO
123. Akitania Nzaiiy	-	Women's Association for Victims
124. Mariama Fatajo	-	Women's Association for Victims
125. Mariama Jarju	-	Women in liberation and leadership
126. Michelle Mendy	-	Women in liberation and leadership
127. Fatou B Baldeh	-	Women in liberation and leadership
128. Mariama EF Jarju	-	Women in liberation and leadership
129. Fatou Jallow	-	Women in liberation and leadership
130. Fatou Tamba	-	Women in liberation and leadership
131. Awa Cessay	-	Women in liberation and leadership
132. Fatou Laibeh Sonko	-	Women in liberation and leadership
133. Sophie Manneh	-	National Youth Parliament
134. Abdoulie O Bah	-	National Youth Parliament
135. Fatou S Ndure	-	National Youth Parliament
136. Ndegen Jobe	-	The National Youth Parliament
137. Seal Sylvester	-	Gambia Christian Council

- 138. Galandou Corre-Ndiaye - Gambia Christian Council
- 139. Dr Okechukwu Kalu - Gambia Christian Council
- 140. Philip Jaine - Gambia Christian Council
- 141. Lisong Alison Bah - Gambia Christian Council
- 142. Virat Thomas Njie - Gambia Christian Council
- 143. Revid Gabriel Leonard Allen - Gambia Christian Council



**Honourable Amadou Camara**  
**Co-Chairperson of the Joint Committee**



**Honourable Fatoumata Njai**  
**Co-Chairperson of the Joint Committee**