

17 WAYS TO END FGM/C



LESSONS FROM THE FIELD



Acknowledgements

Cover photo: Sukaku project in Burkina Faso, including Madame Mariam Kabore, Hamidou Sawadogo, Amadou Sanogo and Desiré Zagreb along with many of the girls they work with. This photograph, as well as many others in this report, have been generously provided by Luca Zordan, who is contributing his energy and skills to an ongoing project documenting the impact of FGM/C on girls and women as well as spotlighting champions of positive change in several Joint Programme countries.

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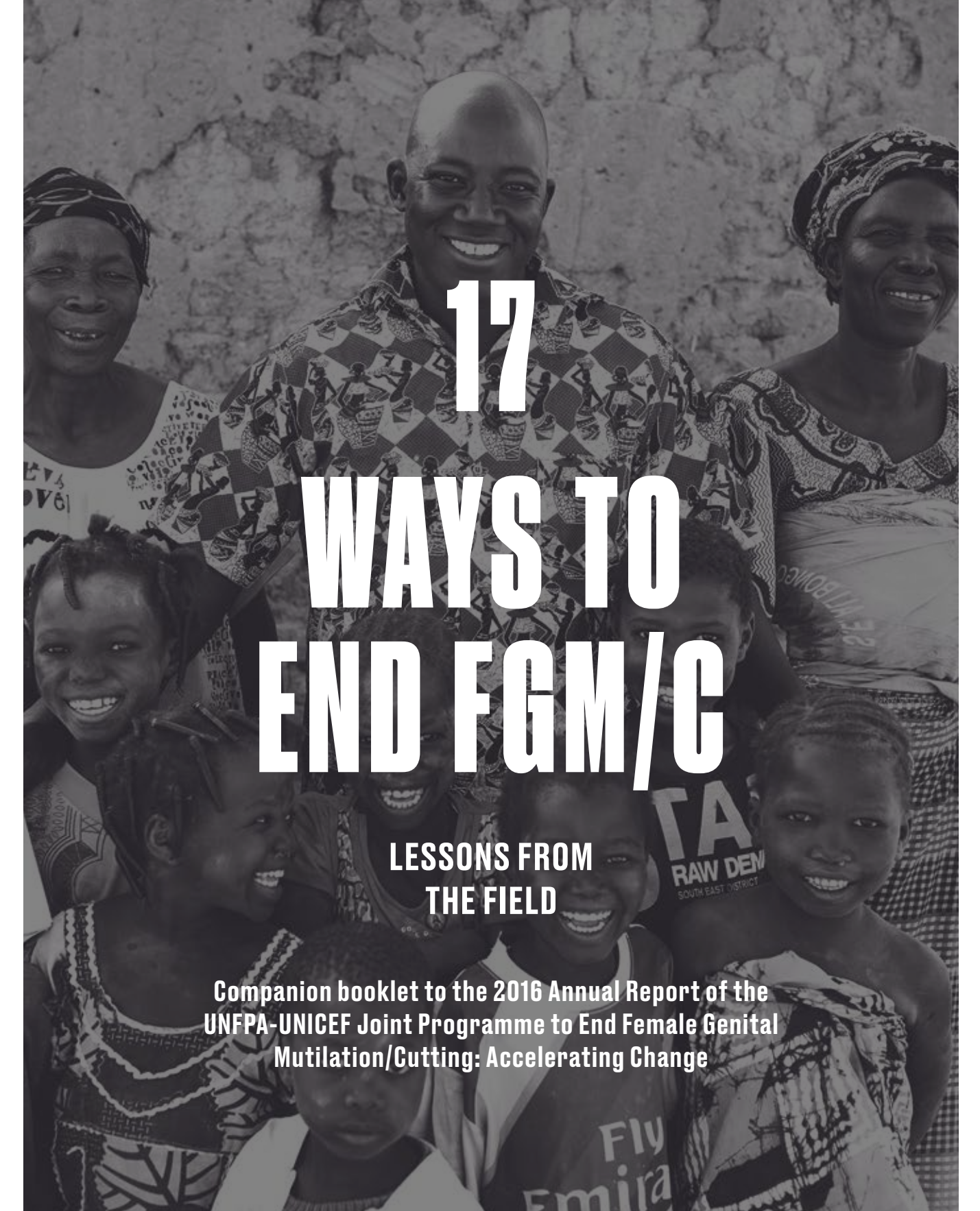
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17 WAYS TO END FGM/C

LESSONS FROM
THE FIELD

Companion booklet to the 2016 Annual Report of the
UNFPA-UNICEF Joint Programme to End Female Genital
Mutilation/Cutting: Accelerating Change

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Foreword

Last year's annual report for the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C) focused on the strategic and formal underpinnings of our work. It described the theory of change that guides interventions and the metrics by which we measure results. This year's annual report provides two perspectives:

- The main document analyses progress in quantitative terms, provides an account of how our budget was allocated and offers profiles of each of the 17 programme countries.
- This companion booklet—*17 Ways to End FGM/C*—uses a narrative approach to examine more specifically the challenges, complexities and achievements on the ground. It explores the innovative approaches that enable Joint Programme teams, local partners and advocates to deconstruct the social norms that allow FGM/C to continue in many communities.

The work of the Joint Programme is complicated because FGM/C is not one practice—it is a tradition that carries different meanings for different communities, and sometimes multiple meanings within one community. The practice can range from a minor cut to a major excision followed by stitching of the vaginal opening. It may be carried out on infants before they know what is happening or on adolescent girls as a rite of passage and a preparation for marriage.

FGM/C may be ostensibly practised for reasons of hygiene or aesthetics, or out of a sense of religious, cultural or familial obligation. It may appear to enjoy widespread support, even while privately opposed by a significant proportion of the community. Or it may be carried out surreptitiously by a few. But what makes ending FGM/C so complex is that, in almost all contexts, parents genuinely want to do what is right for their child and family.

Like other forms of social change, the process of ending FGM/C often proceeds slowly at first, and then, as new tipping points are reached, all at once. The creative and strategic responses to the fluid situations encountered by Joint Programme teams and partners, and the lessons learned, form the subject of this volume. The many youth, women and men of all ages and from all walks of life—community and religious leaders, custodians of culture, youth ambassadors, griots, former excisors, health professionals, traditional healers, celebrities, policymakers and development experts—are its heroes.

01 FIND SILVER LININGS



Guinea in the shadow of Ebola

Traditionally, ceremonies surrounding FGM/C in Guinea were considered to be joyful gatherings—for families, if not for the girls being cut. In the shadow of Ebola, these ceremonies were halted or conducted in private. During and immediately following the outbreak, which ravaged Guinea from 2013 to 2016 and resulted in 2,553 deaths, the fear of contagion and recommendations by health authorities kept social gatherings to a minimum. A socio-anthropologic study carried out in 2014 revealed that communities were ready to stop the practice of FGM/C during the Ebola crisis as a way to break the chain of contamination.

The outbreak disproportionately affected women and children. In Ebola-affected communities, women and girls were the ones typically providing care to sick relatives, including bathing corpses and preparing burials. Some of the excisors—nine of whom died from Ebola—were involved in this caregiving, and they posed a high risk of infection to girls who were subsequently cut.

The loss of male support—some 600 women were widowed—exacerbated the vulnerability of women. Children were also very vulnerable: an estimated 750 were infected with Ebola, and an estimated 6,233 lost one or both parents or caregivers to the virus. Children who survived

or were affected by Ebola have been stigmatized within the community, isolated, and separated from their families. This situation puts them at high risk of poverty, exploitation, abuse and violence.

Crisis leads to a pause in the practice

Even before the outbreak, life in Guinea, one of the world's poorest and least developed countries, was not easy. Although there is slow improvement, the country ranks near the bottom of the 2016 Human Development Index (182 out of 188). Almost one in nine children die before reaching the age of five. Maternal mortality is also high: 550 deaths per 100,000 live births. Social services—including education and health services—and transport and communications infrastructure are poor. FGM/C has been almost universally practised throughout Guinea, among all religions, regions, and economic, social and ethnic groups. Among women and girls aged 15 to 49 years, prevalence was reported to be 97 per cent, according to a 2016 Multiple Indicator Cluster Survey.

The pause in the practice due to the Ebola health crisis offered the Joint Programme an opportunity to intensify community mobilization, supported by advocacy from health experts, religious leaders, civil society organi-

GUINEA

Guinean youth from across the country were trained to organize community dialogues and discussions about FGM/C and other forms of gender-based violence.



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zations, traditional healers and communicators (including “griots,” who, for centuries, have played an important role in sharing information and maintaining an oral history of the people through music and performance), folk artists and musicians, and young leaders. The deadly risk to girls being considered for cutting emphasized the inherent dangers of the practice.

Engaging religious leaders

During this period, the Joint Programme team revisited its advocacy strategy and targeted special efforts towards religious leaders. As a result, a critical mass of 1,087 religious leaders from across the country received an intensive briefing on FGM/C in workshops in six regions. In May 2016, 50 of the most influential religious leaders were invited to a two-day high-level workshop. This opportunity for learning and reflection, specifically on FGM/C, led to consensus and collective action, including a conference of 350 religious leaders opened by the Head of State and the Prime Minister. Later in the year, the Religious Affairs Secretariat General launched a national campaign urging abandonment of the practice, with the support of the Ministry for Social Action.

In collaboration with scholars from Mauritania, a “fatwa” (religious ruling) against the practice of FGM/C was adopted. The fatwa was popularized throughout the country through a coordinated sermon encouraging abandonment. Delivered by imams in 50 mosques in Conakry and 3,300 across the rest of the country, it addressed the issue in terms of promoting women’s and girls’ sexual and reproductive health and rights in a holistic way.

The Joint Programme also supported cooperation among developing countries. With this support, influential Guinean religious leaders undertook a study of ongoing work on FGM/C in Egypt, Indonesia and Tunisia, accompanied by representatives from different line ministries (social action and health), along with parliamentarians, journalists and women leaders. Upon their return, the religious leaders and government officials shared perspectives gleaned from the trip with different actors, including excisors from the eight regions of Guinea. These sessions included wide-ranging discussion of the harm resulting from FGM/C, and pledges to work together to end the practice, and to respect the bodily integrity of women and girls.



Communicators informed and mobilized communities through animated radio and television broadcasts.

Engaging communities and young people

At the community level, respected local leaders, griots, artists and traditional healers played an important role in swaying attitudes. For instance, a network of these influential actors contributed to messages on the harmful effects of FGM/C and the danger of spreading the Ebola virus in a booklet that was the published in six local languages. The communicators used these messages to inform and mobilize communities through door-to-door encounters, and animated radio and television broadcasts.

A pool of 32 Guinean youth from across the country (four per region) were trained to organize community dialogues and discussions about FGM/C and other forms of gender-based violence. These were conducted across social media platforms, including Facebook, Twitter, Google and Instagram. Eight thousand youth and 400 opinion leaders participated in community dialogues, and more than 3,000 young people joined in the conversations about FGM/C on social media. Moreover, 87 people followed the Programme of Ambassadors in fighting against FGM/C, which has the slogan “A non-excised girl is pure and complete.”

A number of non-governmental organizations (NGOs) supported community empowerment and information and awareness sessions in the country through the Joint Programme. These NGOs included the Association pour l'Action Sociale et le Développement, Club des Amis du Monde, Child Fund, and Association des Femmes pour l'Avenir des Femmes, among others. Work by Fonbale (Binta Ann Foundation for Children and Women) and Tostan led to 989 community declarations against FGM/C in 2016, up from 548 in the previous year. At the same time, child protection efforts were stepped up.

Before the Ebola outbreak, the child protection system rarely extended to the village level. During the outbreak, new strategies expanded its reach into the villages, which proved to be effective in identifying the most vulnerable children.



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GUINEA

During the crisis, 2,400 community-based child protection structures were set up and strengthened to protect children from FGM/C and other risks.

Celebrities wield their influence

Celebrities added cachet to the cause. The tall, striking Halimatou Diallo, who was Miss Guinea in the 2014 Miss World pageant, became a spokesperson for abandonment. Her disclosure that she had never undergone FGM/C helped counter the idea that true womanhood was contingent upon being cut.

The week before the International Day of Zero Tolerance for FGM, Guinea's President, His Excellency Professor Alpha Conde, publicly denounced FGM/C for the first time, aligning himself with the First Lady, who had joined a nationwide radio campaign against FGM/C. (A new network of rural radio stations, established to provide the country with a rudimentary communications infrastructure, is another legacy of the Ebola epidemic. The previous lack of reliable communications hampered efforts to contain the infection.)

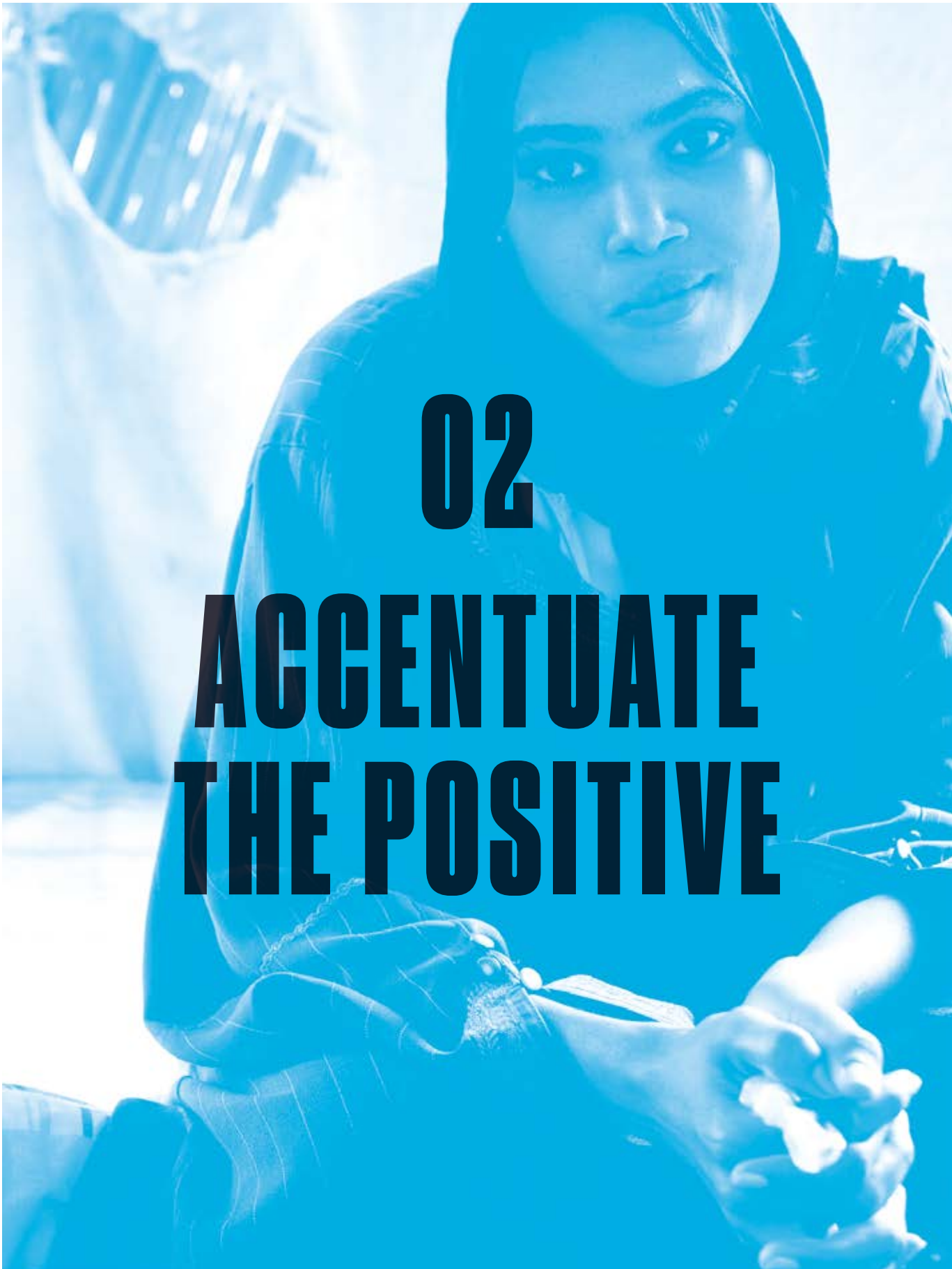
The taboo against discussing FGM/C publicly has been broken, and religious, community and political leaders, as well as young people, have begun to speak out against it. This is important progress in 2016 for Guinea, a country where the practice has been accepted with little question for too long.



Guinea employs KoBo Toolbox

The taboo against discussing FGM/C publicly has been broken, and religious, community and political leaders, as well as young people, have begun to speak out against it.

Another legacy of the Ebola outbreak is the KoBo Toolbox, a free open-source tool for mobile data collection, which helped trace infections and contacts. The technology was adapted by the Joint Programme in Guinea, which provided it to officials (including 173 magistrates and judicial police, and some 400 child protection officers and government focal points) to capture and share data about FGM/C cases. Data collection, sharing and analysis encouraged collaboration among law enforcement, the judicial system, women's and girls' protective committees (at the regional and prefectural levels), health services, community leaders, youth leaders and NGOs in applying reproductive health legislation that includes a provision on FGM/C. This cooperation resulted in the arrest of 11 people and two convictions in 2016.



02

ACCENTUATE THE POSITIVE

Sudan initiative echoes ancestral wisdom

Tutti Island is a tightly knit agrarian community of some 20,000 people. Situated at the confluence of the Nile River and its two main tributaries, the island is surrounded by three major cities: Khartoum, Omdurman and Khartoum North. Until the construction of a suspension bridge in 2010, the island was reachable only by boat, and its relative isolation intensified the feelings of community and tradition among its inhabitants. Many of them trace their heritage to Sheikh Hamad Wad Mariom, considered the great-grandfather of the population.

Tutti Initiative echoes ancestral wisdom

Throughout the 20th century, FGM/C has been widely practised on the island, as it is in much of Sudan. But Sheikh Hamad Wad Mariom was a man ahead of his time—an early opponent of FGM/C, who advocated against it some three centuries ago. And his name was invoked with pride in a declaration made by the island in 2009:

We, the grandsons and daughters of Sheikh Hamad Wad Mariom, declare our abandonment to FGM/C. This abandonment is derived from our belief that FGM/C has negative health and social consequences and has no solid religious basis. By this declaration, we commit to abandon this harmful practice and to work to make Tutti Free from FGM/C.

This community-wide declaration was initiated as part of a “family communication” project spearheaded by the Women and Child Friends Association. Mothers issued the initial declaration in 2006 during a children’s graduation celebration at a Tutti nursery.

Planting seeds of change

“Changing cultural norms and beliefs needs to come from within the community. People concerned with an issue such as female genital mutilation and cutting and convinced that it is wrong can form a powerful force for change,” said Igbal Mohamed Abbas, the founder of the local association. “It is all about how to plant the conviction in people that change is necessary—a law by itself cannot do that.” Mrs. Igbal, also known as Mama Igbal, suffered the trauma of genital cutting when she went under the knife as a young girl. Taking a leadership role against FGM/C was a natural outgrowth of her own disturbing experiences of the health, social and psychological consequences of the practice.



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SUDAN

Initiative gains momentum

In the decade since the 2009 declaration, the initiative has gained wider approval and greater momentum. Supported by the Joint Programme, the association has encouraged multisectoral and intergenerational interventions, including working with grandmothers and youth, and engaging with men and boys. Its work became more rigorous and sustainable after its inclusion into the consortium led by the Ahfad University for Women (see page 19).

The transformation of grandmothers, who had long been advocates for the practice, into agents of positive change began with organized discussions over coffee, an important tradition in the community. Talk centred around the health and emotional consequences of FGM/C, and the fact that it was not a religious obligation. The grandmothers used their newly acquired knowledge, which echoed the wisdom of their forefathers, to raise awareness among their families and communities. Community groups were established in each of Tutti's five neighbourhoods to build consensus, sustain the discussion and flag girls in danger of being cut.

"I regret that I had performed FGM on my daughters a long time ago because of my ignorance," said Khitma Khojaly Elmahi, a local poet. "Being part of the grandmothers' group, it was my duty to ensure abandonment within

my family. My granddaughters have been kept uncut after I convinced their parents."

Saleema: unharmed, intact, pristine

When Mrs. Khitma and some of her cohorts were young, being uncut was considered "ghalfa," a word with shameful associations. But that has changed with the success of the national Saleema campaign, led by Sudan's National Council on Child Welfare and its National Strategic Planning Centre.

The campaign aims to link the state of being left uncut with a range of positive qualities, including "whole, healthy in body and mind, unharmed, intact, pristine, and untouched, in a God-given condition." It encourages a new discourse and way of thinking about FGM/C within the family and community, as an opening for new social norms to emerge around the idea that being uncut is natural and desirable.

The Saleema "rebranding" has additional impact because of the swirling pattern, and orange, green and white palette that signifies the campaign. "We took Saleema everywhere on Tutti Island because we knew that we needed a broad outreach to plant the change—from wedding ceremonies, to consultations with families, to women's coffee sessions, to family discussion picnics and school outreach," explained Mama Igbal. "Scales have been



© UNFPA Sudan/Tutti Initiative

turned upside down in our community; being uncut is now a source of pride,” she added.

Some of the other activities of the holistic Tutti Initiative included the following:

- Youth groups were engaged in anti-FGM/C advocacy through peer education activities, intergenerational dialogues, awareness sessions and social media. Eighty-six youth are advocating against the practice within their community, schools and universities in and out of Tutti.
- Forty-three local health personnel, including doctors, nurses, midwives and health administrators, were trained on medical aspects of FGM/C. Most are now active members of the initiative, and none are involved in cutting.
- Family orientation sessions and family communication programmes have been organized in all of Tutti’s 17 schools (nursery, primary and high schools), including parent discussion groups and awareness activities.
- A film on the Tutti Initiative is scheduled for release in 2017.

Reconsidering a social norm

Surveys and community dialogues revealed that social considerations, including concerns about promiscuity and marriageability, were

contributing to the persistence of FGM/C. But they also revealed that it was women themselves who were exerting the pressure on an issue that men were remaining silent about. And that many girls were reluctant to remain uncut for fear of stigma. “I used to believe in the importance and necessity of FGM for girls until my little brother talked me out of it,” said Suja, who participates in a youth group. She had been raised with the idea that FGM/C is both healthy and necessary for getting married. Young people of both sexes are now talking openly against the practice, and convincing their families and communities to oppose it. The role of young men in emphasizing their willingness to marry uncut girls has helped undermine one rationale for the practice. Working with religious leaders and health professionals has helped dispel other misconceptions that supported the practice.

The community mobilization is getting results: Over a period of just five years (to 2014), a knowledge, attitudes and practices survey found that disapproval of the practice had increased by about one-third, with only 8 percent of those surveyed still strongly supportive of it. Another survey is planned in the first part of 2017, with very positive results expected. In fact, the community is looking forward to declaring itself free from FGM/C.



03 ORCHESTRATE LOCAL EFFORTS

Consortium streamlines management in Sudan

Sudan's Tutti Initiative (see previous story) began with no outside funding. Since 2009, UNFPA has been its sole funder. Beginning in 2013, following a visit from the Joint Programme coordinator, these funds have been channelled through the Ahfad University for Women (AUW), a long-time partner of UNFPA in the region. AUW was given the role of managing a consortium of grass-roots organizations working on FGM/C in 2013.

Before 2013, managing and harmonizing the campaign in Sudan was difficult and expensive because of the number of diverse actors, including academia, media, and community- and faith-based organizations. AUW created coordination and partnership mechanisms that improved the quality of activities, reduced duplication of efforts, ensured unity of action in the face of disruptive forces and encouraged mutual empowerment.

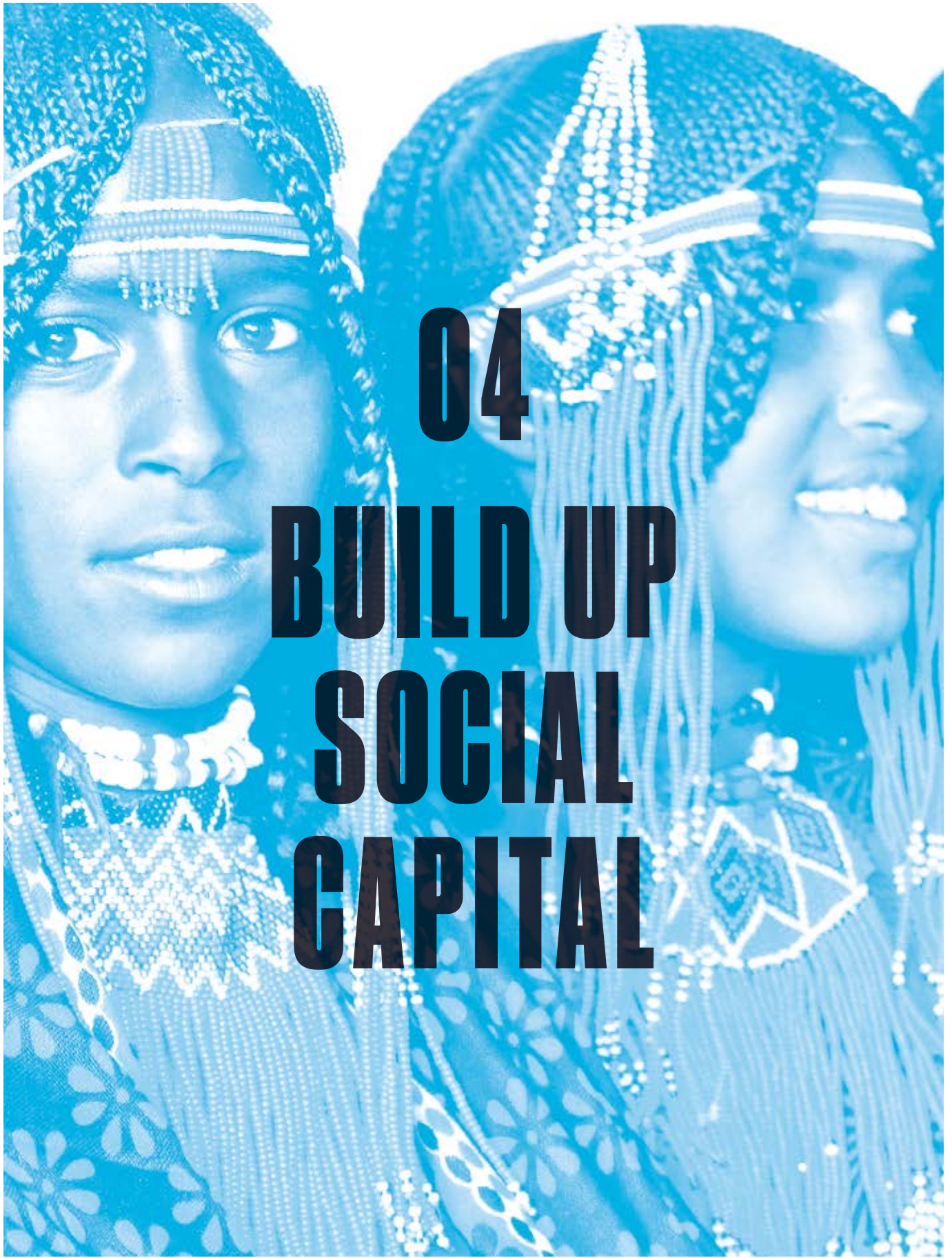
Quarterly meetings encouraged networking, sharing of experiences, coordination, and better monitoring and evaluation of activities. Each partner contributed ideas and feedback that helped improve information and communications efforts and outreach. The connections enabled a smoother flow of research and data that could feed into programming decisions. Mrs. Igbal from the Tutti Initiative noted that working within the consortium encouraged strategic thinking, the exchange of experiences and success stories, needs analyses, data and overall programme plans.

In the words of Ms. Samia Abdalla, Dean of the Faculty of Community Development at Gadarif University, "It [the consortium arrangement] consolidates the concept of teamwork, overcoming scattered efforts and offering greater access to more communities."

As the leader of the consortium, AUW has:

- Developed a checklist and training workshop to encourage effective coordination;
- Organized a training workshop on intergenerational dialogue;
- Established quarterly review meetings with implementing partners in which participants present success stories, best practices and challenges faced; and
- Helped partners prepare 14 communities in four states for public declarations of abandonment of FGM/C.

The consortium produced several documents: *Advocacy Skills Training Manual*, *Guidelines on Results-based Leadership*, *Community Dialogues and Public Declarations*, and *Results-Based Leadership, Communication and Management*. It also produced a *Manual on Community Engagement* that includes tools to encourage individuals to become agents of positive change.



04

**BUILD UP
SOCIAL
CAPITAL**

Ethiopia enlists existing networks

About half of Ethiopia's women are illiterate, and about 85 per cent reside in rural areas, most with limited communications infrastructure. But semi-formal community structures put in place over the past two decades, as well as indigenous communications systems, serve to inform and empower women, and are increasingly being used to drive development at the grass-roots level.

Mrs. Mitslal Giday has been a community mobilizer in the Tigray Region of northern Ethiopia for the past 20 years. She facilitates discussions among members of a Women's Development Group made up of 30 to 35 volunteers who meet monthly to discuss various development issues, including harmful traditional practices such as FGM/C and child marriage. Each of the women in the group goes back to her neighbourhood and shares what she has learned in smaller groups comprising five or six neighbours.

Using 1-to-5 networks for wide outreach

These smaller groups get together frequently over coffee, a daily social ritual in Ethiopia, that is particularly well suited for discussing issues of a highly personal nature, such as FGM/C.

These neighbourhood get-togethers—the “1-to-5” networks, as they're called—piggyback on the age-old tradition of conversing over coffee. With intimate knowledge of each other's

circumstances and attitudes, women can talk about how the new information applies to their personal situations.

Horizontal and vertical communications

The women may encourage pregnant women they know to get good prenatal care and arrange for safe deliveries. They might discuss alternatives to child marriage and FGM/C among their own families. They can also report back to the Women's Development Group on specific needs, such as visits from health extension workers who bring primary care to the villages. Thus, social mobilization takes place on a wide scale through horizontal community connections as well as vertical mechanisms.

FGM/C and child marriage are also the topics of parallel organized discussions, called Community Conversations, which engage a wider cross-section of the community—men and women, religious and clan leaders, health workers and law enforcement officials—in biweekly meetings. Clubs of both unmarried and married girls hold similar discussions.

Building on indigenous social capital

The Joint Programme has recently begun supporting interventions through Women's Development Groups in the Southern Nations, Nationalities and People's Region. Meanwhile, different interventions are under way in

ETHIOPIA

Women’s Development Groups meet biweekly to discuss various development issues, including harmful practices such as FGM/C.



© UNFPA Ethiopia/Abraham Gelaw

Afar—the north-eastern region where infibulation, the most severe form of FGM/C, has been traditionally practised, and where the Joint Programme has been working for nine years. The pastoralists who herd their livestock across the region have their own time-honoured and remarkably effective ways of disseminating information and making communal decisions.

“Dagu” is a sophisticated indigenous system that keeps accurate, sourced information flowing among the Afar people across vast distances with remarkable speed. It is sometimes called the Internet of Afar—a flow of current and reliable information for people who rely on a deep understanding of their changing social and physical environment for their very survival. The information may involve an upcoming storm, which could mean flooding, a violation of local laws, or word of pasture or water sources. Tradition requires that, when Afar people

meet, they must exchange information (“do dagu”), regardless of their acquaintance, and provide the source of their information so that its credibility can be weighed. (“What have your ears heard?” the exchange might begin “What have your eyes witnessed?”). False dagu can carry high penalties. In recent years, dagu, along with another traditional structure—formal community dialogues, or “meblo”—have helped disseminate new knowledge about FGM/C and build consensus towards abandoning the practice.

Dialogue, discussion, decision, declaration

Traditionally, the meblo is a community gathering in which Afar people discuss both community and individual concerns. Although discussion may be long and issues hotly debated, once they are voted on, the majority rules, and even those who are not convinced



are obliged to abide by the group decision. The meblo structure was adopted as a forum for discussions relating to child marriage and FGM/C, and the wide-ranging suffering they create for women and girls.

In August 2016, the majority of the Afambo Woreda district of Afar spoke out, according to Mr. Faustin Yao, UNFPA country Representative. “Following an intense process of dialogue and discussion, the entire community has rallied to say ‘no more’ to these age-old practices that have caused so much pain and suffering for countless generations of women and girls,” he said in a message delivered during a declaration ceremony. “A new era is dawning for these communities and we urge vigilance in the days and months ahead to make sure that these hard-earned commitments are not compromised.”

In 2016, the meblo debates and information communicated via dagu in Afambo Woreda led to declarations of abandonment of both child marriage and FGM/C among some 250 communities, affecting about a quarter of a million people (133,000 male and 117,000 female).

« ختان الإناث جريمة
ينص عليها قانون العقوبات
في المادة ٤٤٤ مكرر »

05

CREATE WEBS OF PROTECTION

Egypt uses schools as service hubs

Just as the perpetuation of FGM/C is a social problem, protection of girls is a collaborative responsibility. The Joint Programme's three-pronged strategy—with interventions in the legal, services and social spheres—encourages a web of interconnecting protections while galvanizing a new social norm. In some communities, such as Assiut Governorate in Upper Egypt, schools, which already have a focus on caring for children, are proving to be important programming hubs.

Schools afford a critical constellation of care

Support for FGM/C has dropped quite rapidly in Egypt overall—prevalence of FGM/C declined from 97 to 61 per cent of girls aged 15-19 from 1985 to 2014. Even steeper declines can be assumed for younger girls. However, attitudes and practice in rural areas have been slower to change: In rural areas, 51.7 per cent of women think the practice should continue, compared with 43.9 per cent of women in urban areas.

In response, the Joint Programme targets pockets of resistance, where support for FGM/C remains high, such as Assiut Governorate, some 375 kilometres south of Cairo. Working through the Assiut Childhood and Development Association and local NGOs, the Joint Programme supports comprehensive programming that reaches girls as well as their families and

communities. Schools are the focus of efforts, hosting activities with parents, teachers and religious and community leaders.

The Joint Programme also works on school-based programming with many organizations that are part of the National Population Council's network of NGOs. The work goes beyond ending FGM/C to supporting girls' overall well-being, empowering them to understand and claim their rights, and build life skills that can help them avoid early marriage and complete their education. The focus is on girls most at risk of dropping out. In many cases, school fees and educational materials are paid for.

Experiences of empowerment

Engaging, participatory activities, often rooted in theatre, are a specialty of Y-PEER, a youth-led organization that has been especially active in Egypt. The group creates and produces community performances and peer education seminars, as well as training additional peer educators. The popular Y-PEER trainings focus on informing and exploring values using games, humour, role play and other theatre-based techniques. These are used to break the ice about sensitive subjects, and create openings to encourage self-expression and foster a deeper understanding of peer pressure and other social dynamics. Studies over the past decade have consistently shown the efficacy of theatre-based training, especially in reaching



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EGYPT

young people, and addressing sensitive subjects and social norms (see page 28 “Using the magic of theatre to explore beliefs”). In Assiut alone, Y-PEER trained 123 peer educators who, in turn, reached 2,911 young people. Across Egypt, some 850 peer educators were trained in 2016. Together with previously trained educators, they reached 13,725 young people. In 2016, Y-PEER educators were also sponsored to attend advanced playwriting workshops and workshops about theatre-based techniques, in collaboration with the highly respected National Centre for Culture and Arts, where they created several plays.

Plans are in place to introduce more sports and physical activities, combined with an emphasis on basic life skills that give adolescent girls a sense of empowerment beyond the classroom. These plans build on recent data analysis showing that 61.5 per cent of children aged 10-17 in Egypt spend around two and a half hours per day in group activities and social events.

Interlinkages and feedback loops within a multisectoral approach

The school-based activities are reinforced by activities in the villages, at health providers

and in several media campaigns (see page 52, “Use media creatively”). The Government has mainstreamed FGM/C in the education, health, culture, safety and security, and legal ministries, which provide a high-level layer of support for this multisectoral approach.

NGOs and specially trained health providers lead community meetings and seminars on positive parenting and countering misconceptions that perpetuate FGM/C. Participants are also coached on how to appropriately share information and perspectives with members of their families and communities.

The NGOs and their volunteers follow up closely with home visits to families of girls at risk for FGM/C, armed with tailored messages for sparing their daughters. These volunteers are also empowered to provide referrals to health services and child protection services.

A network of local health personnel trained in FGM/C responses—including doctors, health pioneers, field pioneers and social workers—is available in the targeted villages.

Addressing the impact of FGM/C on marriage

The same types of creative and interactive techniques that are working well with young people have also proved successful in addressing the sensitive topic of how FGM/C affects marital relationships, said Ms. May El Sallab, the Coordinator for the Joint Programme in Egypt. “Some of our most successful work has involved creative interactive projects with communities, like plays and musical performances,” she said. “These initiatives make people more comfortable and willing to talk about more personal matters. The marital issue is a sensitive one. It’s hard to come into a community and talk about it. But we pair the theatre interventions with experts who can answer questions about marital problems, and people react well,” she explained.

Transformative trainings

After attending one of the trainings that reawakened the traumatic experience of being cut, Ms. Hoda Hamed, a 37-year-old kindergarten teacher, became an outspoken advocate for women and girls, working tirelessly to convince her village to abandon FGM/C. “Sitting through one of these awareness sessions transformed me,” she said. “I decided that I would not allow my daughters to be cut.” She soon began to advocate for the abandonment of FGM/C in her village. It wasn’t easy. “It is difficult to convince people to let go of this tradition. Most believe it is a religious requirement,” said Ms. Hamed, adding, “Ignorance and illiteracy are the main reasons for the continuation of this horrible practice.”

In group sessions, Ms. Hamed, whose words carry the weight of her own painful experience of FGM/C, deals with the harms caused by the practice, the human rights violation it constitutes, and the fact that it is not a religious requirement. She also visits families to speak directly with parents and young adults, sometimes threatening to contact police or child protection services. She doesn’t shy away from raising the subject with village men. “It’s very important for men to know the harmful physical and psychological conse-

quences of FGM,” she said. Thanks to her efforts, and those of like-minded reformers in her area, her village has collectively declared that it has abandoned FGM/C.

Getting results

In Assiut in 2016, a total of 3,111 community members were reached in 76 villages, and 60 teachers from 30 primary schools were trained. Sixty-five trained community women leaders who conducted awareness-raising activities on abandonment of FGM/C reached parents in their respective communities. As a result, 1,080 families in Assiut have publicly declared abandonment of FGM/C, including 132 who had cut one daughter but vow to spare others.

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“It’s very important for men to know the harmful physical and psychological consequences of FGM.”

— Hoda Hamed, kindergarten teacher and advocate

Using the magic of theatre to explore beliefs

Using theatre as a creative and educational tool provides an opportunity to debunk myths, influence behavior and present sensitive topics not normally discussed in public.

EGYPT

A growing body of evidence underscores the utility of theatre in education and advocacy. Increasingly, theatre provides a powerful tool for social change, especially with young people. Theatre can strengthen the emotional and psychological appeal of messages, and provide a believable and interesting way to explore sensitive issues. Using theatre as a creative educational tool provides an opportunity to debunk myths, present a balanced view, influence behaviour and address sensitive topics not usually discussed in public.

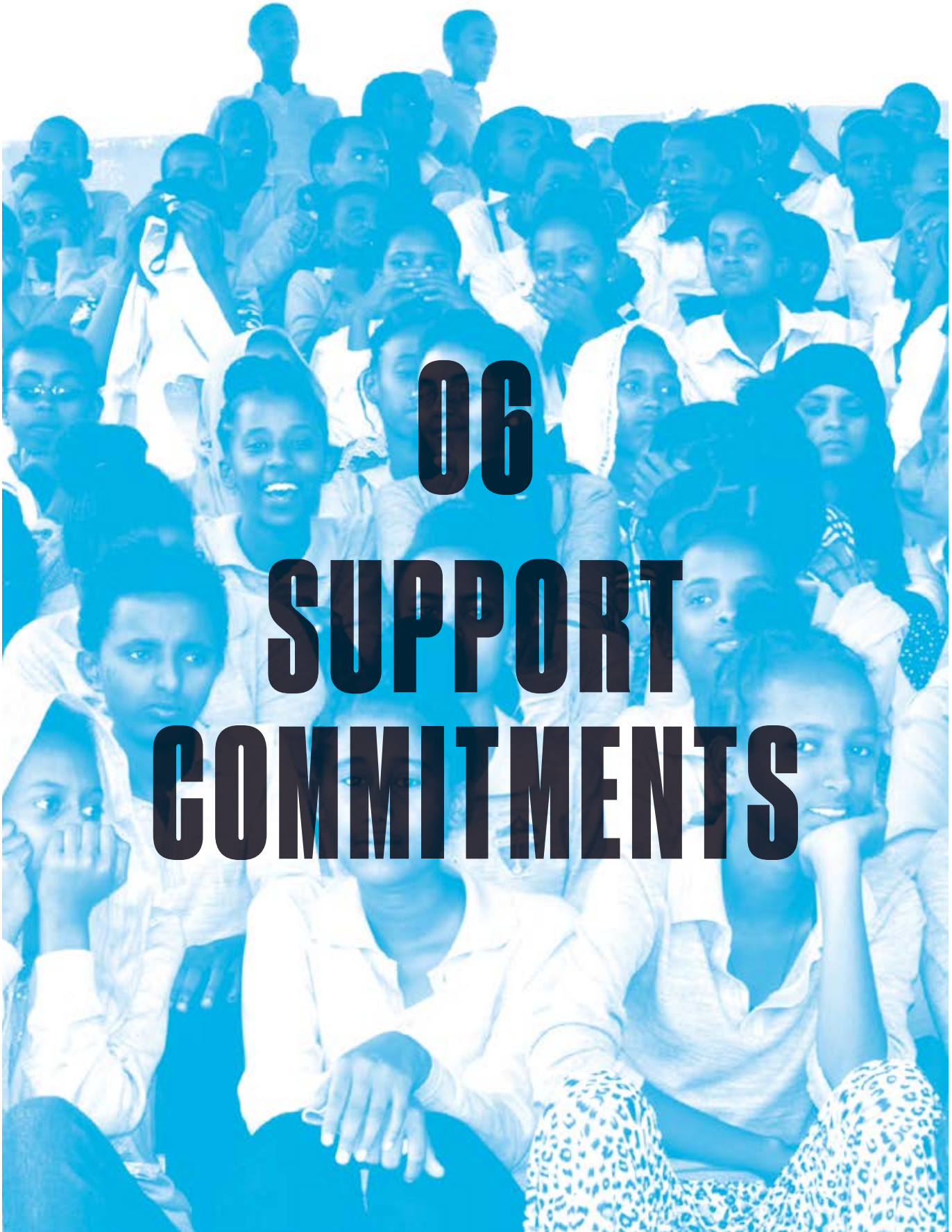
Dramatic contexts allow audiences to receive these messages in an entertaining and exciting way. Under the best circum-

stances and conditions, live theatre can change how people act. It can play a role in leading youth away from risky, dangerous behaviour towards safer, healthier lifestyles. Of central importance for the health education aspect of theatre is the transitional model: the character who changes his or her behaviour from risky to safe, demonstrating to the audience that change is possible, and that a young person is capable and powerful enough to control his or her own life.



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Y-PEER has been active in using theatre to educate young people about reproductive health and rights in Egypt.



06 SUPPORT COMMITMENTS

Eritrea encourages affirmation

With support from the Joint Programme, more than 18,300 communities across 15 countries, comprising some 25.5 million individuals, have vowed to abandon FGM/C. A key challenge is to find ways to ensure that these promises are kept.

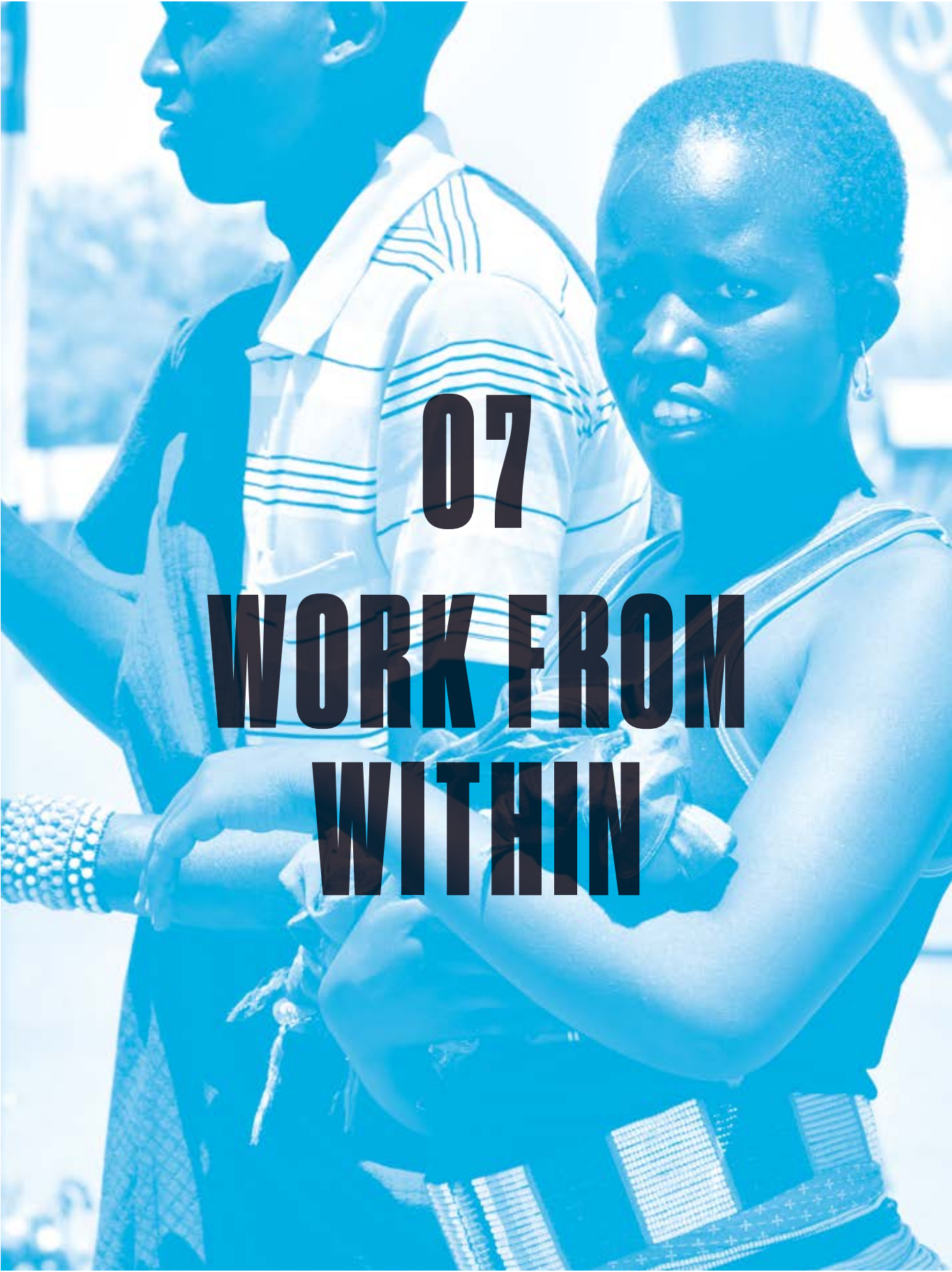
In two sub-zones of Eritrea’s Anseba region—Asmat and Habero—the Ministry of Health devised a simple way to follow up on declarations that encourages transparency, visibility, affirmation and competition. The ministry produced a simple decal that says “My house is FGM-free” in Tigre, the local language. Ten thousand stickers were printed, and now adorn many entryways. The decals are frequently placed on outer doorways, while some are found inside houses. The placement of the decals depends on the nature of the doorways—some are solid enough to hold the stickers; if not, decals are placed securely inside the house.

A foundational precept of social norm theory is that individuals will abandon a shared social norm only if they believe that others are changing too. The decals, which serve as a public declaration of individual actions, make changing attitudes and behaviour apparent. The positive messaging fulfils another element of social change theory—it provides affirmation for the new behaviour.



Abandonment is beginning to be widely embraced, according to the Joint Programme team, and the sticker will help create healthy competition among communities.

“Families are proud to see the sticker in their households, and the logo is becoming a sign of proud families with intact girls,” said Mr. Samuel Isaac, a Child Protection Officer with the Joint Programme in Eritrea, following a field visit to monitor the public declaration process. “Actually, some households without the sticker (due to limited supplies) complained of not having enough stickers, which makes them feel ashamed for not having that sticker.”



07 WORK FROM WITHIN

Uganda shows respect for tradition

The semi-nomadic Pokot and Karimojong herders who inhabit the remote, arid Nakapiripirit district of eastern Uganda, near the borders of South Sudan and Kenya, have resisted pressures to modernize and give up their traditional ways. A strong belief in the spirit world animates their lives and guides many of their actions. Thus, the traditional healers who mediate between the spirit and temporal worlds are very influential.

Only a small fraction of girls throughout Uganda—less than 2 per cent—are cut. But FGM/C is almost universally practised among many indigenous peoples in the country. Recognition that effective strategies to eliminate FGM/C need to begin with a strong understanding of the deeper cultural context brought the Vision Care Foundation team, local partners of the Joint Programme, into a sacred glade to meet with respected spirit healers, the gatekeepers of these cultures.

Preserving traditional culture

These healers perform ceremonies to bless youth, ward off raids of their cherished cattle and strengthen marriages, usually by offering ritual blood sacrifices. Traditional healers are also tasked with preserving traditional cultural norms by certifying women to perform FGM/C. The remote area, recently beset by insurgencies due to cattle rustling, has largely been left behind in terms of development and social

services. Cultural practices such as early marriage and FGM/C continued unabated.

Given the lack of formal health services, the local people have continued to use traditional remedies (many of which are now being studied by researchers) and consult with spirit healers, who continue to wield influence and command respect, for health issues. They may also go to the spiritualists for blessings, guidance about weather and harvests, and spiritual cleansing.

In Nakapiripirit, FGM/C is respected as a tradition inherited from the forefathers. Girls are typically cut after their first menstruation. Regarded as a blessing and a way of cleansing the girl, FGM/C is viewed as an initiation into womanhood, one that will ensure a long and fruitful marriage (when in fact the practice jeopardizes reproductive health). FGM/C also serves as a testament to the girl's strength and bravery, a way of garnering the respect of other women.

Meetings the spiritualists

Despite their crucial role as custodians of culture, the spirit healers have often been left out of formal discussions on FGM/C. “We realized these people are hardly ever invited to some of these forums for deliberations on FGM/C. It is against a background of protecting and promoting culture that we changed our mode of



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UGANDA

operation to work directly with the traditional healers since they have influence and power in society," said Mr. Apollo James, Executive Director of the Vision Care Foundation.

Twenty-seven highly respected spiritual healers were identified, mainly through conversations with their relatives or reformed cutters. These change agents also encouraged the healers to attend dialogue meetings with community members. In addition, several meetings were arranged with spirit healers from the settlements of Lemsui, Katabok, Doo, Moruita, Narionamor and Komoret. This was no simple matter: The spiritualists work in out-of-the-way shrines high in the mountains that are known only to the elders. And before discussion of this serious matter could ensue in Lemsui, a goat was slaughtered to bless the meeting. All participants were expected to kneel and drink the goat's blood directly from the animal as a way of showing allegiance and respect to the spirits of the land. This ritual also set the stage for a respectful dialogue.

Offering alternative rites

The Lemsui meeting involved a dozen or so men, including two Vision Care Foundation

staff, who had spent hours trekking to the site. The group sat in a circle under patches of shade with local healers. After the significant health problems associated with FGM/C were discussed and acknowledged, alternatives were proposed.

Lolingameri Lokwabo, a blind spiritual healer, and his colleague Selina Yerer suggested that sacrificing a white cock and hen could appease the spirits, cleanse the girls and let them stay in school.

Other spiritualists, Longolepus Lodapal and Sarah Limale, agreed that FGM/C is neither good nor necessary, and that other kinds of blood sacrifices could serve. They also cautioned that elderly women should stop criticizing girls and women who have not undergone the practice, especially at water points and on farming lands. The proposals suggested by these respected spiritualists were widely appreciated, although more work needs to be done on the ground. This advocacy will be tied to encouraging girls to delay marriage and stay in school, according to Freda Amuron, the FGM Focal Point Officer for the Amudat District local government. This view was confirmed by the Vision Care Foundation, which initiated,



Among the indigenous peoples of Eastern Uganda, the traditional healers, who mediate between the spiritual and temporal worlds, are very influential.

and has championed, the engagement of spiritualists to play a role in ending FGM/C and influencing many community development issues.

Working with, not for, communities

The best way to penetrate this community is through the gatekeepers of culture, who are so influential in this community. “It is so exciting when they themselves suggest ways to abandon the practice and keep their girls uncut,” Ms. Amuron noted. Since the intervention with key spiritualists in Moruita, the practice is believed to have subsided, as evidenced by increased school enrolment. The intervention clarifies the importance of working through grass-roots partners who have respect for, understanding of, and connections to the people they are working with. “One very important thing we need to take note of is that communities need us to reach out to them to share information so we can come to a consensus on how best to work with them and not for them,” said Ms. Amuron. “They are willing to blend their cultures with our modern interventions from an informed point of view. But, without garnering support from the spiritualists, little work will get done.”



08 STAY OPEN TO OPPORTUNITIES

Ugandan shrub signals danger

The biodiverse flora found on the high slopes of Mount Elgon, which straddles the Uganda-Kenyan border, serves as a kind of pharmacy for Sabiny communities living nearby. Knowledge about the medicinal properties of these plants, which is increasingly valued by scientists and researchers from developed countries, is concentrated in the minds of local healers. This is one of the reasons they are treated with such respect by the communities they serve.

Among the Sabiny, FGM/C is practised as part of an elaborate initiation into womanhood. However, the 2016 blooming of a particular shrub, known locally as nukuut or cēmu-kēennyootēt, which had last flowered in 1960, raised an alarm among the elder Sabiny healers. The flowering is believed to be a terrible omen for anyone being cut (both men and women undergo genital cutting as part of an elaborate rite of passage).

Oral tradition holds that initiates may die immediately if cut during such a year. Or the wounds may fester. Or bad luck—accidents, snake bites or mysterious death—may befall them. If none of these happen, their marriage prospects will fail. The belief seems to have originated in the 1840s when the plant bloomed at the same time as terrible outcomes befell initiates. News of the shrub's flowering “spread like wildfire—everyone in the region was informed,” said Mzee Charicha Alex, an elder from Bukwo district in the Sebei region.

Preparations for initiations—singing and dancing—were immediately halted. Typically, the Sabiny carry out the initiations in even years. But given the extraordinary circumstances, there are concerns that cuttings may be scheduled for 2017, according to Esther Tabu Cherop, a Joint Programme officer based in Kampala.

Partners were largely unprepared for this turn of events, she added. Nevertheless, they will try to use this pause in the cuttings to emphasize the inherent health impacts of FGM/C, whether the shrub blooms or not.



Burkina Faso

pursues a holistic approach

“It takes a village to raise a child,” says an African proverb. Recently, scores of villages—represented by more than 700 people—marched through the capital of Burkina Faso, calling on the Government to protect their girls from harm by ending a time-honoured practice: FGM/C.

But the experience of Burkina Faso also demonstrates that it takes more than a village to change a deeply entrenched social norm. It takes a whole country—a country engaged in wide-ranging discussion, swayed by influential people, educated through schools and service providers, reminded by radio shows and popular music, encouraged by community commitments, nudged by laws and sanctions, and offering sensitive care to survivors when needed. All these interventions are at work simultaneously in Burkina Faso, where political will, outside support and a readiness to accept change are all converging, and resulting in significant shifts in attitudes and behaviour.

In 1996, when FGM/C was outlawed in Burkina Faso, 66 per cent of girls were being cut. By 2005, the proportion had fallen to 25 per cent. By 2015, the figure stood at just 11 per cent. The approach by the Burkinabé Government has resulted in widespread consensus across Burkina Faso for halting the practice: 90 per cent of women and girls, and 87 per cent of men and boys aged between the ages 15 and 49 think the practice should end. Burkina Faso’s progress

is even more impressive given that the landlocked country is also one of the world’s poorest and least developed nations: In 2015, it was ranked 183 out of 187 countries on the Human Development Index.

Government sets the tone

Since 2009, the Joint Programme has supported the Burkinabé Government by providing technical and financial support to the National Council to Fight FGM/C (CNLPE). In 2016, ending FGM/C was incorporated into the Government’s four-year National Strategic Plan that was adopted by Parliament. The CNLPE oversees its implementation, orchestrating the work of 13 ministries, women’s rights and other NGOs, religious and community leaders, law enforcement officials, and the judiciary. To further raise the profile of the campaign, Burkina Faso’s former First Lady, Her Excellency Chantal Compaoré, remains at the helm of this countrywide effort. A staunch advocate against FGM/C in her country for 20 years, she has mobilized \$50 million to end the practice in her own and other African countries.

The current First Lady, Sika Kaboré, has taken up the mantle. “Great steps have been taken but there’s a long way to go,” she said in a statement read out at the recent high-level BanFGM Conference in Rome. There she pointed out that girls’ empowerment—including boosting their education, literacy and



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BURKINA FASO

independence—is crucial in the fight against both FGM/C and child marriage. Her husband, President Roch Marc Christian Kaboré, is also an advocate for women and youth. After his election in 2015, the new Government affirmed its commitment to the issue by creating a budget line for ending FGM/C.

Drumbeat of change

Efforts to end FGM/C in Burkina Faso converge from many sectors—the Government, the service sector and community organizations—each reinforcing the others. On 14 October 2016, the former First Lady, members of the CNLPE, other public officials and representatives from donor countries petitioned the National Assembly to include information about FGM/C, sexual and reproductive health, and child marriage in the national curricula of primary and secondary schools. Teacher training has been organized, and teaching materials on FGM/C have been distributed in age-appropriate modules that are being used in preschools, primary schools, post-primary schools and informal schools in six regions of the country. The training of nearly 100 secondary school teachers of life sciences, philosophy and French is fostering informed discussion of the practice

at higher educational levels. At the national and local levels, the Joint Programme works closely on this issue with the General Directorate of the National School of Public Health; government ministries; networks of traditional and religious leaders; associations for human rights; print journalists; public administrations, mayoral offices, and regional and provincial offices in charge of social action; and associations of young people and women. These partnerships have evolved to provide technical and financial support to anti-FGM/C activities, including reporting instances of the practice, caring for victims, documenting results and organizing public pledges of abandonment.

Amplifying the conversation

The conversation on FGM/C takes place throughout the public sphere, amplified by media coverage. In 2016 alone, nearly 3,000 events—including discussion groups, theatre performances, forums, debates and family dialogues—engaged some 75,000 people. Radio stations, television, newspapers and leaflets have all been used to highlight the dangers of the practice, including the fact that it is illegal. Much of the information has been translated so that it is accessible even in rural

The former Minister of Social Action and National Solidarity, Madame Mariam Lamizana, has been instrumental in challenging FGM/C in Burkina Faso and galvanizing a new social norm.

areas, where dozens of local languages are spoken. Because literacy rates are low, community radio is an important part of the media mix, as is popular music. A recent song, "Tomber la Lame" ("Drop the Blade"), by the popular rapper Smockey, presents an anti-FGM/C message through poetic yet graphic lyrics.

FGM/C is regularly discussed on a radio talk show on the station Savane FM. Broadcast across Ouagadougou in the local language, the show reaches some 5 million people—about a third of the Burkinabé population. Large NGOs, together with their grass-roots partners, also regularly organize and host programmes discussing FGM/C on local community radio stations. In addition, they often use film in their community work to spark discussions.

Uniting across borders

To discourage cross-border cuttings, an awareness-raising caravan operating in five border communities in Côte d'Ivoire and Mali attracted 4,000 people with the theme, "Young people in Burkina Faso: Let's unite to say No to cross-border FGM/C!" As part of a groundswell of young people joining the national movement against FGM/C and child marriage, 500 youth

publicly declared their commitment to abandon these practices. In addition, a caravan of around 15 journalists from print and broadcast media—public and private—criss-crossed the programme areas for about two days, producing articles, reports and a documentary film on the impact of the programme.

Building capacity in the service sector

The service and educational sectors provide another level of support for ending FGM/C. Midwives, health workers and medical students have received special training to deal with complications.

Nearly 700 social workers and teachers have been trained to promote sexual and reproductive health in general, with attention to FGM/C (see page 47 "Progressive and participatory implementation of legal sanctions").

BURKINA FASO



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Capacity-building takes place on a managerial level as well. In 2016, 39 CNLPE agents, provincial directors of the Ministry of Women, members of NGOs and networks, and FGM/C focal points; and 25 administrators from nine provincial offices of the Ministry of Women were trained in results-based programme management and accounting to encourage better programme reporting.

Encouraging reconstructive surgeries

For women who have not escaped the cut, Burkina Faso is a leader in a fairly new innovation: reconstructive surgery. Professor Akotiomga Michel heads up the service for treating women suffering the consequences of FGM/C at Suka Clinic in the capital city. The clinic provides reconstructive surgery to dozens of Burkinabé women every week—allowing them to enjoy sexual relations, give birth safely and

avoid a multitude of other health risks. All this costs the equivalent of just \$15. “The operation takes around 15 to 30 minutes depending on how bad the scarring is, and it makes a huge difference to the women’s lives,” Dr. Michel has said.

Following her performance at the 2016 International Day for Zero Tolerance for FGM, the popular Malian-French singer Inna Modja spoke of the difference the surgery had made in her own life. “Getting repaired, via reconstructive surgery, helped me to heal. It helped me to heal physically and psychologically, and somehow it repaired me. But when you say repair, there is always a scar. It’s like when you break a glass and glue it back together. There are always break lines, and my excisions are my break lines,” she said.



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Keeping commitments

As a result of local efforts and commitments by community leaders, 292 villages—representing around 400,000 people—publicly pledged to abandon FGM/C in 2016. And more than 500 villages that had declared abandonment of the practice in previous years have received support to help them fulfil their commitments. Provincial and communal committees reviewed practices and distilled key elements of success.

In communities that are keeping their commitments:

- Continued pressure is being applied by community leaders;
- Awareness-raising activities are being carried out by monitoring networks and committees;

“The operation takes around 15 to 30 minutes depending on how bad the scarring is, and it makes a huge difference to the women’s lives.”

***— Dr. Akotiomga Michel,
Suka Clinic, Ougadougou***

“Although it is very hard to overcome the FGM shock, it is possible to regain confidence in yourself after the repair.”

***— Sawadogo Bibata,
FGM/C survivor***

- Health facilities are increasingly providing care to those suffering from complications of FGM/C;
- Communication activities to encourage health-care providers to promote abandonment are being organized; and
- people are increasingly reporting cases of FGM/C through the helpline, which enables callers to register anonymous reports of violence against children.



10 IMPLEMENT SANCTIONS PROGRESSIVELY

In Burkina Faso, laws and attitudes change in sync

It is widely recognized that laws alone cannot change social norms. In fact, in many cases, they can be counterproductive. Yet Burkina Faso has managed to enforce its FGM/C law in an incremental, progressive, community-based and effective manner. Enforcement has increased as attitudes have changed, and attitudinal changes have accelerated in response. In all, 65 cases have been prosecuted, and 47 individuals have been sentenced to between one month and three years in prison, depending on the degree of harm suffered by the victim.

A 2016 study conducted by Ben Crisman and others on the impact of FGM/C in Burkina Faso found evidence for a substantial drop in the likelihood of girls being cut since the passage of the law. The scholars estimated that legal measures have prevented nearly a quarter of a million girls and women from being cut in the past 10 years. Since Burkina Faso is internationally recognized for its systematic and effective enforcement, it offers lessons for other countries.

Education first

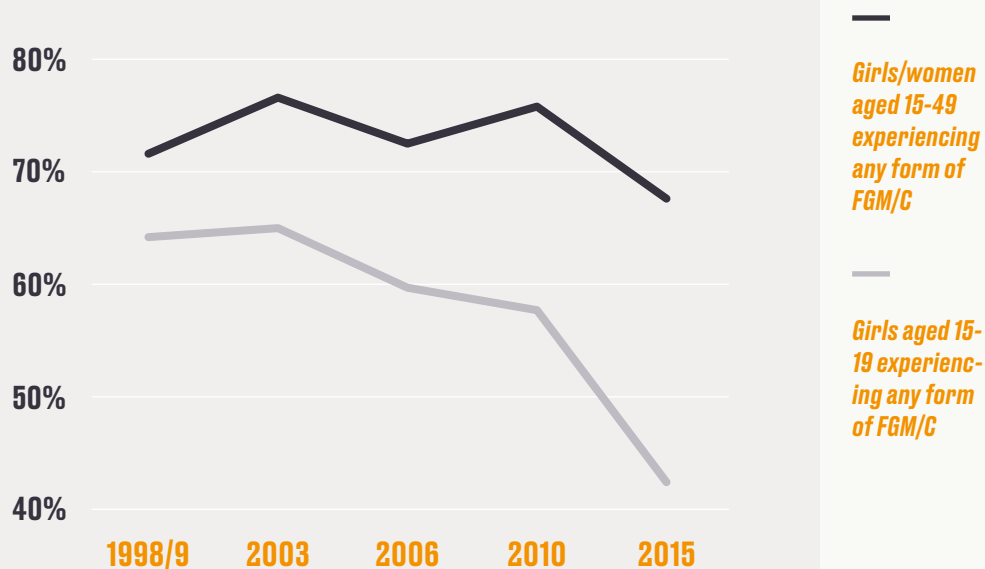
After passing a law criminalizing FGM/C in 1996, the Government wisely did not initially attempt to impose harsh penalties. Rather, it focused first on making practising communities more aware of the harms caused by FGM/C. During the past two decades, as support for the

practice has declined dramatically, stronger collaboration between the justice system and communities has been possible.

An innovative centrepiece of the process has been the establishment of mobile courts. Rather than bringing defendants to hearings in the capital, the Joint Programme supports judicial hearings that take place near the communities in which the cases arise. This encourages discussion and dialogue on FGM/C, highlights the political will towards ending the practice, and fosters collaboration between the communities and the justice system. As a result, the justice system is increasingly viewed as a service to the community, leading to a substantial increase in the number of cases verified by the police and prosecuted since 2009. In 2016, nearly 200 police officers from nine provinces fanned out across the country to convince people to reject the practice, using communication skills honed by recent training.

The Honourable Romuald Yameogo, President of the Tribunal of Tenkodogo, tries FGM/C cases through the mobile courts. “Justice has a role to play in the fight against FGM,” he said. “The law says that both the one who practises FGM and anyone who helps in the practice of cutting can be punished with a sentence of between six months and three years, and a fine.” More stringent penalties may be imposed if the procedure results in death.

BURKINA FASO

Prevalence of FGM/C in Burkina Faso

Data source:
DHS/MICS

As the judge pointed out, mobile courts give greater ownership of the issue to communities, as they raise awareness about FGM/C and the law. “They allow those who have never attended a hearing to hear the testimony: the message that excision is forbidden and has no advantage.” One measure of their effectiveness is that virtually everyone in the country knows about FGM/C and that it is illegal.

Strengthening judicial capacity

Collaboration between services and the criminal justice system is pursued in ways that build the capacity of the system to deal with FGM/C. Justice is typically meted out within a context of care. Girls whose cases are reported through the “SOS Excision” helpline are first taken to health-care providers who have been trained to deal with the issue sensitively.

The system aims to do more than punish perpetrators; it also seeks to change attitudes and create agents of change. Those found responsible for acts of FGM/C are counselled after their conviction. In many cases, cutters (excisors) have become agents of change, who promote efforts to end FGM/C. They often speak up during awareness-raising sessions

and visits by officials, during public declarations of abandonment and in the media. This further contributes to the national movement towards keeping girls intact.

Active participation on the part of communities and leaders contributes greatly to the creation of a favourable social environment and promotes social change in the implementation of the law.

Support from international legal instruments

Although its Constitution does not specifically protect women and girls against FGM/C, Burkina Faso has a so-called “monist” system, which means that international law does not need to be translated into national law to come into effect. Consequently, international human rights treaties ratified by Burkina Faso are incorporated into the domestic legal system. International law becomes directly applicable within the legal order of Burkina Faso and can, accordingly, be invoked directly before the national courts.



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Burkina Faso has ratified all international and regional conventions on the rights of women and children condemning FGM/C, which have provided a framework for interventions in the campaign against FGM/C in the country.

Progressive and participatory implementation of legal sanctions

In 1996, the Government of Burkina Faso amended its Penal Code to include the prohibition of FGM/C, and its punishment with sentences of imprisonment and fines. Whereas similar legal provisions exist in a number of countries, the implementation of the law in Burkina Faso is exemplary.¹

1

Future Policy, 2014, "Winner Silver Award: Burkina Faso's Law Prohibiting Female Genital Mutilation (Law No. 43/96/ADP), 1996." Available from http://www.futurepolicy.org/wp-content/uploads/2015/06/fpa2014brochure_en_2nd_ed-1.pdf.



11 END IMPUNITY

Egypt gets tough on perpetrators

Because laws alone are not sufficient to change deeply entrenched cultural practices, the Joint Programme consistently works across many sectors to change attitudes and social norms regarding FGM/C. If not applied and enforced judiciously, laws can have unintended consequences. In some countries, for instance, girls are being cut at a younger age or taken across borders to avoid legal sanctions.

In Egypt, where most cuttings are done by medical professionals, stronger penalties have allowed doctors to charge higher fees. The first FGM/C-related conviction in Egypt followed the 2013 death of a girl at the hands of a doctor. Although this was hailed as a victory by advocates against FGM/C, the convicted doctor spent only six months in jail.

Considerable outrage followed the May 2016 death of young Mayar Moussa, who was cut by a doctor in a private hospital in Suez Governorate. The Joint Programme closely followed the case and played a crucial role in amending the law against practising FGM/C. The offence was upgraded to a felony with penalties of up to 15 years for procedures leading to death or permanent disability. In addition, the person who accompanies the girl to be cut now faces a sentence of one to three years.

Harsher penalties make for a lucrative sideline

Veronica Overlid, an expert in gender-based violence who works with UNFPA in Egypt, notes that harsher penalties for performing FGM/C are a major achievement in Egypt, even though medicalization persists, despite stiff penalties and the numerous doctors who have lost their licences. One unintended, but not necessarily unexpected, side effect is that some doctors who still cut girls have raised their prices, making it a more lucrative sideline—often practised secretly, outside regular office hours. The Joint Programme is addressing this problem through its support of Doctors Against FGM, as well as many other efforts to educate families and change social norms. And the stiffer legal penalties signal the seriousness with which the matter is viewed.

In the case of Mayar Moussa, the court of Suez sentenced the doctor, nurse, anaesthetist and mother (who had previously spent six months in prison). All involved received relatively light sentences because the harsher felony penalties were not in effect when the case was initially prosecuted. The forensics experts and prosecutors on the case had been trained on FGM/C, and their actions in the case, as well as the convictions themselves, reflect the commitment of the Government to address the issue. The practice has become increasingly medicalized in Egypt, said Germaine Haddad, Assistant

EGYPT



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Representative for UNFPA in Egypt. According to a 2015 survey by the Ministry of Health and Population, about 8 in 10 girls (under the age of 19) are cut by a skilled health worker. Among an older age group, the number was less than 4 in 10.

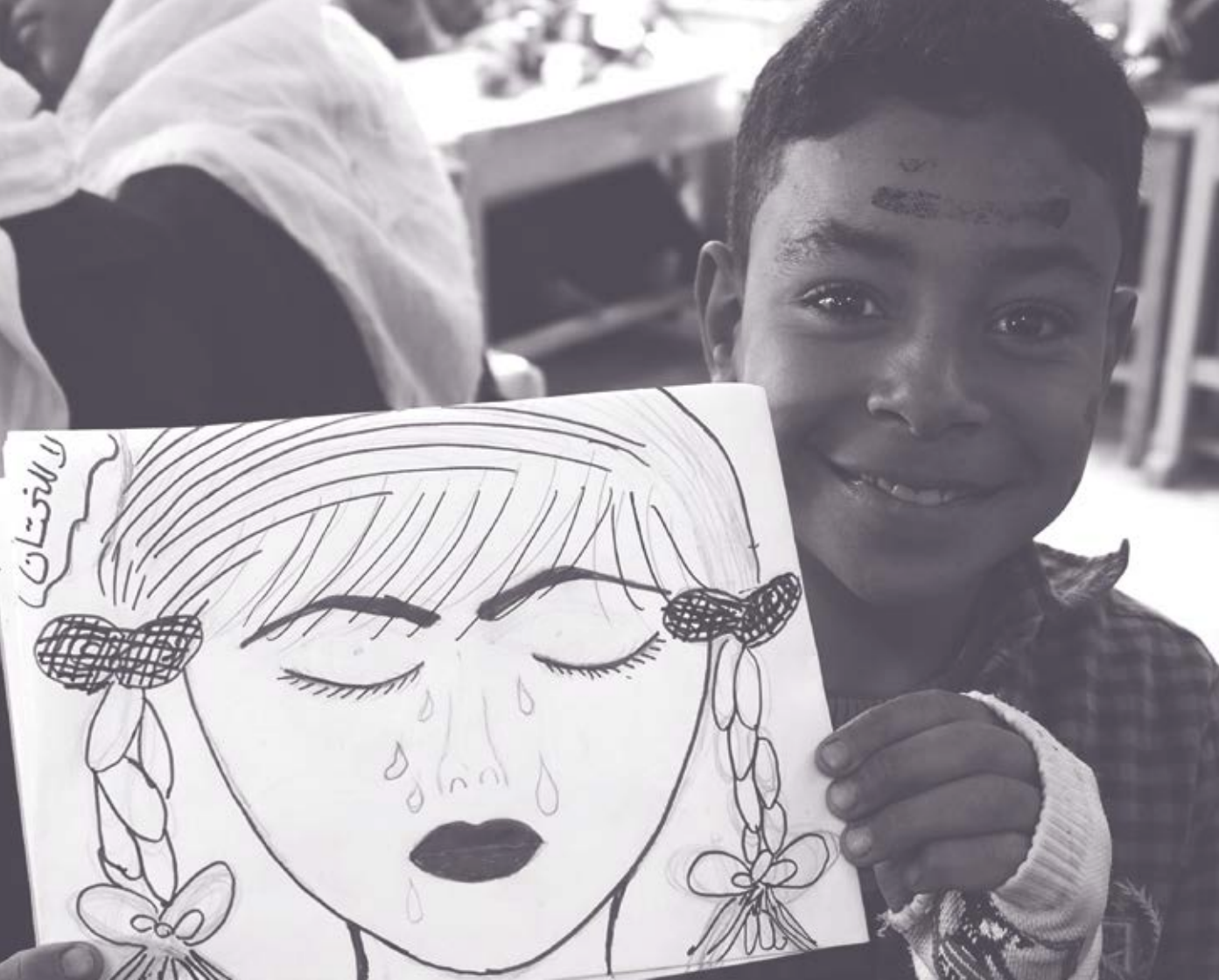
First, do no harm

The Joint Programme is working closely with Doctors Against FGM, the Ministry of Health and Population, and the National Population Council, among others, to integrate FGM/C into the curriculum of the country's medical schools, which will teach that it is a harmful practice.

Participating physicians, who are highly respected in their communities, are trained not only in the medical reasons against the procedure; they also learn how to counsel and

dissuade parents from it. According to a background paper from the National Population Council, "the initiative will increase the awareness of doctors and medical students of female genital mutilation from the medical, social, religious and legal perspectives by integrating the anti-FGM component into the curricula of the Egyptian medical schools and the different medical training curricula.

"The medical staff will be able to provide the right advice to the Egyptian family to abandon FGM through direct contact, media, awareness-raising and the activation of the law against the practice of female circumcision until doctors finally stop this criminal and forbidden practice together."



© UNFPA /Omar Gharzeddine

These physician trainings emphasize that the practice is not medically sanctioned and violates the internationally accepted medical code of ethics embraced in the words “First, do no harm.”

Physician trainings emphasize that the practice is not medically sanctioned and violates the internationally accepted medical code of ethics embraced in the words “First, do no harm.”

A woman wearing a blue hijab and a blue shirt is holding a white sign. The sign has text in French: "#Mettons fin aux" and "Mettons fin aux". The background is a bright, outdoor setting with a palm tree and a building.

12 USE MEDIA CREATIVELY

Gambia, Senegal, Somalia and others use sophisticated communication campaigns

Africa's ever-expanding media landscape—including mainstream newspapers and television reports, SMS messaging and the full range of social media, theatre productions, and television and radio melodramas—crucially shapes conversations about FGM/C and accelerates the shift in social norms.

In recent years, numerous media channels and strategies have been used by the Joint Programme with increasing sophistication and impact. In 2016, there was a marked increase in both the quantity of news stories and the quality of media coverage on FGM/C issues, in part due to the Joint Programme's long-term strategy of investing in training journalists. The strategy was pursued in Djibouti in 2016 with workshops for 90 journalists from 30 media outlets on communication techniques related to FGM/C, resulting in more than 60 broadcast or printed reports.

The sheer number of shared videos, Facebook pages and Twitter feeds (dozens of them) on ending FGM/C—whether or not directly supported by the Joint Programme—suggests that the movement has reached a critical mass and is now taking off on its own momentum.

The impact of rappers, pop musicians and griots standing up against FGM/C is another powerful accelerator of change.

The right media for the right job

The 17 Joint Programme countries vary considerably in terms of media penetration and, in turn, the kinds of media campaigns that have been advanced. The Joint Programme encourages the appropriate mix of media to reach specific audiences with the right messages. It also employs media tactically to foster personal communication and guide community activities. In Kenya, where the process of social norm change is well advanced and news stories about FGM/C appear regularly, more targeted channels are now gaining traction. Kenyan health-care service providers, for instance, started a WhatsApp group to support each other on clinical issues, and compare notes and experiences as expert witnesses on FGM/C court cases. In remote regions, person-to-person contacts are still required (see related story on Uganda, page 32).

In Gambia, where community radio is an important media channel, live phone-in radio programmes have sparked considerable interest and debate. Prominent Islamic religious leaders and scholars serve as resource people in the live radio panel discussions.

The popular C'est la Vie (That's Life) serial melodrama—based on intersecting lives and deaths at a fictional community health centre—provided the centrepiece for a cross-media campaign.

Multilayered, cross-media teaching opportunities

In a number of countries, including Senegal, low literacy rates have made the use of a wide array of broadcast media and popular music a strategic choice for interventions. In that country, the Joint Programme built on the 2015 success of *C'est la Vie (That's Life)*, a major West African television production funded by Muskoka French Fund to reduce neonatal, maternal and child mortality.

The popular series—based on intersecting lives and deaths at a fictional community health centre—provided the centrepiece for a cross-media campaign. Through the relationships and dramas that unfold, the serial sheds light on the health-care system and on a number of reproductive health issues, including FGM/C, while exploring the interactions of life, cultures and beliefs.

In 2016, a Youth Awareness Caravan fanned out across eight regions of Senegal, using the screening of *C'est la Vie* episodes to break the ice and stimulate discussions on sexuality education for young people, FGM/C and changing social norms. In conjunction with local media

and civil society organizations, dialogue on the issues was encouraged through phone-in talk shows on television or radio. Viewers were also encouraged to express themselves through social media platforms, SMS campaigns or Internet games—interactive tools developed by health professionals on the project team to encourage community dialogue, advocacy and social mobilization.

#TouchePasAmaSoeur

Senegal also conducted the TouchePasAmaSoeur (Don't Touch My Sister) digital campaign on social networks and across regions with a high prevalence of FGM/C. The campaign encourages young people to advocate for abandonment with decision makers, including by warning authorities of girls at risk of cutting within their communities.

The campaign has garnered more than 3 million visits on social networks. Expanding on the digital outreach, internationally known popular and crossover musicians (including Baaba Maal, Coumba Gawlo, Abdoulaye Mbaye and Maitre Gims) have addressed the issue at concerts and social mobilization meetings. The official version of Baaba Maal's poignant song



© C'est la vie



about FGM/C, "Cri de Couer" ("Cry of the Heart"), has been viewed more than 17,000 times on YouTube. In a statement at one of his concerts, he urged, "Harmful practices such as excision and child marriages must be banned for the economic empowerment of girls." The campaign also presented an opportunity to publicize the Gindama (Enlighten Me) 200365, the "Green Line" phone number, which provided accurate information on FGM/C to 8,811 teenagers and youth in 2016. The anonymous 24/7 hotline gives young people a chance to get their questions answered—in French or Wolof—about any aspects of sexual and reproductive health, without exposing themselves to embarrassment or shame. Complementing the "Green Line" is the "SR Minute," a series of short, lively videos on reproductive health and FGM/C, which prominently feature the phone number at the end.

The Senegal team also supported a summer education television competition for creating short films using phones, tablets and computer cameras. The aim is to encourage creativity, healthy curiosity, openness, civic spirit, and citizen engagement and solidarity so that digital tools can be more effectively harnessed for the development of young people. Students created four reports on FGM/C and child marriage.

Strategic timing and targeting

In Egypt, the timing and targeting of several media campaigns have been strategic. On Zero Tolerance Day against FGM/C, an emotional Facebook campaign addressed the fear young girls suffer during the FGM/C procedure. The six-day campaign targeted groups most likely to cut their daughters. It built interest with two teaser posts, which were followed by human interest stories, public service announcements, videos and infographics, and concluded with Joint Programme interventions to end FGM/C. The campaign generated around 3.5 million impressions, reached more than 2 million Facebook users, and garnered more than 900,000 shares, likes and comments from users. UNFPA had pre-prepared answers to respond to the vigorous debate that ensued. UNFPA also contributed to a series of radio episodes on FGM/C during the month of Ramadan, when a larger-than-usual audience tuned in to the popular Radio Masr Network. Also during that month, the Enough FGM campaign, a 2014 collaboration between UNFPA and the National Population Council, was aired during prime time. Funding for the broadcast by the Ministry of Health and Population underscored government ownership of the campaign.

GAMBIA - SENEGAL - SOMALIA



© UNFPA/Javier Acebal

Wide reach, broken hearts

In Somalia, despite political and media fragmentation, anti-FGM/C messages are reaching almost all communities through targeted dialogue, radio, drama and other channels, according to the Joint Programme team.

“The ‘noise’ surrounding FGM/C has increased nationally, filtering down to remote communities in both Al Shabab and government-controlled areas, reducing stigmatization on the issue and creating a fertile atmosphere for change,” said UNFPA Gender Advisor Isatu Sesay-Bayoh. This work is getting results: A 2016 UNICEF, UNFPA and World Bank survey conducted by Johns Hopkins University found a significant decline in FGM/C prevalence among urban Somalis—from 98 per cent to 65 per cent (for women aged 15-49) over a 16-year period. The survey also revealed dramatic shifts in

social norms in a country where the most extreme form of FGM/C (infibulation) had been almost universally practised before 2000. A majority of Somali men and women now favours abandonment of FGM/C. Among those who do still practise, infibulation is in sharp decline.

In Somalia, sermons are an important and ubiquitous communication channel, which get people thinking and talking.

“In one of my sermons, I stood in the mosque and talked about FGM and early marriages and their negative effects to the community. After a couple of days, I overheard people talking about the sermon and debating on the issues and saying how helpful it was to them,” an imam from Yaqshid said, underscoring the seriousness with which people regard religious teachings. Although broadband has increased



Baba Mal and other major West African musicians have been instrumental in galvanizing a new social norm of leaving girls intact.

exponentially in Somalia, only a small fraction (6 per cent, according to a recent report) of Somalis have a dedicated connection. However, many are able to access the Internet occasionally, and more than half use mobile phones. A scan of Somali Facebook pages and Twitter feeds shows considerable activity and interest.

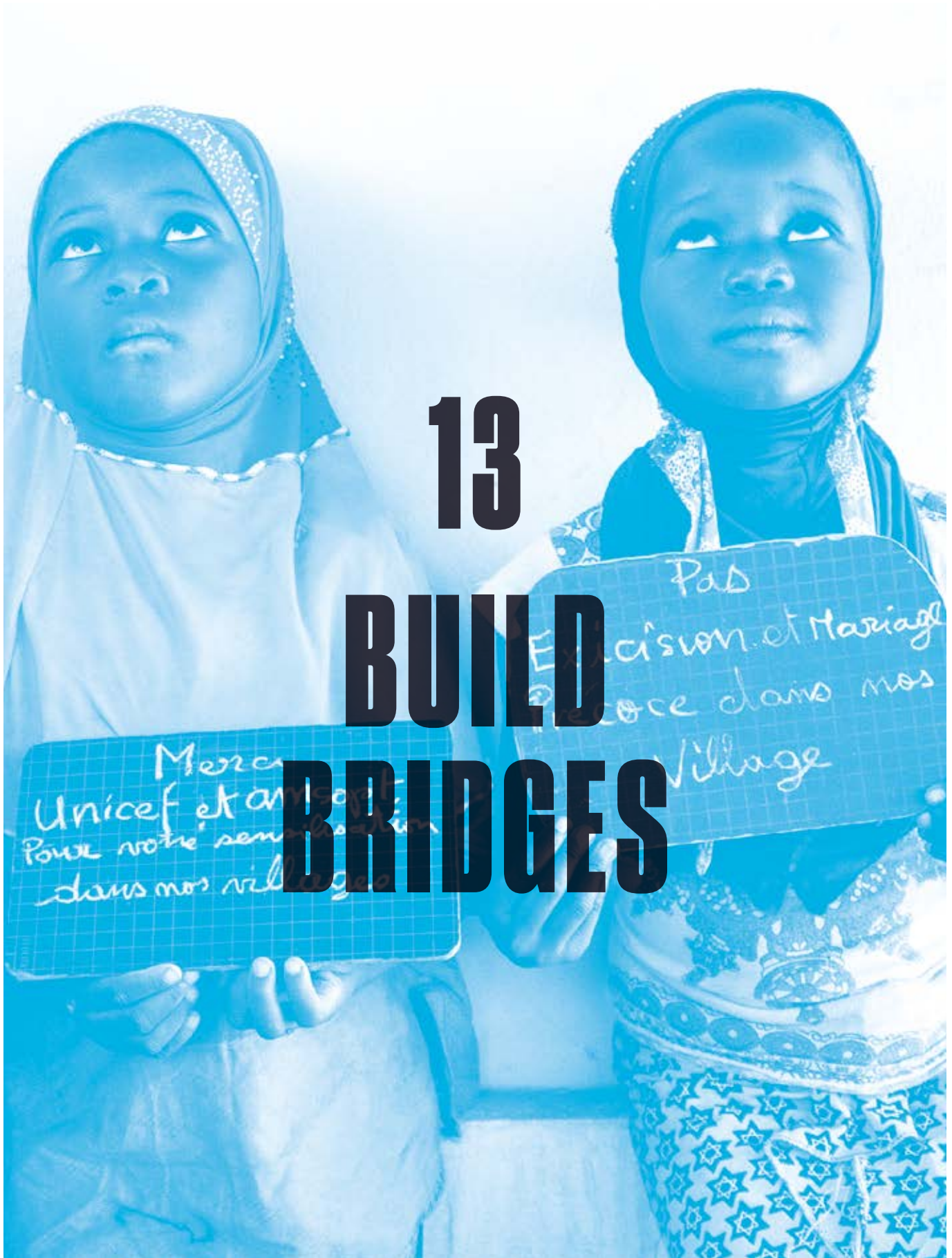
The Facebook page hosted by Joint Programme partner Candlelight, for instance, disseminates compelling infographics, survivor stories and advocacy, as well as news about ongoing progress in legislation against FGM/C, in both English and local languages. Several of the video reports on the page are extremely poignant, and it is hard to come away from them unmoved. One is a four-minute film produced by Somali schoolgirls from Farah Omar Secondary School in Hargeisa, Somaliland. During a five-day film-making workshop, the young girls used interviews to explore the tradition.

“When will others stop deciding our fate?” it asks. Another longer video, *Why Circumcise Me?*,² created by the Somali Artist Group, has been viewed almost 60,000 times. It is a heartwrenching view of the practice, which begins with a young girl playing hopscotch and concludes with her lying on a bed, post cutting, along with these lyrics by Farhia Ali Farah:

*My vital organ, why was it cut off?
My private parts sown?
Like a wild gazelle or a female deer,
why was I hunted down
and stabbed with a spikey arrow?
Why was I too handicapped to equal my peers?
And my heart, Oh mother, why was it broken?*

2

See: www.youtube.com/watch?v=u_Fg7aqlN44&feature=share



13

BUILD BRIDGES

Linking diasporas from Guinea-Bissau and Mali with their roots

Some diaspora communities have rapidly abandoned FGM/C as they adapt to a new culture.

In other immigrant communities, families continue to cut their daughters, believing this to be an act of ethnic or religious affiliation or obligation, and a way of transmitting their cultural identity to the next generation.

Although the issue of FGM/C in Portugal is surrounded by secrecy, girls from Guinean families are considered to be at risk. Healthcare workers have come across numerous cases of young girls being cut, and there have been reports and even some legal sanctions relating to girls being taken to Guinea-Bissau for “holiday cuttings.” (The procedure was criminalized by Portugal in 2014 as an attempt to protect Guinean girls from this fate.)

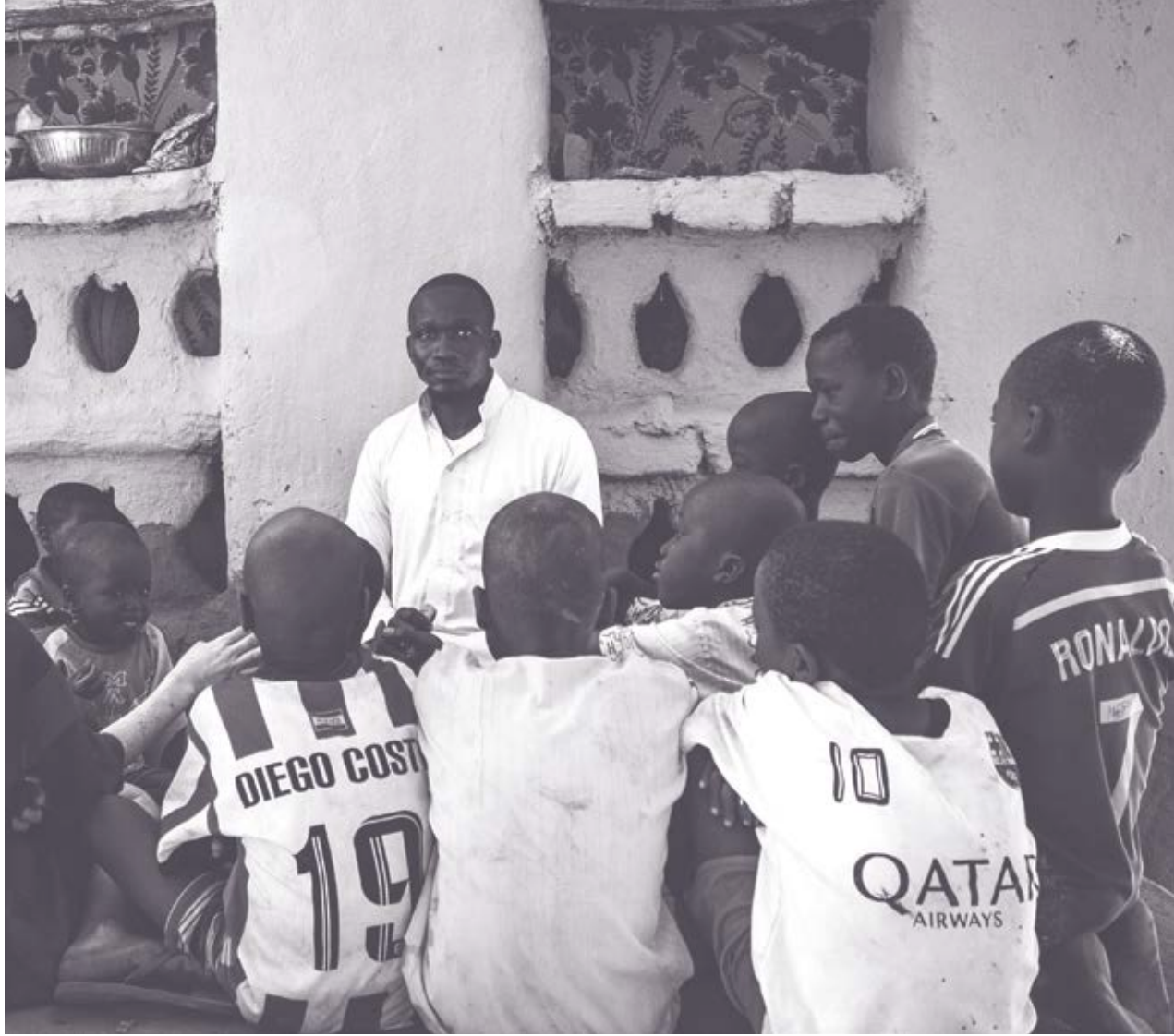
In 2016, Guinea-Bissau partnered with the Portuguese Government and civil society to discourage holiday cuttings, despite considerable political and institutional instability in the African country. A strong communication campaign targeted airports in Guinea-Bissau and Portugal. This was part of an advocacy effort by the National Committee for the Abandonment of Harmful Practices—a coalition comprising Portuguese authorities, civil society organizations, academics and members of the Guinea-Bissau diaspora.

The campaign intensified during summer holiday season, when emigrants are most likely to bring girls to Guinea-Bissau for cutting.

Goodwill Ambassador raises the issue

Catarina Furtado is a popular Portuguese television presenter, actress and UNFPA Goodwill Ambassador who works with both members of the diaspora and those who live in Guinea-Bissau. She raises the issue of FGM/C on television and radio, in Parliament, in schools and in working sessions with community service organizations, including those who deal with migrants. “When I first went to Guinea-Bissau, I met Fatumata Djau Baldé [former Guinea-Bissau Minister of Foreign Affairs and current advocate against FGM/C] who introduced me to the numbers, voices and faces of FGM,” she said. “I met religious leaders, associations that took the first steps, met many girls and women whom tradition has hurt forever. I have learned that beyond the recognition of rights, the existence of laws that criminalize, of programmes, the solution is even ahead of us: education and health for all girls and women, and a stronger investment in community-based programmes.”

GUINEA-BISSAU & MALI



© UNICEF/Balanzan Pixel

Ms. Furtado has also worked with other strong advocates who form a “team of architects specializing in bridges that save lives, and promote the rights of girls and women.”

The French connection

AIDOS (the Italian Association for Women in Development), a long-time collaborator of the Joint Programme, has also been actively working on the approach of “building bridges” between diaspora communities and their countries of origin. AIDOS is supporting a series of activities linking communities in France and Mali to highlight and widely disseminate word of the ongoing FGM/C abandonment process. Activities organized by Equipop, an organization founded by doctors and journalists, will include a large abandonment ceremony in the Kayes region of Mali; broadcasting of the ceremony by community radios in France and Mali;

audio documentaries; and a photo exhibition reporting the Mali event that will be showcased in Mali, in other West African countries and online in Europe.

The communications aim to generate discussion and potentially accelerate social norm change in diaspora communities. Because migrants tend to remain well respected and influential in their home communities, it is critical to involve them in awareness-raising activities. Armed with information about the dangers of FGM/C, they can support their families who stayed in Mali in their decision to abandon the practice.

Establishing multinational communities of practice

As part of the same Joint Programme-supported project, which runs through 2017, AIDOS is



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establishing communities of practice among European and African health professionals to exchange experiences and best practices on psychosocial care following FGM/C, in line with 2016 World Health Organization guidelines. The guidelines advise professionals to go beyond the treatment of the physical consequences, and to treat depression and anxiety disorders, with special attention to female sexual health. Specific needs may include counselling, the provision of information and education.

Migrants tend to remain well respected and influential in their home communities, it is critical to involve them in awareness-raising activities.



14 MAN UP

Men from Kenya, Nigeria, Senegal and Sudan stand up for women

You want to be the MAN but you are scared of her being the woman. Man UP

—from a poem by Abayomi Sarumi posted on the Nigerian endcuttinggirls blog

Men are crucial allies in the elimination of FGM/C. Especially in patriarchal cultures, male opposition to the practice – coming from traditional and religious leaders; respected elders, rulers and chiefs; local and national government and law enforcement officials – carries great weight. However, increasingly, the informal, personal power of men and boys – raising their voices as friends, brothers, husbands, boyfriends, warriors, musicians and sons – is also having a huge impact on social norms and family decisions. These voices were amplified in 2016.

Don't touch my sister!

For instance, in the strong [#TouchePasAMa-Soeur](#) Twitter and social media campaign from Senegal, men—young and old, hip and formal, sporty and serious and cool—were pictured proudly holding signs or wearing T-shirts that disavowed FGM/C with a slogan that was at once protective and assertive: “Don’t touch my sister.”

In conjunction with this campaign and the 16 Days to End Violence against Women, teams of young Senegalese men were filmed getting

ready to board vans and fan out to sections of the country where FGM/C is practised so that they could personally engage people on the issue. On the back of their oversize T-shirts, in large print, is a number to call: a “Green Line” that offers young people information on reproductive and sexual health, including FGM/C.

In another video, produced by the UNFPA West and Central Africa Regional Office, two of the four anti-FGM/C champions are men. One is an imam who bicycles from village to village in Senegal to spread the message that the practice has no basis in Islam, and is in fact detrimental. The other is a Burkina Faso magistrate who holds hearings in special mobile courts in the heart of communities, instead of in the hard-to-reach capital.

Male views often misunderstood

Amplification of men’s voices is crucial not only because of the power they wield, but also because their views are often misunderstood. A striking feature of FGM/C in several countries is how differently the practice is regarded by men and women.



© UNFPA Nigeria/Rufus Ojo Olaji

place at the national, state and community levels. And, in 2016, the Twitter handle [www.twitter.com/endcuttinggirls](https://twitter.com/endcuttinggirls) was used to host 46 weekly Twitter conferences on FGM/C using the hashtag #Endcuttinggirls.

Each week, the conferences address a different aspect of FGM/C—human rights, legal, health and social—garnering the attention of an average of 5,000 visitors per week. A sample tweet:

Positive use of power—by women & men—means we all become stronger, safer, and more respected within our relationships. #endcuttinggirls

The related Facebook page (www.facebook.com/endcuttinggirls), launched in October 2016, has nearly 10,000 followers.

The campaign is produced by social media advocates (most of them men), many with considerable communications expertise, who received training to enhance their capacity and build on the efforts of other partners. Several are poets, whose words ring with compassion towards their sisters and friends (*My heart, her cries puncture/The pain of seeing her writhe in pain*

breaks me)³ or are charged with empowerment (*Leave her whole, let her thrive/Give her hope, let her grow/To grow, and live and learn and love/To know, be known, and tall she stands/The Girl, a gem and jewel, cared for unhurt*).⁴

Taking a stand in Kenya

In several countries, including Guinea, Kenya, Mali and Nigeria, viewing of graphic videos clearly depicting the violence of the procedure, and the screams of the victims, has shocked and brought tears to male viewers. It has also roused many men to advocate against the practice, as have reports of acquaintances bleeding to death or experiencing continual health problems following the procedure.

Although the "morani" (warrior) culture of Kenya's Masaai people is deeply conservative, increasing numbers of reports tell of individual morans who have turned against FGM/C and are rallying others. These cadres of warriors, who prove their bravery and adherence to traditions through feats such as cattle rustling and lion killing, are considered leaders of other young men (18- to 34-year-olds). As a group, the morans are hard to reach, according to Phiona Koyiet, the National Coordinator for-

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The author, Abayomi Sarumi, is a member of the Ekiti State Social Media Advocacy Campaign Team. He is also the convener of #theINSITUMiner and Project Manager at www.thinkingschoolnigeria.org.

4

The author, Olu'Seun Esan, is a member of the Social Media Advocacy Team. He has delivered and facilitated many workshops and training sessions on FGM/C.

Girls and women tend to over-estimate male support for the practice. A large percentage of women and men are unaware of what the opposite sex thinks.

World Vision, the lead implementing partner of the Joint Programme in Kenya. Because they consider themselves to be guardians of culture, they are often resistant to changing their views on FGM/C.

“The morans are not an easy group to work with. If you want to penetrate working with the morans, you have to find the right person,” she said. Once the right person has been found, dialogues are initiated to convince the other members of the moran community, and this process can take years, according to Ms. Koyiet. Yet a dozen or so news reports of morans turning against the practice and enlisting others in the cause were published in 2016, and the Samburu morans, who have their own community organization, started a Facebook page advocating against the practice.

Younger men are taking up the cause as well. An October news segment on Kenya Television Network, a leading news station that provided consistent coverage of FGM/C in 2016, chronicles the story of a 14-year-old boy from West Narok county who lost his sister to FGM/C, which preceded her early marriage. He is now trying to protect his younger sister while enlisting other teenagers to lobby against the practice. The clip shows a packed schoolroom with young adolescent boys watching a video about FGM/C, their serious expressions conveying both shock and concern, as their male teacher earnestly explains the issue.

My husband said "NO"

Aziza, 30, is the mother of three girls and three boys. She has come to Saudi Hospital in Kassala, Sudan, for a routine checkup—she is six months pregnant with her seventh child. She confirms the impression that it is women, not men, who are most reluctant to abandon the practice of cutting girls. “None of my three daughters have been cut,” she said. “I myself am convinced that cutting is bad—I have suffered its consequences when giving birth. But my mother and grandmother are not supporting my decision.”

In an attempt to settle the family conflict, Aziza had suggested that her daughters be cut in a less intrusive procedure. “But my husband said “no”. He would not allow any cutting of our daughters.”

A Poem for Zero Tolerance Day

*Her tears rend me sore,
Her grim and pains and wail
hey hail but she wails
Crying like a hurt bird
The cry of an innocent girl cut*

*They cut her to subdue her
To tame her taste,
subvert her will
Dilute her femininity,
bruise her innocence,
Innocence meant to be defended,
secured and protected*

*The innocence meant to be
soothingly pampered.*

*— by Olu’Seun Esan,
from the endcuttinggirls
Nigerian blog*



© UNFPA Kenya/Douglas Waudu

Sudanese refugee speaks out

Without advocacy outreach, however, many men still regard FGM/C as a women's issue and are reluctant to get involved.

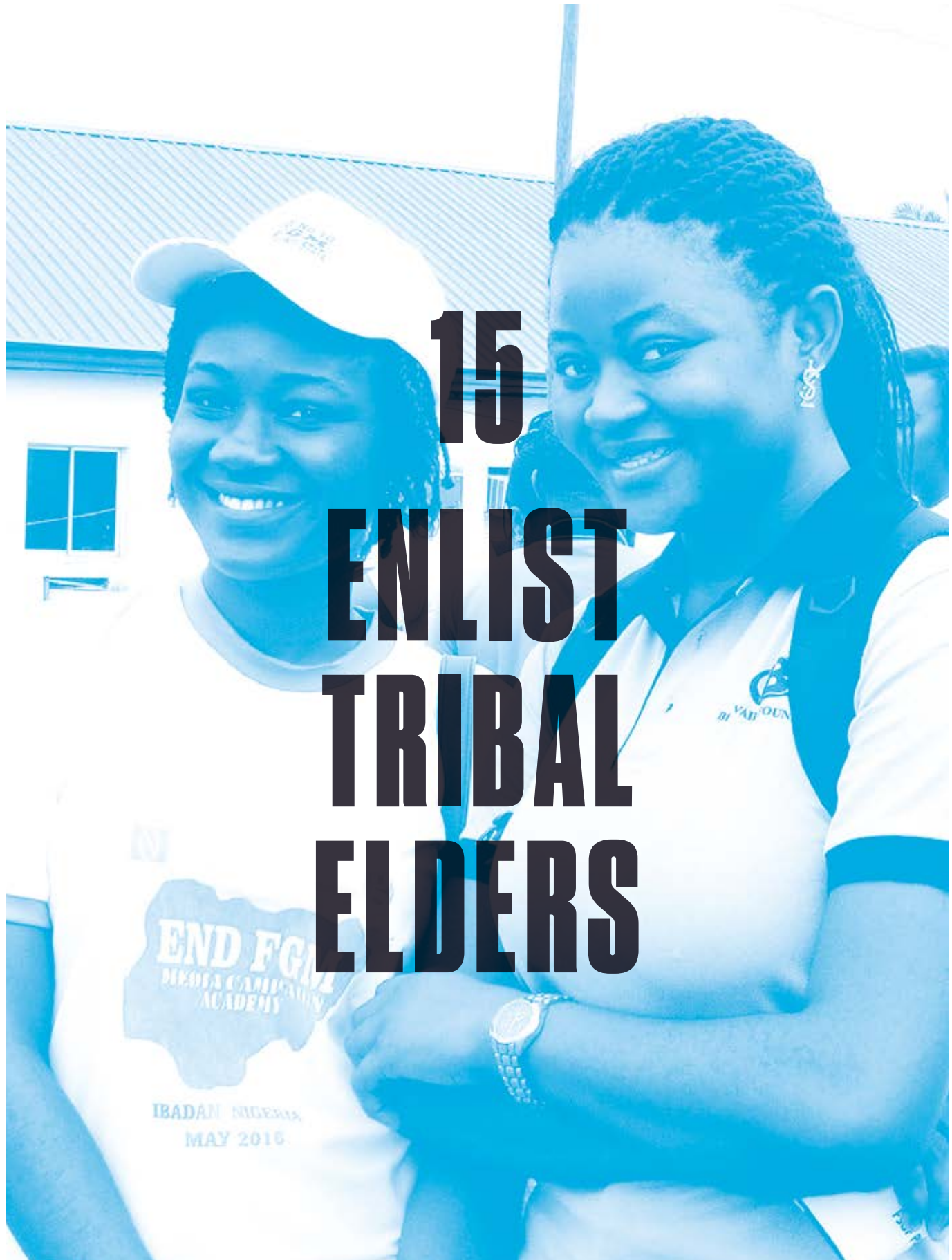
Mr. Saeed, a 74-year-old community leader in Sudan's Wad Sharefai Refugee Camp, said he had long witnessed the suffering of girls and women in his community, but that gender inequality and abuse—including FGM/C—simply seemed normal. “For a long time I had the feeling that our women are suffering from the different types of violence; however, I thought life is like this,” he said.

In December 2013, Mr. Saeed was selected to attend training on FGM/C, organized by the Sudanese Red Crescent Society and supported by UNFPA. The training addressed all aspects of the issue, including the reasons FGM/C is

performed, the human rights concerns associated with the practice, and its consequences.

“After the trainings and the information I got exposed to, and the tough discussions we had through the course of all this, I said to myself, how can a man be a leader without taking such a challenge and fighting for positive change?” Mr. Saeed said. He is now an ardent advocate for the abandonment of FGM/C. He tours the camp, engaging others in conversation about the practice. He speaks out at the mosque, and challenges people at social gatherings to think critically about the issue.

He also encourages religious leaders to help end FGM/C. Because of Mr. Saeed's outspokenness, one of the religious leaders in the camp has affectionately named him the “champion of the camp.”



15 ENLIST TRIBAL ELDERS

Nigeria works with traditional rulers

The traditional councils in Nigeria trace their authority to precolonial times, when the country comprised more than 250 diverse ethnic groups. Since then, traditional rulers have continued to mediate between their people and other authorities, serving as interpreters, spokespersons and ombudsmen. They also help maintain peace among their constituents. Traditional rulers are legally recognized, and are vested with authority by the federal and various provincial state governments that they both collectively and individually serve.

They also wield considerable power in upholding social norms. In recognition of this, in 2016 the Joint Programme mobilized traditional chiefs and religious leaders to support community declarations of abandonment of FGM/C in the three states with the highest prevalence: Imo, Ebonyi and Osun states.

Roots of engagement

The leaders' engagement was spurred by the participation of the state's executive governors and their wives, as well as careful work based on deep contextual knowledge of the key actors in the complex landscape of traditional authority and relationships of clan affinities.

These efforts came as the states were enacting their own laws to harmonize with the Violence Against Persons Prohibition, which was enacted at the federal level in 2015.

Gender equality and women's empowerment were the key rationales presented to these leaders to eliminate FGM/C. Initial discussions focused on member chiefs of the traditional council and the religious leaders who were known to be sympathetic to the elimination of harmful traditional practices, and to improving the status of women and girls. These initial visits cascaded into subsequent discussions and negotiations through familial and clan relationships, which were supported by formal discussions on broad human rights concepts.

Justifications for the practice and its origins in the community were discussed. These discussions enabled chiefs to question and redefine the value and relevance of FGM/C in relation to the social and economic costs to women, girls and the community at large. They enabled consensus building and the collective agreement to abandon FGM/C. And they culminated in public declarations during quarterly consultative meetings of the respective traditional councils, as well as formal state launches of the FGM/C campaign. Subsequently, the traditional councils enacted local edicts in autonomous communities across the states to broaden abandonment.

NIGERIA



© UNFPA Nigeria/Kori Habib

Securing broad-based support

In July, the First Lady of Ebonyi State, her Excellency Chief Mrs. Rachel Umahi, inaugurated a campaign to harmonize state laws with the federal Violence Against Persons Prohibition Act. She used the event to secure the commitment of the executive, legislature and judiciary branches of government, law enforcement, traditional rulers, religious leaders, medical practitioners, cutters and the Ebonyi people themselves in an effort to reduce the state's 74 per cent prevalence rate in the shortest possible time.

Following the one-day meeting, the traditional rulers of Ebonyi State issued a strongly worded communiqué condemning FGM/C, praising the First Lady for her work on behalf of women, and stating, "the Royal Fathers will introduce traditional laws against FGM/C in

all Autonomous Communities in Ebonyi State. We give our full support to the Ebonyi State Government in the actualization of this dream and promise on our part to give grass-roots sensitization and check the practice in our various communities."

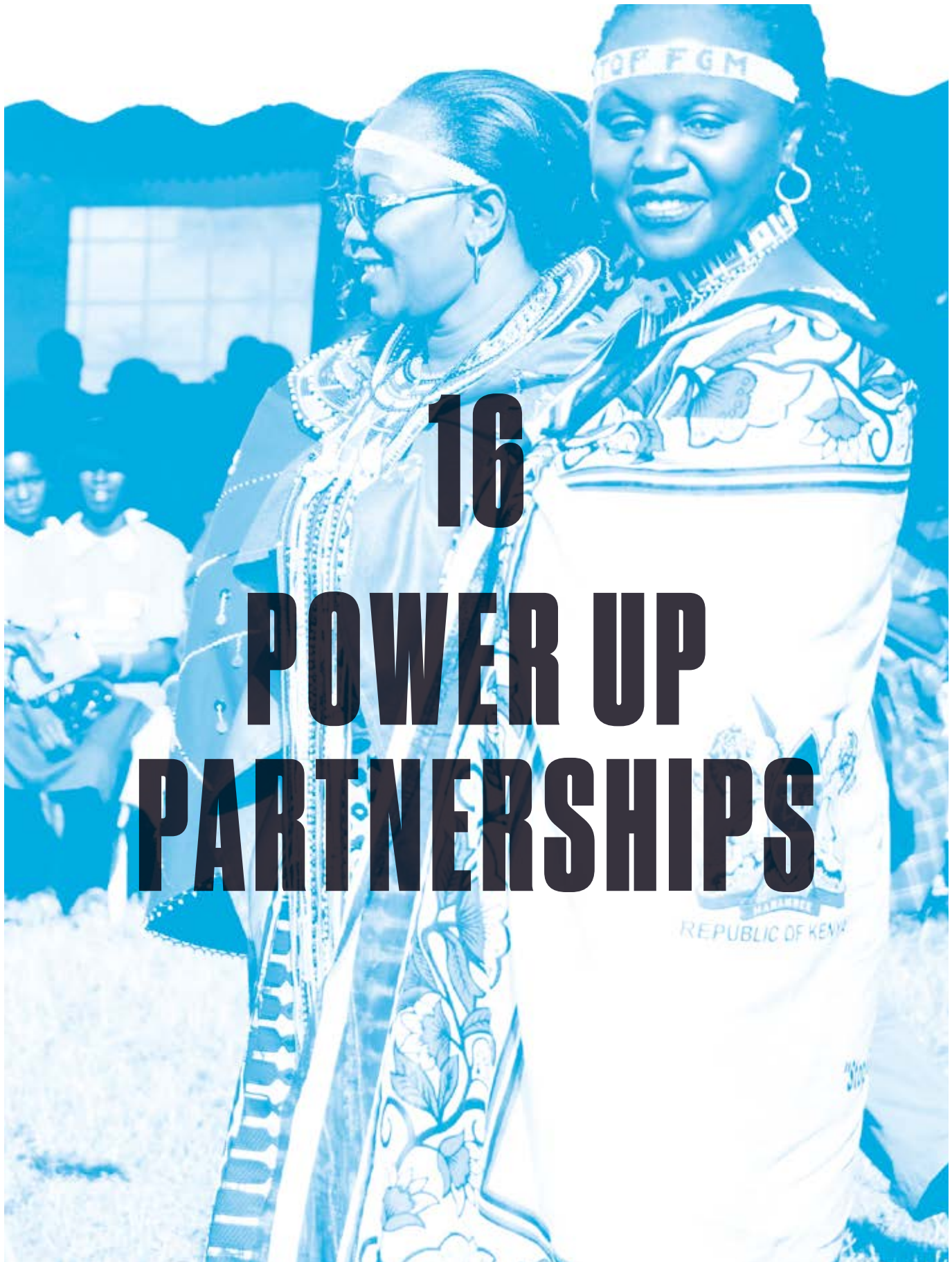
Similar events were organized by the First Ladies of Imo and Osun states. They were also marked by ceremonies, broad representation of both traditional and government leaders, and strong statements in support of the initiative.



© UNFPA Nigeria/Kori Habib



Events organized by First Ladies of Ebony, Imo and Osun states were marked by ceremonies, broad representation of both traditional and government leaders, and strong statements in support of the initiative.



16 POWER UP PARTNERSHIPS

Kenya works through local organizations

Although FGM/C has declined sharply throughout much of Kenya, especially around urban centres, galvanizing this new social norm across vast, remote regions of the country that are cut off from the broader streams of culture has proven more difficult. Whereas prevalence of FGM/C for Kenya's population overall stands at 21 per cent (in women aged 15 to 49), about 78 per cent of Maasai women and 86 per cent of Samburu women in the same age group have been cut (Demographic and Health Survey, 2014).

World Vision—a Christian relief, development and advocacy organization that promotes the rights and well-being of children—has deep roots and an excellent reputation in many of the remote communities where FGM/C persists. As a result, the organization was named the lead implementing partner of the Joint Programme in focus counties, where it also coordinates the work of other grass-roots organizations. “World Vision is present in almost all these areas, and is well recognized by the county governments and other organizations,” said Florence Gachanja, a National Programme Officer on Gender at the UNFPA country office. “In many of these communities, the NGO has been able to do more than the Government in terms of provision of water, food and nutrition, health care and education. This includes putting up infrastructure where none is available to assist children, especially the girls, to go to school, and responding to human-

itarian crises in times of disaster, conflict and drought,” she added.

Building trust and respect

The approach of World Vision, which has been working in Kenya since 1974, is to help communities with their urgent needs. Coupled with the fact that local people help execute projects, this has earned the respect and trust of communities. For World Vision Kenya, empowerment means that communities, households and children have an opportunity to survive, develop and reach their full potential through their own efforts, in partnership with others, explained Phiona Koyiet, the National Coordinator on Gender and Disability for World Vision. The organization began working on FGM/C about 10 years ago.

In 2016, the Joint Programme supported World Vision's work to coordinate stakeholders in focus counties, including setting up regular meetings with representatives from other organizations and government ministries. The aim is to build synergies and avoid duplication of effort (see page 76 “Work with the grass roots”).

Beyond the coordination activities are the very direct and personal dialogues that begin the process of change. Ms. Koyiet pointed with pride to the example of one village, Olepolos, that has declared itself to be free of FGM/C,



© UNFPA Kenya/Douglas Waudo

KENYA

and the hope that it will become an exemplar for neighbouring communities to see they have nothing to fear—and much to gain—from abandoning FGM/C.

A painstaking, long-term process

Addressing the practice in remote areas of Kenya is a complex, long-term process, said Ms. Koyiet. Roads are rudimentary, Internet connections are poor, and, although mobile phones are common, charging them is problematic. Community-based radio does, however, pass key messages about the dangers posed by FGM/C in focus counties.⁵ In these areas, FGM/C is a manifestation of deeply entrenched gender inequality, supported by both men and women, usually without question, Ms. Koyiet pointed out. It is a social norm, and those who do not follow it can expect condemnation, stigma and even harassment. Deconstructing this norm typically begins with the community dialogue process.

World Vision has developed a well-respected methodology for this process called “Channels of Hope,” with a version tailored specifically to gender issues, child protection and community change. The methodology helps structure

community dialogues specifically tailored to women, men, youth and children. It offers participants factually correct information and insight, and empowers them to become agents of change.

A structured dialogue process

The process might begin with groups of 8 to 15 men, sitting in a circle, as is their custom, after the cows have been brought in from pasture, said Ms. Koyiet. The dialogue may continue for months until the communities understand the benefits of abandoning FGM/C. In many Kenyan communities, girls are cut after puberty and before marriage, as part of a coming-of-age initiation into womanhood. Thus, dialogues ideally end up encouraging girls to participate in alternative rites of passage that retain the many positive aspects of the ritual, while leaving behind the harm.

In 2016, World Vision Kenya trained 35 religious leaders to train other trainers using the Channels of Hope method. Through these trainers, and the outreach of those they have trained in turn, some 3,690 community leaders are now serving as facilitators for dialogues. The Channels of Hope methodology has helped

⁵ Wajir, Garissa, Tana River, Samburu, West Pokot, Marsabit, Baringo, Elgeyo Marakwet, Narok, Kajiado and Tana River

to link protection of the bodily integrity of girls with religious teachings. It has clarified that FGM/C is not a religious requirement and that humans should not interfere with God's creation.

Protecting and mentoring girls

Support for alternative rites of passage, so that girls can become real women, according to cultural standards, without going through FGM/C, is a crucial intervention in these areas. For six months before the initiation, girls identified to participate are coached on the importance of the alternative rite, while their male cohorts and their parents or caregivers also learn about its significance.

A mentorship programme, which pairs accomplished women from the community with younger girls, offers another system of support. The objective is to improve personal value, self-worth, self-esteem and self-confidence by walking together with those being mentored to teach life skills beyond the home or classroom environment.

"These women—they have to be someone a girl can look up to, someone who has a role in society and who is willing to take on one or two or three girls," said Ms. Koyiet.

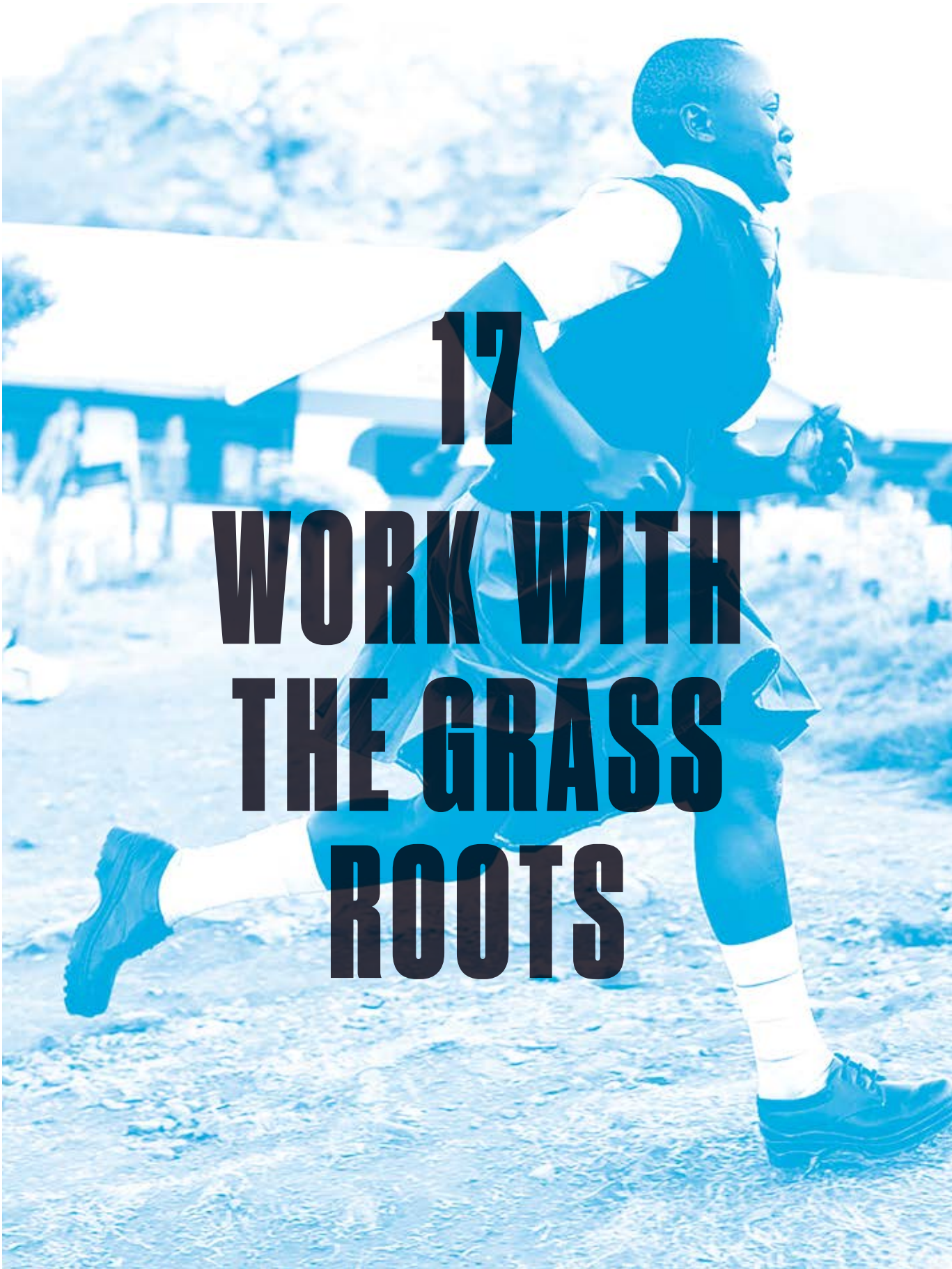
A structured life skills manual developed by World Vision addresses the holistic maturation of young girls for competence in many areas of life, as well as academic achievement. Components focus on character development, cognitive restructuring, life skills training, anger management, foundations for a healthy and strong future, and vocational skills. Girls who have been mentored typically go on to mentor younger girls in the community, Ms. Koyiet said.

In addition, World Vision builds dormitories for girls who live far from the schools, which can also serve as rescue centres for girls hoping to escape FGM/C. Although the Joint Programme does not directly support this approach, it does partner with World Vision in encouraging reconciliation with families and reintegration of girls back into their home communities.

"Many of these girls live far from the schools, and the boarding set-up is more convenient for them, to access education," Ms. Koyiet said.

The Joint Programme continues to play a catalytic role, coordinating stakeholders at the national, county and community levels, and enhancing programming with the latest data and strategic thinking. It also plays a crucial role in training law enforcement officials and high-level advocacy. And, it provides a platform for partners to jointly plan and execute programmes to end FGM/C, and share success stories and challenges. World Vision and smaller grass-roots groups are engaging in deep interpersonal and community work while dealing with the realities on the ground.

World Vision and smaller grass-roots groups are engaging in deep interpersonal and community work while dealing with the realities on the ground.



17 WORK WITH THE GRASS ROOTS

In Kenya, community-based groups provide structure

Before undertaking any interventions, World Vision assesses the grass-roots support available from community- and faith-based organizations; self-help groups of men, women and youth; and local NGOs (see partial list page 79).

“In the areas that are very vast, schools and churches are almost the only social structures,” said Phiona Koyet, the National Coordinator on Gender and Disability for World Vision “We work with pastors if they are there. We work with traditional healers. We work with traditional birth attendants. We use their own to reach them. We find a few converts and then we reach the broader structures.”

Typically, 10 to 30 groups are evaluated through an “organization self-assessment” process. This helps World Vision and the respective organizations to clarify their strengths and weaknesses. Following the assessment, a plan is developed to build capacity where gaps exist. Plans are also established for monitoring and evaluation, and sustainability. This includes training on specific programming models, such as processes related to community change, gender and social norms. “We also work closely with or support communities to form Citizens and Voices Action groups. These networks of partners hold forums that address specific issues like FGM/C, child marriage and gender-based violence,” said Ms. Koyet.

KENYA



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"We work with pastors if they are there. We work with traditional healers. We work with traditional birth attendants. We use their own to reach them. We find a few converts and then we reach the broader structures."

— Phiona Koyiet, National Coordinator for World Vision, and a master trainer for male engagement and the Channels of Hope dialogue process

Grass-roots organizations working with World Vision Kenya

Sandai Special Children	Baringo
Marigat Teachers Lobby Group	Baringo
Simotwo Women Group	Baringo
Marigat Pastors Fellowship	Baringo
Laboin Cultural Women Group	Elgeyo Marakwet: Marakwet East sub-county (Endo and Sambirir wards)
Kapsowar Visionary Top Youth Group	Elgeyo Marakwet: Marakwet West and East sub-county (Arror, Embobut and Kapsowar wards)
KAKOKIPKEU	Elgeyo Marakwet: Keiyo North sub-county (Emsoo and Tambach wards)
Arror Yemebei Cultural Women Group	Elgeyo Marakwet: Marakwet West and East sub-county (Arror Ward)
Marafa Community Development Programme	Kilifi
Kasarani Anti-GBV Stakeholders Forum	Nairobi
Happy World	Narok
Ewang Enkutoto	Narok
Godjope Community Health Development Project	Homabay
Lambwe Ward Civil	Homabay
Kaksingri West Ward Citizen Voice Action	Homabay
Ruma Kaksingri East Ward Citizen Voice Action	Homabay
Lambwe Faith-based Organization	Homabay

Central Faith-based Organization	Homabay
Locational Area Advisory Councils	Homabay
Ward-based disaster management groups	Homabay
Ltungai Community Council of Elders	Samburu
Samburu Moran's Campaign Against FGM (SMOKA)	Samburu
KIBA (Kisima Baawa community-based organization)	Samburu
Osiligi community-based organization	Samburu
Logorate Community Water Project	Samburu
Suguta Community Health Volunteers Organization	Samburu
Department of Children Services	West Pokot (Kapenguria)
West Pokot Anti-FGM Network	West Pokot (Kapenguria)
Umoja Development Organisation	West Pokot (Chepareria)
Daughters of Charity	West Pokot (Sook)
Linyough Women Group	West Pokot (Sook)
Area Advisory Councils	West Pokot
Ministry of Education	West Pokot
West Pokot Child Protection Network	West Pokot (Kapenguria)
Pokot Council of Elders	West Pokot



**In Memoriam
1949-2017**

Dr. Babatunde Osotimehin, who led UNFPA for over six years, died unexpectedly as this report was being produced. We mourn the loss of this global leader of public health, defender of the rights of women and young people, and vigorous champion of change in the campaign to end FGM and other harmful practices.

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