



german
cooperation

DEUTSCHE ZUSAMMENARBEIT



Working for Sustainable Change

Best Practices from the GIZ Regional Programme on the Prevention of FGM
in Ethiopia, Sudan, and Somalia

Implemented by

giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH



FGM-Prevention
Programme



What you find in this brochure

About the Project
and FGM

p. 4

The Generation
Dialogues

p. 12

The Community
Initiative Fund

p. 22

Lessons Learned
& Recommendations

p. 32

Dear Reader,

Anyone who believes that only a few women in Africa are affected by Female Genital Mutilation (FGM) is very much mistaken. In many African countries, FGM is the social norm. It is not only a violation of the physical integrity of young girls and women but is also an expression of structural discrimination against women and is closely linked to the cultural construction of male and female gender roles. The Regional Programme *Improving the Prevention of Female Genital Mutilation in Eastern Africa*, commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ), has been in implementation in Ethiopia, Somalia and Sudan since April 2020 and will continue through December 2026.

In this document, we showcase the effective strategies deployed during our initial phase of implementation (2020-2023). These include the *Community Initiative Fund* and the *Generation Dialogues*, both integral to enhancing the sustained prevention of female genital mutilation within the framework of BMZ's feminist development policy. This brochure shows how much has already been achieved, however, there is still a long way to go: Every year, up to four million girls are still at risk of undergoing the practice. We cannot afford to be complacent. With targeted measures, the German development cooperation will continue to contribute to the ultimate goal of gender equality going forward.

We encourage you to read through the brochure, and we are happy to receive feedback and discuss these and other strategies and approaches to eradicate FGM in Ethiopia, Somalia and Sudan!

Yours sincerely

The GIZ FGM-Prev Team



Get in touch
Julia Bradu-Renault, Project Manager
E julia.renault@giz.de

Our website
<https://www.giz.de/en/worldwide/86408.html>
or simply scan the QR Code on the right!



Our Partners



„In many communities, women are seen as a burden from a young age. As they are expected to marry into another family, their education is not considered valuable to their family. As they grow older, they are seen as a commodity that can bring wealth or status to their family based on the family into which they marry. Witnessing this waste of potential in countless women has inspired me to fight for women's rights and become a role model for future generations.

I envision a country where men and women have equal human rights and opportunities. I am glad that the government is working towards this goal and GIZ is supporting us alongside other partner organizations with activities related to capacity development, coordination, and awareness creation. I am particularly delighted about GIZ's recent promise to support the end-line evaluation of the national costed roadmap. This assistance is greatly appreciated as it will allow us to evaluate the initial phase and promptly make adjustments for the second phase of the roadmap.

For the future, I believe we should focus more on rural and other hard-to-reach areas to move closer towards our goal to eliminate FGM by 2030!“

W/ro Alemitu Umut
State Minister for Women and Children Affairs, Federal Government of Ethiopia

„What personally inspires me to combat FGM in girls is rooted in my own experience as a survivor, as well as the experiences of friends from my school and university years who have endured this practice. Witnessing the detrimental impact it has on girls firsthand drives me forward.

I believe the Government of Somalia should implement a law against all forms of Female Genital Mutilation. Alongside awareness-raising activities, this could reduce the prevalence of cutting in Somalia. It's crucial to establish through legislation that FGM is not tolerable. Awareness raising is particularly needed in rural areas, where we encounter the strongest opposition.

Though we've made progress in pushing back on Type III FGM, mothers often insist on the *sunna* type due to fears that not cutting their daughters will bring shame to the family. This is why I also believe involving men in society is crucial. Communities should educate boys and men on the consequences of FGM so they can stand up against the practice and those who perpetuate it.

In this regard, the project's final phase made significant contributions by pioneering new community engagement methods on a broad scale while maintaining depth. Let's exchange insights to learn from each other about the most effective approaches.“

Ms Sadia Mohamed Nur, Director of the Gender Department
Ministry of Women and Human Rights Development
Federal Government of Somalia



About the Project

By empowering regional, national and local stakeholders and strengthening their awareness-raising skills, the Regional Project Improving the Prevention of Female Genital Mutilation in Eastern Africa (FGM-Prev) aims to accelerate positive changes in social attitudes towards ending FGM in the implementing countries - Ethiopia, Somalia and Sudan.

Through the support of political partners, and the respective line ministries involved in the affairs of women and children, the goal of the FGM-Prev project is to sustainably contribute to the improvement of the lives of girls and women in the region and to support and strengthen efforts to end FGM that are led from within the countries and affected communities.

The FGM-Prev project works in three major action areas while applying a multi-stakeholder and multi-level approach:

- Capacity development
- Exchange, coordination and cooperation
- Awareness-raising

This brochure will show the project's most important activities and its impact in terms of cooperation with the political partners and the communities concerned.



Some facts and figures

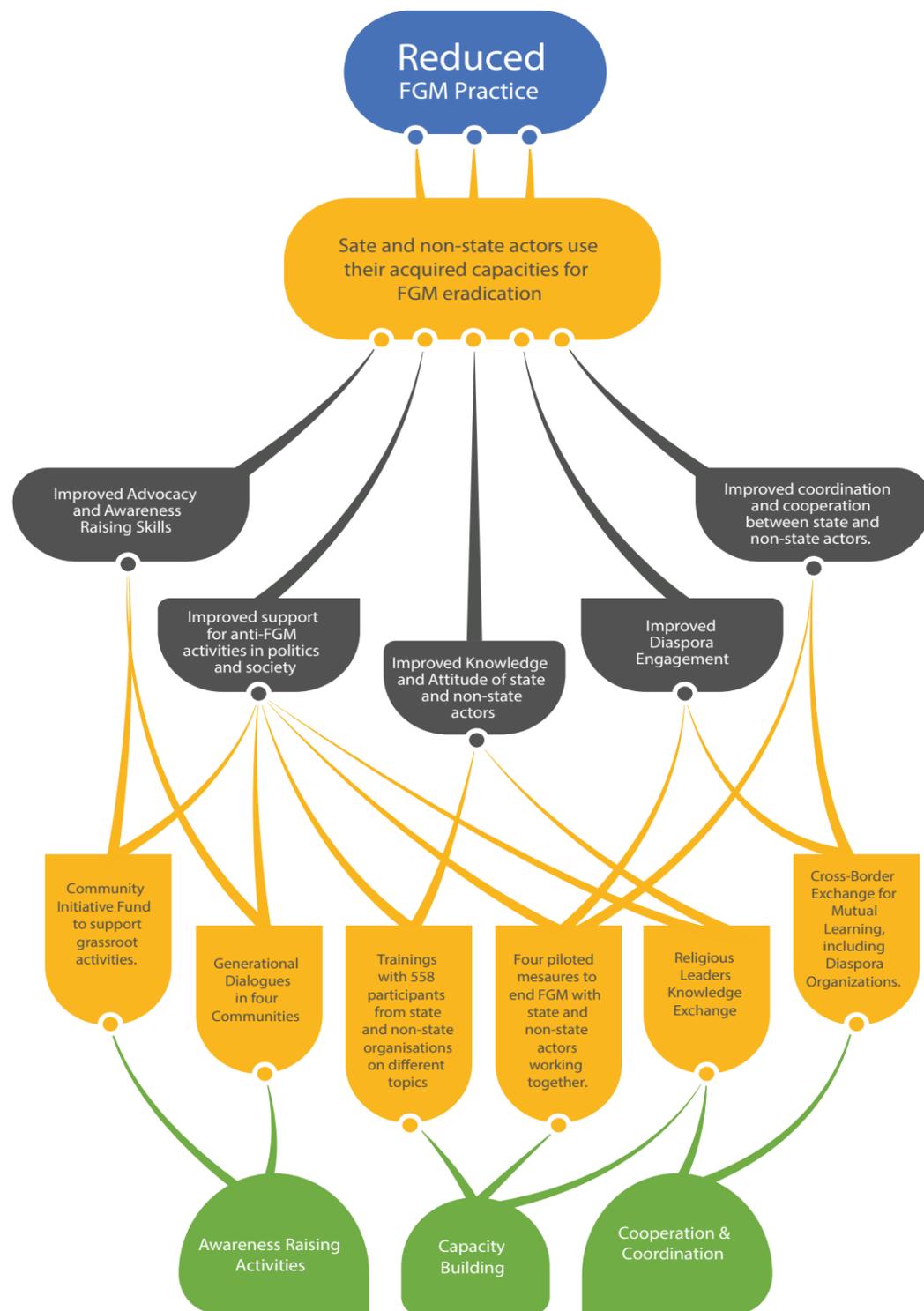
Project duration:
February 2020 to December 2023

Project budget:
5.9 million Euro



It is evident that the prevalence of FGM has not changed very much over the last decades.

In Ethiopia, there exist significant among the regions, with the regions of Afar and Somali still showing prevalence rates above 90%. However, the efforts of the past were not in vain. Despite overall numbers having changed little, the practice of Type III FGM has significantly shifted towards Type I, which, at the very least, is less harmful than the other types.



The result matrix visualizes the logic pursued by the project to achieve impact. Going from bottom to the top, the project implements activities in three action areas to produce outcomes, which ultimately fulfill the project's objective.

Put your Knowledge about FGM to the Test!

- 1 How many girls and women alive today have been subjected to FGM?
 - a) more than 50 million
 - b) more than 100 million
 - c) more than 200 million
- 2 Which countries have the highest prevalence rates in the world?
 - a) Somalia, Guinea and Djibouti
 - b) Nigeria, Ethiopia and Sudan
 - c) Somalia, Sierra Leone and Indonesia
- 3 FGM is classified into four major types. Which type is called the “pharaonic circumcision”?
 - a) Type I: Excision of the prepuce with or without excision of parts of or the entire clitoris.
 - b) Type II: Excision of the clitoris with partial or total excision of the labia minora
 - c) Type III: Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (*infibulation*)
 - d) Type IV: Unclassified: Includes pricking, piercing, or incision of the clitoris and/or labia.
- 4 FGM has multiple negative consequences for girls and women. Which of the following health issues is NOT a possible long-term consequence?
 - a) urinary problems (pain, urinary tract infections)
 - b) vaginal problems (discharge, itching, infections); including menstrual problems
 - c) back pain
 - d) sexual problems (pain during intercourse, decreased satisfaction)
 - e) increased risk of childbirth complications and newborn deaths
 - f) psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem)
- 5 Which human right is NOT violated through the practice of FGM?
 - a) The right to health
 - b) The right to education
 - c) The right to physical integrity
 - d) The right to life
- 6 There are different reasons why people think performing FGM on their daughters is important. Which of these will you NOT hear?
 - a) Men want to marry only cut women.
 - b) It's not hygienic when you're not cut.
 - c) If you don't cut the labia they will keep growing and become very big.
 - d) It prevents premarital sexual affairs.
 - e) Girls who are cut are better at school.
 - f) The practice is obligatory according to Islam.
- 7 FGM causes not only individual harm, but the health consequences are a burden to the health system. According to the information from WHO, treating health complications related to FGM are costly. How much money is spent annually on treating FGM health complications?
 - a) US\$ 650 Million per year
 - b) US\$ 1.4 Billion per year
 - c) US\$ 6.2 Billion per year
- 8 Oftentimes, FGM is no longer performed by traditional cutters, but medical personal. Which of the following statements is NOT a common reason why health-care providers agree to perform it?
 - a) There is reduced risk of complications.
 - b) Medicalization of FGM could be a first step towards full abandonment of the practice.
 - c) Health care providers are themselves members of FGM-practicing communities and are subject to the same social norms.
 - d) It's illegal to send away those who ask for help
 - e) They often get a financial incentives.

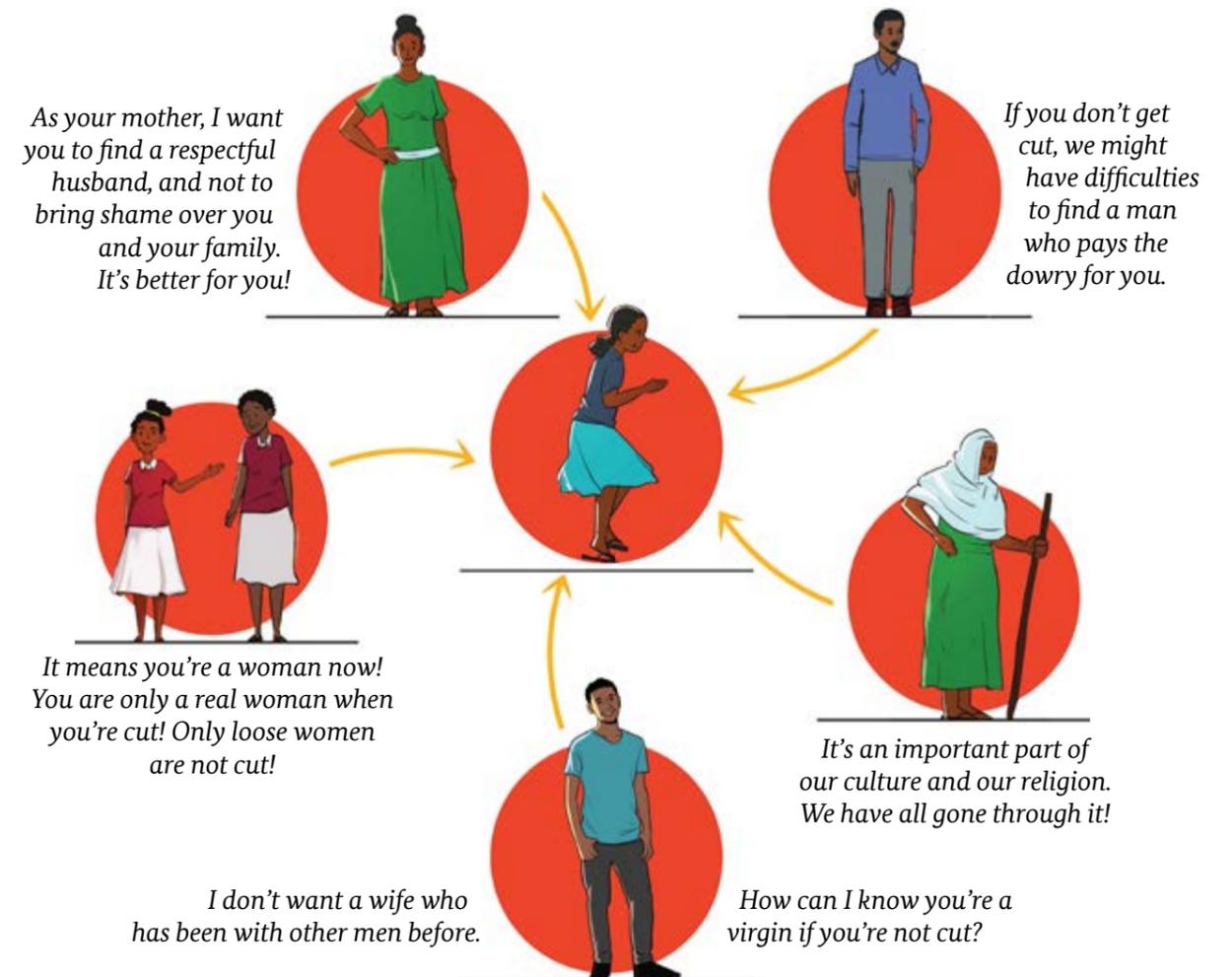
Correct answers: 1. c, 2. a, 3. c, 4. b, 5. d, 6. f, 7. b, 8. c

Why is FGM still a Problem?

The reasons and motivation for having girls and women undergo FGM are diverse. They vary depending on the religious, cultural, ethnic, and social context, but the justifications are often similar.

It is primarily about controlling the female body and women's sexuality. In conversations, 'tradition' is often cited as a reason for carrying out FGM. In Ethiopia, Somalia and Sudan, this includes beliefs and ideas of purity and beauty.

There is a misconception that FGM is necessary to preserve a woman's virginity, and thus, it is often seen as a prerequisite for marriage. In this case, it is not only about finding a husband but, above all, about the financial security for women and possibly their families that comes with marriage. In addition, there is a lack of knowledge about the risks of the practice. Especially men are not aware of the extent of the psychological and mental suffering for girls and women.



Often a combination of these rhetoric and narratives leads to social pressure, which many families succumb to out of fear of sanctions (such as social exclusion) or advantages (the assumption that a

daughter can be married off more easily), and act accordingly. FGM is a societal problem, but for girls at risk, it is particularly the people in her personal network that influence whether a girl is cut.

Involving Different Actors

Eradicating FGM requires a comprehensive approach which ideally involves all stakeholders



The Diaspora

Diaspora communities are engaged in their countries of origin in a number of ways and contribute to their development. They build bridges between the countries of origin and residence and serve to transport

and transfer know-how and innovations. The diaspora is mostly viewed positively and despite some reservations, is a well-respected and powerful group in Ethiopia, Somalia and Sudan and their influence, properly channeled, can be extremely valuable in FGM prevention in the countries of their origin, as well as in the countries of their chosen residence.

We conducted a diaspora mapping to identify actors as potential partners in the area of FGM Prevention. Subsequently a diaspora engagement strategy was developed for the political partners to harness the potential of diaspora actors.

A training series for government and non-government actors (including the diaspora agencies and diaspora organizations worldwide) was delivered.

One common term used when involving the diaspora is 'social remittances' in contrast to financial transactions. We believe that the communication and transfer of new ideas and values can have much greater long-term effects than financial remittances on social and economic development, by fostering cultural and political change.



Educators

Schools are the heart of social and cultural life. Teachers play a fundamental role in transmitting values, producing knowledge and culture, distributing information, and promoting social engagement and responsibility.

With pedagogical training and a six-month coaching, teachers and gender club staff schools were empowered to become key players in preventing harmful practices and promoting gender equality. Teachers and students were supported in planning activities, developing key messages against FGM, preparing budgets and events, and writing final reports and evaluations.

In addition, declarations of commitment for teachers and students proved to be a powerful tool. These statements generated enthusiasm and a sense of shared responsibility among teachers and children and formed part of the graduation ceremony for the final year students of one of Jigjiga's outstanding primary schools with over 2,500 students. The fruitful collaboration between the Bureau of Social and Children's Affairs, Bureau of Education, local organizations, and schools played a key role in the programme's success.

The Media

The media, whether radio, TV or social media, have immense potential to contribute to preventing FGM by raising awareness, fostering education, and sparking meaningful conversations.

We partnered with the BBC Media Action in Somalia and Journalist for Children (JFC) in Sudan, producing content for various media channels. All content was based on sound research, approved by FGM stakeholders from various levels, and designed to be culturally sensitive, and as much as possible in local languages. Outputs included a series of radio magazine programmes and engaging social media content disseminated across multiple regions.

Scan the QR code to see some examples on the BBC facebook page.



Religious Leaders

In our implementation areas Islam is the predominant religion – however, FGM is not limited to areas with a high Muslim population!

Religious leaders are often gatekeepers to social change and sometimes even involved in legislation. Notwithstanding the ambiguity of religious teachings regarding gender equality and other issues, they can be powerful agents of change, as in our context they have the authority to challenge the alleged association of circumcision with Islamic teachings, exposing it as a pre-Islamic practice that, in fact, contradicts Islamic teachings.

Health Workers

Antenatal care (ANC) is one of the best windows of opportunity for preventing future FGM of female babies. Within nine months of pregnancy, pregnant women are expected to have eight ANC contacts with midwife nurses, which makes the midwives a key player in preventing FGM by counseling pregnant women on FGM and its health, psychological, and legal consequences. Furthermore, Health Extension Workers (HEW) and Women Development Armies (WDA)* are relevant target groups for communicating health information. Most of them being women, and thus many having undergone FGM themselves, it is crucial to win their support.

Considering the rise in the medicalization of FGM raising awareness about the legal framework and health consequences among midwives and other health professionals, such as health extension workers, is even more important.



The project created opportunities for religious leaders to dialogue with each other across regions and countries, bringing them in touch with alternative ways of Islamic theological thinking about FGM, for example from Muslim countries who abandoned the practice. Furthermore, platforms such as local FGM task forces where decision-makers from the government level, as well as the community level, meet and discussing with the religious leaders proved equally efficient.

* the Women Development Army (WDA) is massive unpaid community health workforce intended to improve population health.

Religious leaders: allies with limitations

In Puntland, our partner organization SAAD in collaboration with the Ministry of Women Development & Family Affairs facilitated a dialogue between two local Muslim leaders (*sheiks*), discussing the possibility of a religious decree (*fatwa*) prohibiting all forms of FGM.

The two Sheikhs discussed the different views among Islamic scholars about FGM, establishing the following opinions:

Is FGM mandatory in Islam?

The sheiks agreed that a majority of Islamic scholars do not see FGM as mandated by Islamic law, and rather as a custom that predated the Prophet Mohamed. However, some see it as a recommendable practice, which is an honor for females, while circumcision is obligatory for men.

Which type of FGM is forbidden in Islam?

The sheiks agreed that FGM that is practiced in Somalia, especially the *pharaonic* type (type III) is harmful and is not similar to the type that Islamic scholars approve of. In general, anything that is harmful cannot be mandatory. If a type of female circumcision was not harmful - they left this open - it is thus permissible. The two sheiks emphasized that religious leaders could never encourage harmful practices. All they have to do is inform others about what they believe to be true about Islam.



Can or should the state of Somalia ban FGM?

The sheiks agreed that the state could issue such a decree but disagreed on whether it should. One suggested banning only type III FGM, and to mitigate further harm the government might support the training of medical professionals to perform FGM types that cause no lasting damage. The other sheik argued that simply banning FGM is impractical and might spark resistance. He recommended continued awareness-raising, especially in rural areas, involving all elements of the community, including religious leaders.

The discussion revealed both the potential as well as the challenges and limits of Muslim clergy engagement. While they can be a powerful ally to combat the severe forms of FGM, it seems unlikely to have them embrace a zero-tolerance strategy.

More on <https://saadsom.org>



“FGM is a long-standing harmful traditional practice in the country, which has been wrongly linked to the Islamic religion. It has nothing to do with it. FGM is not an Islamic requirement, but it is a harmful cultural custom that has been wrongly promoted.”

Sheik Abdulkadir Dirie

Health workers: effective multipliers

To improve the involvement of health workers in FGM prevention a collaboration was formed between GIZ, Hamlin Fistula Hospital, the Ethiopian Ministry of Health, and the World Health Organization. Jointly, trainings for the different groups were developed and piloted.

Midwife nurses

Twenty-two midwife nurses studying at Hamlin Fistula Hospital nursing school received a three-day training. The primary focus of this training was to utilize Antenatal Care (ANC) as an effective means to educate expectant mothers about FGM and its consequent health, psychological, and legal ramifications.

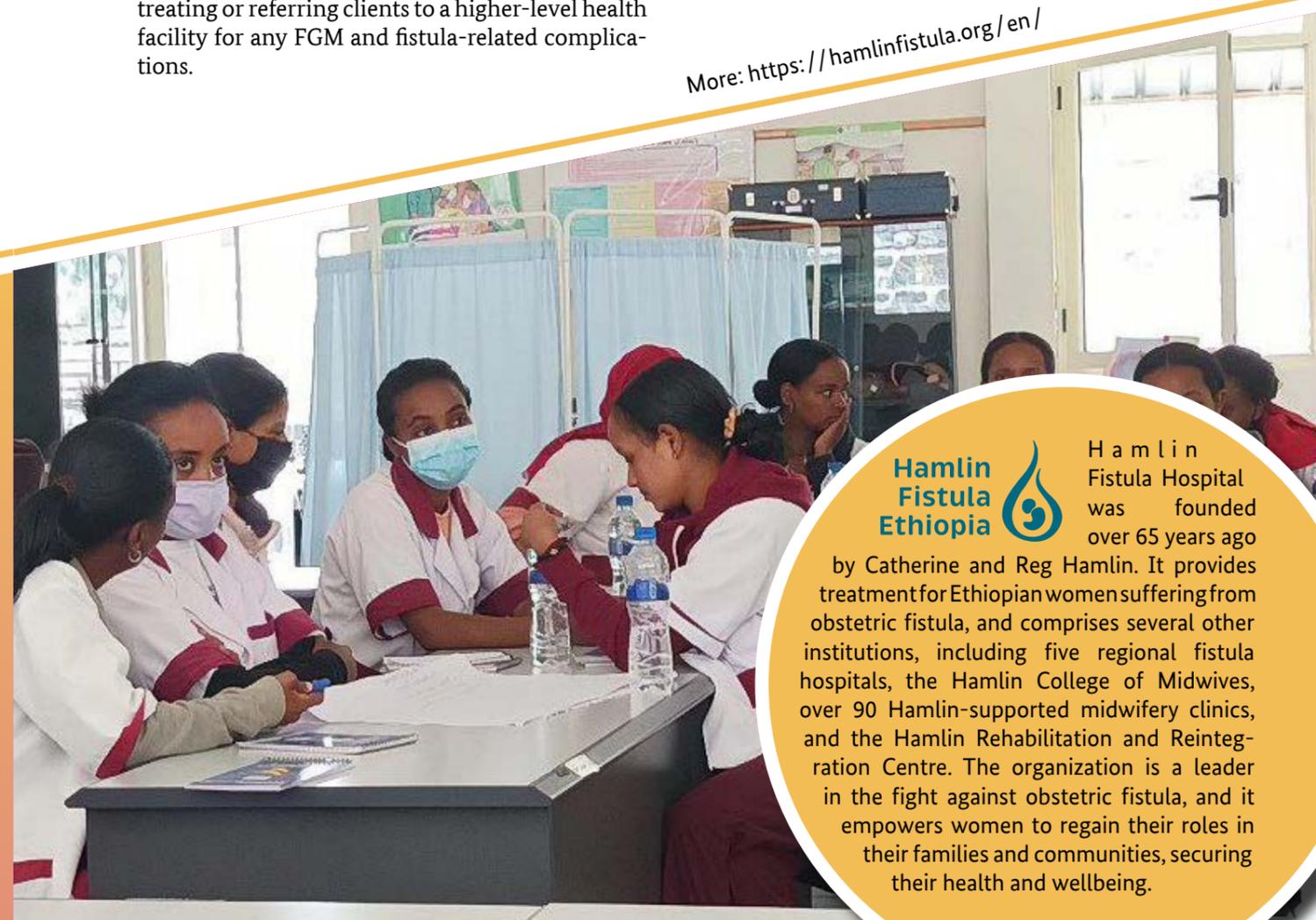
Midwife nurses are an essential element in preventing FGM as they are expected to have at least eight ANC contacts with pregnant women during the nine months of pregnancy. They provide counseling and are also responsible for treating or referring clients to a higher-level health facility for any FGM and fistula-related complications.

HEWs and WDAs

Similarly, a 3-day training was organized on the topics of introduction to female genital mutilation and Obstetrics fistula and their consequences, the connection between FGM and obstetrics fistula, Prevention methods, and community mobilization techniques were provided to 30 health extension workers (HEWs), and 30 women development armies (WDAs) in the Somali and Afar regions. Heads of Woreda women and social affairs also attended the training. They promised their commitment to follow up and ensure the activity is integrated into the day-to-day action of HEWs and WDAs.

We are not yet able to evaluate the outcome, but we are confident that each of the trained health workers will have a lasting impact in their duty stations.

More: <https://hamlinfistula.org/en/>



**Hamlin
Fistula
Ethiopia**

Hamlin
Fistula Hospital
was founded
over 65 years ago

by Catherine and Reg Hamlin. It provides treatment for Ethiopian women suffering from obstetric fistula, and comprises several other institutions, including five regional fistula hospitals, the Hamlin College of Midwives, over 90 Hamlin-supported midwifery clinics, and the Hamlin Rehabilitation and Reintegration Centre. The organization is a leader in the fight against obstetric fistula, and it empowers women to regain their roles in their families and communities, securing their health and wellbeing.



The Generation Dialogues

The Generation Dialogues

The Generation Dialogue is a methodology, that can help unlock processes of social change in communities by creating space for respectful, nonjudgmental communication between people of different generations and sexes. The Dialogues are about practices that relate to cherished traditions and community value systems, but which at the same time cause harm.

The Generation Dialogue takes as its starting point that human behavior always makes sense: even contentious that to values which the individual or the wider community holds dear. Harmful practices cannot be effectively prevented without first understanding the values that motivate them, which are often an integral part of a person's or group's identity. Once these values are acknowledged, it becomes possible to see opportunities to realize them in other ways, preserving their positive core. Thereby, Generation Dialogues primarily focus on relationships, ways of communication, and typical areas of conflict between younger and older people in the community. The existing intergenerational relationships constitute the foundation for all types of Generation Dialogues. Also, making them stronger and more constructive is one of its aims.

At the heart of the Generation Dialogue are five weekly Dialogue sessions, lasting half a day each, in which 24 younger and older men and 24 younger and older women meet in single-sex groups. The Dialogue sessions are built around six interactive exercises. These allow participants to practice listening respectfully and giving constructive feedback, to discuss the core issues of the Dialogue through the lens of their own life experiences, to identify traditional values that they believe should be upheld as well as practices that should be modified or abandoned, and to consider what individuals and institutions in the community could do to bring about these changes.

If you now think: "Five dialogue sessions, and that's it!?" – you're on the wrong track. The Generation Dialogue works because it's embedded into a longer process of preparation and evaluation, designed together with the community. It's usually divided into four steps, which you can see on the side.

This approach provides positive alternatives, opens debates and discussions in the public sphere, encourages individuals to question their acceptance and understanding of social norms, and increasingly builds confidence to speak out against harmful practices such as FGM.



Generation Dialogues Overview

Regions / Communities & Implementer

Overall implementation: management4health

Ethiopia: Somali Region (Kebridahar) through Relief and Development for Vulnerable (RDV)

Somaliland: Sahlaley through Tearfund

Somalia: Puntland (Jilab 2IDP – Garowe) through Puntland Minority Women Development Organization (PMWDO)

Somalia: Mogadishu (Hodan, Wadajir and Daynille Districts) through Elman Peace Center (EPC)

Step 1: Partnerships with Communities and local CBOs

The first step of any dialogue process is to find communities where local groups or actors are already working to change attitudes on FGM and where the community leaders are open. Also, the partner organization should be trusted and respected in the community. A well-designed partnership should marry the 'insider' knowledge and commitment of local change agents with the experience and resources of an external organization like GIZ.

tearfund
Germany

Our Partner in Somaliland

Tearfund is a Christian nonprofit association for development cooperation and emergency aid, committed to a world without poverty and injustice, where all people are given the opportunity to develop their God-given potential.

How do you see the methodology in general?

The methodology uses knowledge from the community instead of outsiders addressing their problems. It allows men and women to discuss the harmful effects of traditional practices. This approach is very suitable for Somaliland which is an oral society. It helps in particular the older generation, which is mostly illiterate, to participate in the consultation. They do not feel left out and are more open to contribute ideas.

What are the biggest challenges during implementation?

The community understood the harmful effect of the pharaonic type but did not see the harmful effect of cutting girls or the sunna type.

What was the biggest success during the implementation?

The biggest success was unlocking the community's potential for social change, creating that space where younger and older generations meet and share their problem, a space that was not there before. In this space, parents learn the importance of listening, especially to girls, and men open their eyes to look at what is going on in their families. We can imagine using the methodology to address also other problems like child marriage.



Step 2: Listening and Learning through Consultations

In community consultations community members and the dialogue team build a trusting relationship where understanding and appreciating the community's values is central.

Hereby, it is crucial to engage with genuine interest and respect, putting aside any preconceived ideas about the issue and listening carefully to how community members speak about it (i.e., what words and phrases they use) and which values underpin it. If possible, their 'positive core' is identified.

The challenge is to look for positive aspects of the community's values regarding FGM that continue to be relevant and worth supporting in today's world.



A facilitator's perspective

How did you become a facilitator for the Generation Dialogue in your village?

I used to live in Yemen, but after the war broke out, I returned and I settled here. I created an organization to help the community, that's how people started to notice me. Ultimately, I was selected to become a facilitator.

What motivates you?

I am an educated person who was raised to help my society, I am hardworking, and I have the courage to do this job, even though some might not like it.



How would you describe your work as facilitator for the Generation Dialogue?

Together with the other facilitators, I conducted community consultations and prepared the dialogue sessions and the public meeting. So, it's not only about logistics. We moderate and supervise participants and also the follow-up activities.

Did your views on FGM also change during the dialogue?

Yes! I believed that the *pharaonic* was forbidden, but the *sunna* type was permitted. When I realized that it is not a religious thing, I now believe that circumcision should be stopped altogether.

Deqa Mohammed (54 y), Salahley



Step 3: Dialogue Sessions

In the dialogue sessions, which build on the insights gained in the Community Consultations, the participants jointly envision a roadmap for change in their community.

Over the course of four sessions (one per week for four weeks) the participants come to understand the values that underpin others' perspectives on the topic of the Dialogue and jointly negotiate— first in single-sex groups, and then together — steps which could be taken in the community to change practices that are deeply-held, but also cause harm. By the end of the fourth session the men and women had examined deeply held views and identified steps that they and other members of the community could take to reduce the harmful effects of particular practices.



By default, the women's group consists of 24 women of both younger and older age, and correspondingly the men's group of 24 men of younger and older age.



Participants' Voices



Abdinasir Ibrahim (21 y), Imam in Salahley

Why did you decide to support the process?

I appreciate the Generation Dialogue because good ideas may be discussed and contested, whereas negative ones are left behind.

My role as Imam is to bring in the perspective of religion and inform people about what Islam has to say about FGM: that it is prohibited and has no place in our religion, and that it also harms a person's health and has major consequences. This was my view already before the Dialogue.

Was there something during the dialogue that surprised you?

Some people who were circumcised in the past shared their experiences. As a man, I had no idea what terrible methods were used to do it.

What do you think the Generation Dialogues as a methodology to address FGM?

Generation Dialogue has the potential to alter attitudes around FGM drastically. It differs from other approaches because the debate will be between different generations of society allowing us to learn about the victims' perspective.

Would you like to share something with other members of your religious community?

Educate people on circumcision and explain that it is not religiously motivated, and bring it up on Friday *Khutbah** so that people are aware of it!

*Sermon.

What were your first thoughts when you heard about the Dialogue?

That it will be tough, and the adults will not allow the adolescents or young people to communicate with them while they are together.

What message or experience do you take home from it?

It is possible for adults and youth to talk and listen to one another. In addition, the daughter can make a claim for her father and mother for her issues. And that the father must be aware of his daughter's condition.

What do you think of the Generation Dialogues as a methodology to address FGM?

It is different. In the past there were few attempts to raise people's awareness and their knowledge, and they did not have much impact. The Generation dialogue raised public awareness, and I believe this may last.

Would you like to use the Generation Dialogues to address other topics in your community?

Yes, I could imagine having similar dialogues about hygiene and cleanliness, especially for girls and women. But also about child diseases and vaccinations. I believe there are many common misconceptions about both these topics.

Ubax (20 y) from Sahahley



Step 4: Public Meetings

The results are presented at a public meeting, and persons of influence and community members at large are invited to support the envisioned commitments formulated in the Dialogue sessions.

At this meeting, the Dialogue participants act as role models for other community members, demonstrating that it is possible and rewarding for both generations to enter into dialogue and work jointly on the challenges they face.

Follow-up activities

The Generation Dialogues do not finish with the Public Meeting. The final step is about nurturing the 'spark' of change that has emerged through the Dialogue process and ensuring that it takes root with the community.

This could be a series of Mini-Dialogues (face-to-face conversations between Dialogue participants and family members, neighbors and other members of the community), promoting the Dialogue through the media or via social media, making presentations to community groups, or designing follow-on projects to address ideas which emerged during the Dialogue.

Selected pledges from communities

Group pledges:

- Older women: We will visit our friends and neighbours every weekend for the next 90 days.
- Young women: we will teach our mothers, and teenagers the harmful effect of FGM for the upcoming 90 days.

Action Points / Requests:

- We request the principal of the school to be our champion and let the teachers discuss in class the harmful effect of FGM.
- We request the religious leader to speak in public every Friday for the upcoming 90 days (approximately three months).
- We request our health workers to consult parents and young girls about the harmful effect of FGM for the upcoming 90 days.

A stakeholder's perspective



First, please tell us about yourself and your role.

My name is Muna Issa, and I am the Director of the Gender Department of the Ministry of Employment, Social Affairs, and Family in Somaliland. I have been serving the Ministry in different positions for eight years, and I have been invol-

ved from the start of Generation Dialogues.

What does your ministry think about the Generation Dialogue as a methodology?

The Ministry acknowledges the importance of conducting the Generation Dialogue. This proactive endeavor aims to heighten community awareness surrounding issues such as FGM, child marriage, and all forms of GBV. The anticipated impact is nothing short of revolutionary, as the Generation Dialogue is anticipated to catalyze a profound shift in attitudes and beliefs, fostering a collective rejection of outdated and harmful societal norms. Empowering GD champions through training creates a frontline defense against FGM and harmful practices. This initiative also fosters a deep understanding of MESAF's community-level policies, amplifying voices that, when heard by lawmakers, have the potential to pave the way for crucial bills and policies, solidifying a collective commitment to lasting societal change.

What are the lessons learned, success stories and challenges from the Generation Dialogue?

In my firsthand experience at the public meeting, the Generational Dialogue participants exhibited remarkable openness in addressing harmful practices, marking the success of gender-inclusive discussions. Witnessing men and women engage in candid conversations was immensely encouraging.

However, a glaring challenge emerged—the absence of an anti-FGM policy and bill in the country, which poses a formidable obstacle.

How does this approach differ from the previous intergenerational dialogue approaches implemented in Somaliland?

I think it's the community-driven, comprehensive methodology, with equal participation of both genders. Its meticulously structured approach, rooted in community consultation sets it apart. It fosters a holistic understanding by initiating sessions encompassing mutual acquaintance, active listening, and inclusive idea expression.

Covering aspects such as traditional costumes and exploring both positive and negative impacts, the Generation Dialogue culminates in addressing critical topics like FGM.

Want more information?



Watch a movie produced by Elman Peace Center about GD process in Somalia.

The German Ministry for Economic Cooperation and Development runs an information page. Just scan this QR-code:

What we achieved

4 Dialogue



3172

Direct beneficiaries

Costs per beneficiary are significant, but due to longterm and meaningful engagement the impact is significant and sustainable.



Around 33€

per beneficiary

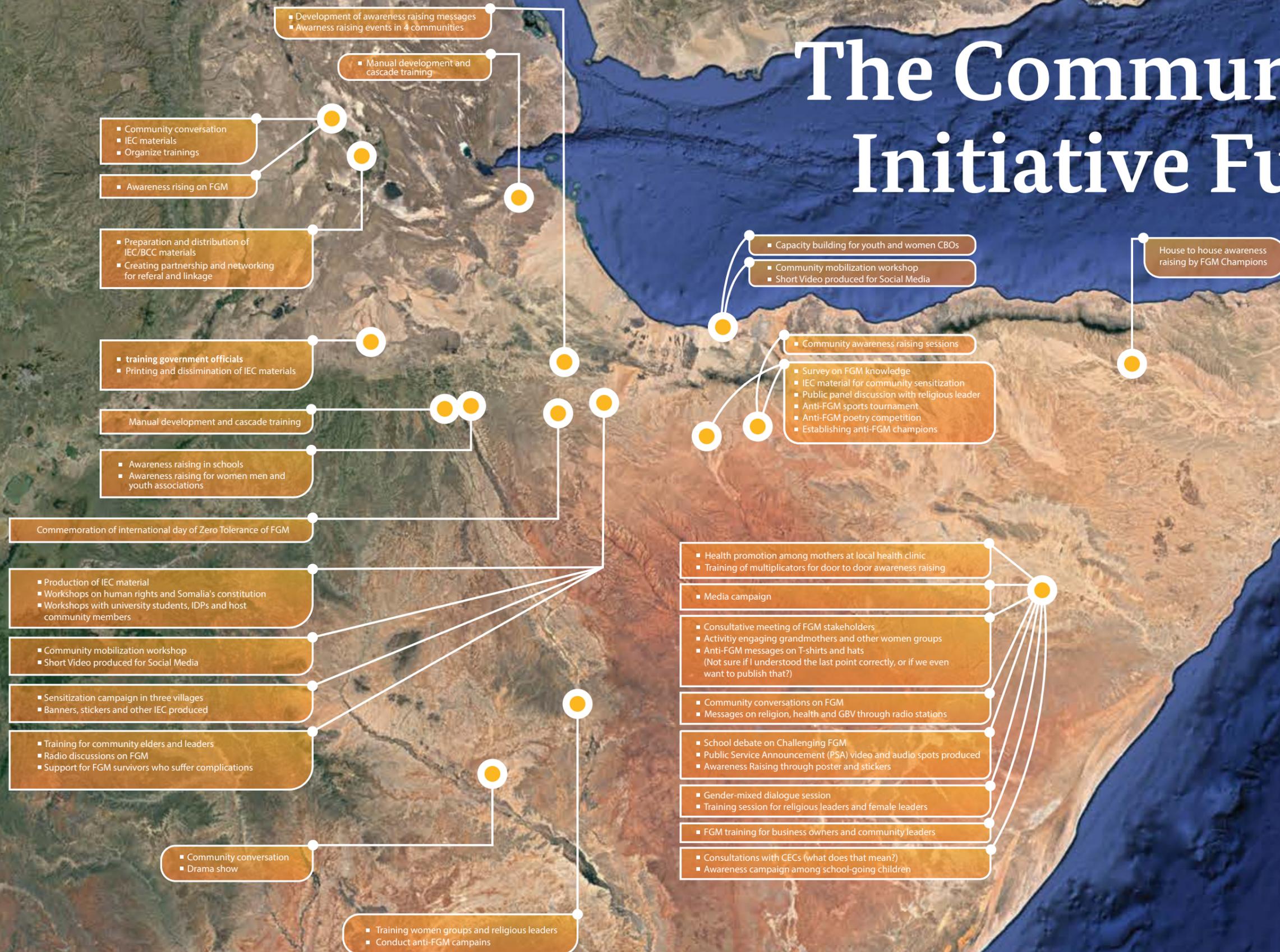
Why it's worth Investing

- It is an activity in which people deal with the topic of FGM over a **longer period** and are thus encouraged to reflect on the practice and rethink it.
- The generation dialogues are successful because they also **involve boys and men**. Many of them have only understood the serious impact of FGM on women and society through the open discussions in the dialog formats.
- Generation Dialogues are **very cost effective**, compared to their longterm impact.
- The community is engaged as a whole, with rough public events to which teachers, politicians, religious authorities, health workers, and other representatives of institutions or gatekeepers of social norms are invited.
- Generation dialogues create **connections and commitment** among the participants and the entire community, strengthening social cohesion and enabling joint action.

What to Consider

- It is important to note that the older and younger generations often started with no preexisting relationship in the Somali context. This **lack of familiarity** is a challenge, but it also created opportunities for learning, understanding each other, and building connections.
- Different generations have **different communication styles**; thus, everyone needs to feel accommodated during the dialogue process
- Show appreciation to the participants by providing food and drinks or other incentives. It needs to be considered that during the dialouge sessions and public meetings, they are not working and might not earn money or that their attendance causes delays in their daily responsibilities.
- Stick to the methodology but still **stay flexible** and customize it to the local context.

The Community Initiative Fund



About the Community Initiative (COIN) Fund

The COIN-Fund was our funding tool to enable communities working on their vision of change, following the assumption that communities know best, and that a little money at the right place may often achieve more than a lot of money going into a one-size-fits-all-approach.

Application and Selection Process

Any community initiative from our project area could submit a proposal, and a steering committee selected the most promising initiatives. These committees comprised representatives from the local government, the project and local and/or international NGOs, depending on the context. Selection criteria included i.a.

- Strategic quality (e.g. relevant activities, feasibility, realistic time frame)
- Formal quality (e.g. matching the ToR, well-articulated objectives, formal quality)
- Capacity (e.g. working experience, office structures, available staff and qualifications)

After the mandatory commercial eligibility check 34 out of 46 applicants were selected. Unfortunately, due to the breakout of war in Sudan, the activities there could not be implemented.

Capacity Building

After the selection, all initiatives were given access to tailored capacity building to make the results as sustainable as possible. Two examples:

- 10 days of training on communication, proposal writing, project cycle management, monitoring & evaluation, and finance management.
- Supportive supervision was conducted to review the implementation with the CSOs, including on-site visits and feedback on submitted reports. Finally, Focus Group Discussions (GFDs) were conducted with selected members of the community to track the outcomes of the activities.
- Furthermore, the selected NGOs were invited to the regional knowledge exchange to present their work in conference posters and exchange experiences.

As you can see below, the COIN fund activities were very cost-effective. However, these costs do not include overhead costs, as these are always difficult to calculate. Of course, working „small scale“ is sometimes a lot of work.

But it's often worth it!

Sample Project 1: FGM Champions



TAAKULO Community Development Volunteers have implemented FGM prevention activities, especially through house to house awareness raising in El-Dahir Community of Puntland using trained FGM champions.

Activities undertaken

Selection and capacitation of FGM and project officer from El-Dahir community with the involvement of the Chairman of the community to ensure that village management committee is aware of the project activities and selection of the Staff. Four FGM champions and one project Officer were selected and each were given a 5 day training. The FGM champions conducted house to house visits to promote zero tolerance for FGM, each visiting 60 families per month. In total 2880 families were reached.



Public gatherings were organized for those who accepted the awareness raising to declare that they stopped all forms of FGM from their daughters.

More: <https://taakulosom.org/>

A Story of Change

Johro Mohamed Hassan Jama is a grandmother of four daughters, all of whom have their families with children in the El-Dahir community. The FGM champions meet with the daughters in their homes to discuss the health hazards of FGM, urging them to protect their daughters from undergoing the procedure. After numerous meetings with the daughters, the FGM champions discovered that it was the grandmother who was advising the daughters not to heed their awareness efforts and to continue with the circumcision.

The FGM champions then focused their efforts on engaging with the grandmother, who initially resisted, citing religious requirements and cultural norms. Finally, the FGM champions persisted in meeting and discussing with the grandmother, engaging with her more than 15 times. Eventually, Ms. Johro came to realize the problems she herself encountered due to FGM, starting from the day of her circumcision and continuing until the birth of her last child.

Ultimately, the efforts of the FGM champions proved successful, as Johro accepted a zero-tolerance stance on FGM, and she reached out to all her daughters, urging them to protect their daughters from the practice.

„Having experienced firsthand the difficulties of FGM due to a lack of knowledge, I promise to ensure that my granddaughters are protected from all forms of FGM,“ Johro declared.



The Fund in Numbers



until 2024
56 projects
implemented



Over
25.000
beneficiaries



on average
5.143 ETB
per project

*Not included in the costs are training and overhead costs, which can be significant when working with grassroots CSOs.



Courage and Friendship - A School Drama Production

The school drama which was written and played by the COIN-Fund supported gender club at the Sheik Nur Isse School in Ethiopia is based on tale of two couples, who have different views on FGM.

Fatima is doing chores around the house and calls her daughter. She tells her that she is now the age of becoming a woman so they are going to prepare her to be circumcised.



Mom, please don't make me go through this. I don't want to be cut.

I know what is best for you, child!

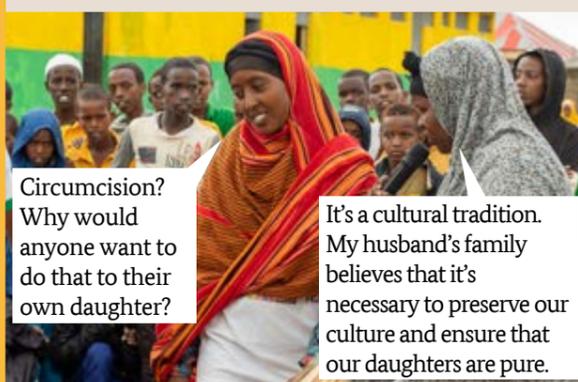
That is good news.



Husband, I want to tell you that since it is the school break I wanted to take our daughter to go under circumcision to the near village.

Moments later Fatima's husband Hajji Ali comes home.

Later Aisha comes over to Fatima's house. She tells her friend that she's going to circumcise her daughter. Aisha is shocked.



Circumcision? Why would anyone want to do that to their own daughter?

It's a cultural tradition. My husband's family believes that it's necessary to preserve our culture and ensure that our daughters are pure.

Aisha tells her that FGM is harmful and has no benefits. It can cause pain, infection, and even death, but Fatima doesn't want to listen.



You have to stand up for your daughter's rights! She has the right to live free of harm and oppression! You can't let cultural traditions come before her safety and wellbeing!

It's not that simple! Keep your advice to yourself!

Aisha goes back to her house and calls her husband haji Osma, and convinces him to speak to his friend, Haji Ali.



I heard from my wife that you are planning to circumcise your daughter?

Yes! She is now in the age of marriage.



It is cultural tradition that has been passed down for generations in our community. It is a rite of passage that shows a girl is ready for marriage.

But it's not a religious obligation! And it can lead to lifelong physical and psychological damage. We should leave behind all things that are harmful to our children, women and society in general!



Why do you want to circumcise her then?



You are right. What do you advise me to do? My wife has already taken own our daughter to be circumcised.



Don't worry! We will go together to dissuade your wife.

In the meantime Fatima has travelled to the village to meet the circumciser, Halima.

Halima's business is going well, but she is concerned about the awareness raising activities of the NGOs, which have resulted in some communities stopping to circumcise their daughters.

Also, she is afraid of being caught in the act and being prosecuted.

Indeed, Aisha has come after them to stop them from performing the circumcision. She is telling them they're doing irreparable damage.



It is our tradition. It is what we do in our community. It is what is expected of us. I understand your concern, but this is a deeply ingrained part of our culture. It is what we have always done.

That doesn't make it right! We must break the cycle of violence and abuse!

Aisha, I think I already told you to mind your own business. This is my daughter and I can do to her whatever I am pleased.



Please, I don't want to suffer! The teachers taught us about FGM. It's harmful and has only negative impact on girls and their health.

Aisha leaves the scene disappointed and angry.

Halima advises Fatima not to mind her, and that they should proceed now.

Fatima tries to comfort her daughter, who is scared, telling her she'll be fine.

Then, Haji Osman and Haji Ali arrive.



Fatima, dear! I changed my mind! Let's not circumcise our daughter. I had a deep discussion with my friend here, who told me that FGM is not religious obligation. It's rather going to scar our daughter for life, but as parents we need to protect her!

Halima tries to convince him by asserting that no one will marry his daughter if she is not circumcised. Suddenly Aisha returns with policemen.

Fatima and Halima try to deny what's going on.



We didn't do anything, officer! We were just hanging out. No funny business here, I assure you, officer!

It is a criminal offence to perform FGM in our country!

Aisha has told the police already everything, so there's no point to deny.

The police arrests Halima the circumciser and take her down to the police station.



We all want what's best for our daughters!

As the two couples exchange ideas and share their experiences, they realize that they have more in common than they thought, despite their different views on FGM.

The play ends with a message of hope and call to action. The audience is encouraged to speak out against female genital mutilation and to work towards ending this harmful practice once and for all.

Well done!



Sample Project 2: Working with Law Enforcement and Schools

Working with law enforcement

Activity: The Mother and Child Development Organization (MCDO) conducted an FGM training for law enforcement bodies (police, justice bureau, women's affairs office, Sharia court etc.).

Apart from legal aspects the training covered confidentiality and health aspects as well.

Results: 28 persons from different institutions received training (5 females and 23 males). An action plan was jointly created and agreed. The participants sometimes had different views and opinions about FGM, and sometimes reacted with amusement, wonder, or disagreement, but at the end of the session they mostly agreed on the raised issues. This worked very well!



Working with Schools

Activity: School based sensitization activities on FGM, including a drama and a stage talk with the opportunity to ask questions, which was awarded with notebooks or other school material for those who actively participated.

Results: In total 2,717 students in two schools were in the audience, ranging from 10 years old up to 16 years old.

The establishment of a gender club in the school has greatly facilitated the successful orchestra of the drama event. The gender club member along with their teachers actively participated in the discussion, planning and implantation of the event.

More: www.mcndo.org

Sample Project 3: Empower Communities holistically



The Women Action for Advocacy and Progress Organization (WAAPO) planned and implemented a holistic, multi-stakeholder, multi-level, and human rights based project which aimed to change social norms and encourage the abandonment of FGM at community level.

What that means concretely

1. Conduct capacity-building workshops for the district councils, local authorities, law enforcement, camp leaders, and the CBCs on FGM prevention and response and to promote FGM police enactment and combat all types of THP.
2. Conduct awareness raising campaign and advocacy on FGM prevention and response to empower communities to abandon all types of FGM.



3. Conduct a radio panel discussion about the impact of FGM/C on communities, raise awareness and reinforce the importance of a zero-tolerance FGM/C policy.

4. Train influential community leaders, traditional elders, religious sheiks, and district officials and establish FGM alliances for the commitment to end all forms of FGM.

5. Organize FGM youth-led campaigns and participatory youth-led events (Traditional dance cultural performance in Schools and Universities to promote zero tolerance of FGM).

6. Provide safer and more accessible services for complicated cases of FGM through medical assistance, a safe shelter, psychosocial counseling, and specialized referral assistance (MHPSS).

More: www.waapo.org



A future champion against FGM

Asiya is an ambitious and determined 16-year-old girl and a member of the gender club at Sheik nur Isse Primary School. The club's primary focus is addressing the issue of Female Genital Mutilation (FGM) and raising awareness about its harmful effects.

Asiya and her fellow club members have employed creative methods to deliver their message, such as organizing school dramas and performances that effectively convey the importance of ending FGM. The club has inspired Asiya to pursue a career as a human rights lawyer:

„I'm passionate about advocating for the rights of girls and empowering them to live a life free from discrimination, inequality, and injustice!“



Witnessing the impact of education and awareness, she is resolute in her determination. Through her words and actions, Asiya embodies the hope and potential of young individuals striving to work towards a more just and equal society. Her passion serves as an inspiration to her peers, encouraging them to assert their rights and become agents of change.

Asiya's story exemplifies the power of education, empowerment, and collective action. It reflects a world where young girls like her can pursue their dreams and contribute to a society free from FGM.

Sample Project 4: Strengthening Referral Systems and Community Mobilization in Afar

Our partner organization, APMDO, implemented two initiatives in Asaita and Afambo woredas.

Strengthen referral systems

The first initiative aimed to strengthen the referral system for the prevention of FGM, as well as for the treatment of survivors. This initiative was essential in improving the prevention of FGM and ensuring that survivors received proper healthcare and treatment. In this regard, training was conducted for 55 people from the community and different organizations. The community members trained had different responsibilities, including religious leaders, health extension workers, community mobilizers, staff from the

Bureau of Women and Social Affairs, health center staff, police, and the Bureau of Justice. This initiative was critical in creating awareness among the community members about the harmful effects of FGM and ensuring that they take the necessary steps to prevent it.

Community mobilization

The second initiative implemented by APMDO was the development of IEC materials to be distributed to the community and schools. These materials were aimed at raising awareness about the consequences of FGM, and they contained a story of a girl who was cut at the age of seven days and then married at 15. The distribution was done before, during, and after marriage and childbirth in six schools in two woredas and in the five woredas where the COIN-fund project is being implemented. This initiative was essential in creating awareness about the harmful effects of FGM and ensuring that the community members took the necessary steps to prevent it.



One of the civil society organizations that participated in the project was the 'As alle Pastoralist Multi-sectoral Development Organization (APMDO)'. Established in 2019, APMDO is an indigenous organization with a vision to promote a developed and self-reliant pastoralist society in Afar.

Sample Project 5: Does FGM protect against Rape? Empowering Women-led CSOs in Sudan



After the war broke out in Sudan, the number of reported cases of sexual violence and exploitation skyrocketed as a result of the deteriorating security situation. As a consequence, an increase in the number of FGM practices, especially type III, could be observed, serving most likely as a protection mechanism adopted by the community. Many community members supported this idea as a way to protect girls and women from rape, not being aware of the severe physical and mental consequences that female genital mutilation has for girls and women.

The projects reacted to the new demand by reaching out to new partners and dealing with new situations on a daily basis. The FGM-prevention project with collaboration with the *Women for Peace and Development Organization* conducted a 3-day capacity development training in December 2023, targeting 20 women from 10 women-led organisations that actively work with grassroots initiative members in Gadarif (*Al Qadārif*), where implementation was still possible despite multiple challenges.

The training used a participatory approach when group work, brainstorming, and role play took place, ultimately developing three awareness-raising campaign ideas that were developed and conducted during December. The campaigns targeted both IDPs from Khartoum and the host community in Gadarif State. They used different approaches like public meetings, drama, music, and community gatherings when they did competitions, asked questions and quizzes regarding FGM complications and negative impact, and distributed prizes to enhance the participation of the audience. The campaigns successfully hosted 750 participants (187 men and 563 women).

Ultimately though, without a significant improvement of the security situation the fight against FGM in Sudan will remain an uphill battle and many successes of the past will be in vain.



Lessons Learned & Recommendations



What we learned

We need new strategies to promote 'zero tolerance'

While the negative effects of type II and III FGM were pretty obvious, the default strategy of focussing on health consequences seems to work less for type I. The result is a shift towards lighter forms of FGM, accompanied by calls for medicalization to make them 'safe'. Thus, the overall prevalence rate of FGM stagnates. We feel new strategies are urgently needed to complement the health perspective, and better data disaggregation regarding FGM types.

There's no alternative to a holistic approach

Approaches to tackle FGM should be holistic, involve different sectors, and be owned by the communities where they are implemented. A legal base against FGM and efforts on policy level is equally important as engaging all stakeholders on community level (for example, religious leaders, teachers, and health workers) since stand-alone approaches are not able to create the social norm change needed at the individual or community level to eradicate FGM.

Meaningful community dialogue makes a difference

Facilitating conversations within the communities where people of all generations come together and can voice their opinions without being judged proved very successful. Approaches like the Generation Dialogues foster discussions between older and younger generations. Changing long-held traditions can be threatening, especially for the older generation or for those who benefit the most from these practices and therefore require culturally sensitive and longterm interventions.

Religious leaders are effective yet ambiguous allies

In our interventions, we have seen the power religious leaders can have in the fight against FGM. They are the most important actors in delinking harmful practices from religion, and working with them is effective and efficient. At the same time, many of them seem not willing to support a total abandonment of FGM, as they feel the *sunna* type does not cause real harm.

Diaspora's role is complex

Approaching the diaspora can be a successful approach. On the one hand, activists who live abroad can be role models to other girls and women. On the other hand, it is important to realize that diaspora communities are often a driving force to perform FGM in order to feel a connection to their home and sustain cultural practices while staying abroad.

What we recommend

Continue to push for a law in Somalia

Unfortunately, in Somalia FGM is still not prohibited. Even though a law alone is not the solution to eradicate the practice, it is an important aspect when addressing the topic. Establishing a law in Somalia as soon as possible is crucial since it would be a sign of strong political commitment at the national level. The actors involved in FGM Prevention should continue their efforts to introduce a law that criminalizes FGM and continue to promote the social change that needs to accompany such a law for it to be effective. All donors should support the ministries and other important actors in lobbying for the Anti-FGM law towards national policymakers, parliamentarians, law enforcement officials and the justice sector.

Involve men and boys systematically

Many girls get cut based on the assumption that men otherwise won't accept her as a wife. We learned from our activities that the participation of men and boys can disprove this assumption, promote collective responsibility within communities and even challenge traditional gender norms. Still, they're not engaged systematically enough and tailored approaches are missing. It should be seen as preferable to have an uncut wife!

Make it simpler for grassroots

Even though the effort for identification, capacity building and administration was significant, we found that our investments into grassroots initiatives were highly rewarding. They know their communities and know what can work and what not. The COIN Fund model was a good way to tap into this potential overall. However, we found it necessary to invest time and effort to engage in-depth on their activity plans, as some have a tendency to suggest simply what they think the donor likes. Furthermore, we noticed that a process that is too elaborated potentially excludes especially those initiatives that are *really* grassroots. One idea is to offer the reproduction of proven interventions as an option for applicants who do not yet have the capacity to conceptualize their own ideas for interventions.

Focus on rural areas with tailored interventions

We noticed a growing gap between urban and rural areas regarding FGM, probably because many interventions focus on urban areas due to logistic considerations of international donors. It's just easier to implement here. However, rural areas should be more in the focus in the future, and approaches should be reviewed with regard to their appropriateness for rural communities. Initiatives should specifically target these communities based on their lifestyles that differ from urban areas.

Why I am working for Change

My name is Mohamed Ahmed Osman, commonly known as Saabir. I'm an International Trade and Investment graduate, currently based in Mogadishu. Today, I'm dedicated to FGM prevention within the Somali community, recognizing the critical importance of my role as a young man in challenging harmful traditions and fostering positive change.

The motivation to engage in FGM prevention work stems from my experience with the Generation Dialogues, as before I lacked an in-depth understanding of the topic. It was only through this program that I grasped the severe impact of FGM on women and society as a whole, unveiling the silent suffering of women in our society.

One impactful moment during the Generation Dialogue training occurred during my advocacy and awareness efforts. I encountered a recently married woman who had undergone genital mutilation, and she shared with us the challenges she faced in intimacy due to a closed genital opening resulting from circumcision. The doctor's recommendation of daily sexual activity to prevent closure added to her pain, leading to her being hospitalized. This experience shed light on the painful reality faced by women subjected to such harmful practices. Another poignant moment from the training involved learning about historical practices where women were mutilated using thorns and thread. The measurement of a girl's genital opening with maize to restrict sexual activity and the use of tree sap instead of proper medication for healing were distressing revelations. These practices, once common, left a lasting impact on my perception of FGM.



Participating in the Generation Dialogue was an entirely novel experience for me – something I had neither seen nor heard before.

It marked my first encounter with this transformative program and every part of this initiative resonated with me. Reflecting on my professional journey, I acknowledge the profound impact of the Generation Dialogue program, providing me with invaluable insights. Initially, the idea of meaningful conversations between older and younger generations appeared implausible, but through engaging workshops and training, I have come to realize that our differences can serve as a unifying force. This experience has broadened my perspective and instilled in me the confidence to engage in meaningful conversations with individuals much older than myself.

In the Somali context, discussing sensitive issues like FGM or any female-related concerns can be challenging, especially for a young man. However, this challenge inspired me to become an advocate within my community. My ultimate goal is to empower young men to be advocates for change, facilitating an environment where the harmful practice of FGM is openly addressed and, eventually, eradicated. I see the impact of this work resonating across future generations, envisioning a Somali community that values the well-being of its women and rejects harmful practices. Through education, dialogue, and advocacy, I aspire to contribute to a cultural shift that ensures the protection and empowerment of women, fostering a more inclusive and enlightened society.

A handwritten signature in blue ink, appearing to read 'Saabir'.



Impressum

Published by

Deutsche Gesellschaft für Internationale
Zusammenarbeit (GIZ) GmbH

Registered offices

Bonn and Eschborn, Germany

Combating Female Genital Mutilation in East Africa

Bloom Tower, Kazanchis, Addis Abeba
P.O.Box 100009, Addis Ababa, Ethiopia
Phone +251 (0)11 662 8880/84
<https://www.giz.de/en/worldwide/86408.html>

As of

February 2024

Contact

Julia Bradu-Renault, Project Manager
E julia.renault@giz.de

Text

Hanna Lena Reich

Concept, Editing & Layout

Benjamin Kalkum

Photo credits

FGM Prev / GIZ Ethiopia