Mainstreaming

Female Genital Cutting work into the grassroot programs

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Acronyms

NAFIS	Network Against Female Genital Mutilation/Cutting in Somaliland
WHO	World Health Organization
AAIS	ActionAid International Somaliland
SRH&R	Sexual Reproductive Health and Rights
INGOs	International Non- Governmental Organizations
NGOs	Non-Governmental Organizations
CSOs	Civil Society Organizations
TBAs	Traditional Birth attendants
SDGs	Sustainable Development Goals
MCHC's	Mother and Child Health Centers
MOLSA	Ministry of Labour and Social Affairs
CCBRS	Comprehensive Community Based Rehabilitation in Somaliland
NAGAAD	Comprehensive Community Based Rehabilitation in Somaliland
WAAPO	Umbrella of Women Organizations in Somaliland
NPAC	National Plan of Action for Children
GBV	Gender Based Violence

Preface

Female Genital Mutilation/Cutting (FGM/C) irreparably damages girls' physical mental and socially rights of her entire life. According to WHO "it is estimated more than 200 million girls and women alive today have had female genital mutilation/cutting, as well there are an estimated 3 million girls who are at risk of undergoing FGM/C every year". Furthermore FGM/C robs girls 'autonomy and violates their human rights. It reflects the low status of girls and women and reinforces gender inequality, fueling intergenerational cycles of discrimination and harm.

For instance, the inclusion of FGM/C concept into the development programs is new to Somaliland, and this Guideline has been produced in the framework of the empowering communities to collectively abandon FGM/C in Somaliland; Implemented by NAFIS NETWORK in partnership with ActionAid International Somaliland (AAIS). Therefore, this Guideline was designed to cope with and contribute to the guidance of FGM/C mainstreaming into programs by addressing FGM/C as a gender and development issue.

Mainstreaming FGM/C activities/projects for its preventions and abandonment in all development policies and programmes, might lead a vital role in eradicating FGM/C, because of integration of FGM/C into development programs may change women's attitude and beliefs towards FGM to take root and be sustained. It must gather sufficient support from power holders in the Community such as Husbands, Health Professionals including Midwives, Religious Leaders, local circumcisers and Policy Makers.

Thus, rather than advocating anti-FGM/C policies, and Zero tolerance approaches solely, it might be more effective and efficient to design an inclusiveness Program that is mainstreaming all the FGM/C activities into development programs including education, livelihood, environment and health, in order to create a comprehensive program which is smoothly mainstreaming FGM on development programs.

This Guideline might require to be fully translated into Somali language to help those who cannot understand English. The Guidelines is meant to be a practical tool or guiding to be used by Program staff, project managers, community facilitators when programming development projects and programmes in order to enable them to better understand the facts, root causes and socio-cultural dimensions of the practice, be knowledgeable about the most successful interventions and be able to design programmes/projects which also addresses FGM.

The final version of the manual will be the result of reflections received from NAFIS Network organizations' members of an FGM/C, its personnel, ActionAid and other participants involved in the validation training workshop.

I hope that this Guideline will remain a guide and inspiration for FGM/C mainstreaming into programs Work.

Abdirahman Osman Gaas
Executive Director
NAFIS NETWORK

Acknowledgement

This manual has been developed and produced in the framework of empowering communities to collectively abandon FGM/C in Somaliland, project implemented partially by Network against FGM/C in Somaliland (NAFIS) in partnership with ActionAid International Somaliland (AAIS) to mainstream FGM/C into development programs to address female genital mutilation/cutting as a development issue. This manual has been revised and validated in light of the experience of workshop that brought together different development programs staffand many helpful comments made by trainees from the network, NAFIS member organizations and ActionAid in Somaliland.

I, Mr. Aidarus Ibrahim Khalif (author of the Guidelines) would like to express my gratitude to the executive and program team of NAFIS NETWORK in particular, the Executive Director of the NETWORK for his whole-heartily welcoming, valuable and constructive guidance during the planning stage of this consultancy. I would also like to express my great appreciation to Miss. Nimo A. Ali -Program Manager who was the main contact on this consultancy and provided invaluable support throughout the process. I deeply appreciate the specialist external readers and NAFIS program team whose have generously given their time and feedback while reviewing the first and second drafts.

At last but not the least, I would also like to acknowledge and express my very great appreciation to FGM/C stakeholders, development programs staff, and individual expertise for given me their valuable time and providing requested feedback. Their responses were sincere and valuable to the FGM/C mainstreaming into development programs Guidelines.

Aidarus Ibrahim Khalif

Author and Editor of the Guidelines

Introduction about the Guidelines

What is mainstreaming?

Mainstreaming is a form of educational programming that integrates special needs of women, children or vulnerable groups into sustainable development planning and management. From social cultural perspective the mainstreaming contributes those who needs a special care like health and educations services to be considered and the main goal is to give favorable and normalized environment for women.

Gender Mainstreaming

Gender mainstreaming is a strategy of underlining a platform of brining gender concerns and perspective to the center on attention in policies, analysis and programs and projects. In order to understand the Gender concerns and develop effective strategies for gender mainstreaming into development. (UN, 2002)

Purpose of the Guidelines

This manual has been developed in the framework of the empowering communities to collective abandon FGM/C in Somaliland by mainstreaming female genital mutilations/cutting into development programs to address FGM/C as a development matter. This guidelines aimed to guide FGM stakeholders including Local NGOs program staff, project officers, community facilitators and international Organizations' project staff.

The core learning objectives is to increase understanding the cultural environment and the reasons behind FGM as a social norm; improve understanding of FGM as a gender and development issue; develop participants' skills and capacities to adopt strategies, tools and approaches to address FGM in development projects and programmes plus more.

Who is the Target Group?

The target group of this manual is stakeholders who will be more engaged in preventing and mainstreaming as FGM/C into development projects and programmes or who will undertake training on addressing FGM in development projects and programmes targeting NGOs & CSOs and their respective program officers working in the areas of sexual and reproductive health, women's and girls' rights, women's empowerment and poverty eradication, among others. It is expected that participants who are attending at validation workshop of this Guidelinesshould be skilled trainers/team to easily adapt the contents of the Guidelines. They should have a good understanding of gender and human rights issues and also be knowledgeable about FGM issues.

In addition, they should be able to facilitate group learning as well as being skilled in project planning in order to assist their respective organizations and trainees to integrate and/or improve the FGM component in their projects and programmes.

The Guidelines Structure

TheGuidelines is structured into three modules.

Module: 1 Introduction: Module one provides an overview understanding of FGM, its types, where FGM is practiced and by who, FGM/C health consequences and its prevalence in

Somaliland. Also this module will abstract **FGM as gender issues** focusing FGM as a harmful practice associated with specific gender roles and gender power relations within communities. , as well the module one outlines**FGM As Development Issue** by exploring past and present approaches and tools adopted by UN agencies, NGOs, governments and other actors which have been developed and tested in order to enable ending FGM including the main monitoring and evaluation systems used.

Module: 2Mainstreaming FGM into Program clusters: This module focuses more on better understanding that FGM/C components needs and must be integrated within a broader development policy framework that includes gender and women's rights perspective. It suggests and gives special hints for the program managers, officers, and community facilitators to Possible Interventions and Entry Points.

Module: 3Community Involvements of FGM/C Preventions of FGM/C: This module focuses more on Community Involvement in Preventing FGM/C. It is intended the network program staff to better understand and have overview on how to prepare nurses and midwives and community health workers for reaching out to communities for FGM/C preventions.

How to use thisGuidelines

Each module is structured as an independent section; therefore, trainers can follow the proposed structure of the Guidelines as well as decide to modify the sequence, contents and activities of each module according to the specific learning needs of the trainees. Trainers should prepare by reading through the entire manual.

Guidelines Objectives

This Guidelines is designed to skill up FGM/C stakeholders including project managers, officers' community facilitators and etc, about mainstreaming FGM/C into development programs in order to abandon FGM. Moreover, this Guidelines will provide guidanceon FGM/C intervention approaches within the development programs. In addition, it will direct the trainer of trainee in order to facilitate a valuable training concerning FGM/C mainstreaming approaches into development programs which enabling the trainer to prepare the training manuals for what is aimed to be provided for the program managers, officers and community facilitators.

For instance, this Guidelines is harmonizing both as a trainer guidance and as mainstreaming guidance for the users.

Expected outcome

- this GuidelinesTo be published by NAFIS NETWORK
- All the FGM stakeholders to use this Guidelines as FGM/C mainstreaming Guidelines
- Training of Trainee guidance
- To use as Guidelines of mainstreaming FGM/C into development programs
- FGM/C stakeholders, project managers, officers and community facilitators will adopt and use this Guidelines.

1.1 Understanding FGM:

Learning Objectives

- To increase understanding the reasons behind FGM as a social norm.
- To increase understanding of what is to be considered FGM, where and how it is practiced, including the main data about the prevalence in different regions;
- To analyse the cultural and social reasons behind practicing FGM/C and its effect on women and girls;
- Understanding FGM/Cpersistence causes and how it is possible to transform the social norm associated with it.

FGM at Glance

Female Genital Mutilation

"According to WHO, FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth and perineal lacerations." (Multi-Agency Practice Guidelines: Female Genital Mutilation, 2014)

What target audience must know?

Due to the high sensitivity of the topic, the matter of what term to use is highly important.While addressing the subject inside a given community, it is crucial to choose a terminology. That our audience will understand and by which people will not be offended or feel judged.

These days using the term FGM, most NGOs implementing activities related to preventions and eradication of FGM uses ***GUDNIINKA FIRCOONIGA AH***which is not the appropriate Somali translations. In separate meeting with NAFIS Core program staff made a literature review and proposed the term***GUDNIINKA HABLAHA*** is more appropriate.

Types of FGM/C

FGM has been classified by the World Health Organization into four types:

- Type 1 – ***Clitoridectomy:*** partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Type 2 – ***Excision:*** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina).Type
- Type 3 – ***Infibulation***: narrowing of the vaginal
- Type 4 – ***Other***: all other ***harmful procedures*** to the female genitalia for ***non-medical purposes***, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

The age at which girls undergo FGM varies enormously according to the community. ***The***

procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of FGM cases are thought to take place between the ***ages of 5 and 8*** and therefore girls within that age bracket are at a higher risk.(Multi-Agency Practice Guidelines: Female Genital Mutilation, 2014)

→KEYS MESSAGES

In Somaliland where anti FGM/C stakeholders is implementing projects and/or on the Network members and communities they are targeting, different types of FGM might be practiced with different implications on health, psychological wellbeing and social relationships within the communities.

Information about which type of FGM is mainly practiced and how it is perceived at community level should be collected in the design phase of any intervention in order to better tailor the intervention of the Network. For instance, in an area where infibulation or pharaonic type is widely practiced as norm, you may decide to provide targeted health services such -infibulation accompanied by counselling at individual and couple level to inform, sensitize and support the women in remaining De-infibulated.

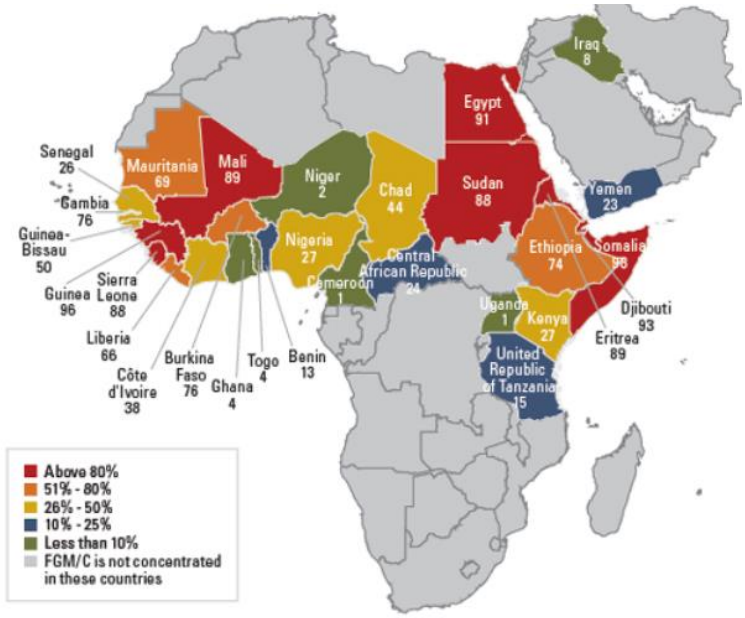
Where is FGM/C practiced?

FGM in Global

The majority of girls and women at risk of undergoing FGM/C live in some 28 countries in Africa and the Middle East. And immigrant communities including Australia, Canada, UK, France, New Zealand, Norway, Sweden and USA, these countries form a broad band from Senegal in the west to Somalia in the east. Female Genital Mutilation is occasionally reported to be practiced by a limited few in Oman; Saudi Arabia; United Arab Emirates; Yemen; and by even fewer in certain communities in Indonesia; Malaysia; India and Pakistan. (http://www.unfpa.org/resources/female-genital-mutilation, n.d.)

FGM in Africa

Female Genital Mutilation is reported to exist in many African countries, in some it is performed on all or most women while in others it may be performed only on some women belonging to certain ethnic groups. The countries where **FGM** is reported to be practiced with varying applications of Types and different prevalence rates are: Benin; Burkina Faso; Cameroon; Central African Republic; Chad, Democratic Republic of the Congo, Djibouti, Egypt, Eritrea, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Somaliland, Sudan, Tanzania, Togo, and Uganda. (http://www.unfpa.org/resources/female-genital-mutilation, n.d.)



Source : UNICEF, 2013

Figure: 1 Map**:** countries in which FGM is practiced and its statistics

How the practice is carried out

FGM is most commonly performed by midwives, traditional birth attendants (TBAs) and traditional circumcisers. The procedure is carried out using crude tools and instruments such as razors, knives and scissors. Antiseptics are not generally used, however in urban areas FGM is being performed more frequently in hospitals by trained midwives and nurses.

Age FGM is performed

The age at which FGM is performed varies widely, depending on ethnic group and geographical location. Among some groups FGM is performed as early as infancy, while others occur in adolescence, or occasionally in adulthood.

In Somaliland, where FGM prevalence is about **98%**, is primarily performed FGM/C on girls ***aged 4 to 11 years***, which might have result severe medical complications as it is the early stages of person's biological development. (UNICEF, 2004- 2015)

Origins and Evolution

The origin of FGM is uncertain although there is some evidence that female circumcision may have been practiced over 2000 years ago in ancient Egypt. Historical writings show that FGM was practiced in Egypt in the 5th century B.C.E., and in Greece in the 2nd century B.C.E. It has been suggested that the practice may have spread from Egypt to other areas, partly because FGM is known by some Sudanese communities as 'pharaonic circumcision, but ironically it is known as 'Sudanese' circumcision in parts of Egypt what is clear that FGM has been practiced in parts of Africa for millennia and that it is far more than just a physical operation imposed on women. (Associazione Italiana Donne per lo Sviluppo, 2015)

In Somaliland, there is no evidence or writings showing the exact centaury that FGM/C started practicing. Some individuals pointed that FGM/C entered Somalia/Somaliland from Sudan and Egypt immigrants.

FGM as Social Norms

FGM is deeply rooted in a complex social framework. It is supported by a wide range of beliefs, customs, values and sociological pressures including:

- ® **Psychosexual reasons** –cutting of the external female genital organs is believed to reduce sexual desire in a girl/woman, maintain her virginity before marriage.
- ® **Sociological reasons** - FGM is commonly linked with identification of cultural heritage, initiation of girls into womanhood, social integration, maintenance of social cohesion, and family honour.
- ® **Myths** - It is commonly believed that the clitoris is dangerous and unless removed it will lead a prolonged labour or grow long and dangle down. (http://fgm.co.nz, n.d.)
- ® **Religious reasons** - FGM is practised by Muslims, Christians (Catholics, Protestants and Coptics), animists and nonbelievers. It has frequently been carried out by some Muslim communities in the genuine belief that it is demanded by the Islamic faith, however, the practice of FGM predates Islam and there is no substantive evidence that it is an Islamic religious requirement.

Changing a social norm

Most social norms are a combination of individual decision-making, such as the decision of a family to cut their daughters, and social pressure created by the wider community.

→KEYS MESSAGES

Understanding that FGM is a social norm is the first step for any Programme manager, development officer or community facilitator who wants to promote development interventions with an FGM component. In the past, projects in Somaliland focused only on the possible negative effects of FGM on health, for instance, had the unwanted effect of leading to the medicalization of the practice, as people clearly understood the danger related to FGM but they continued to perceive it as a social obligation to be fulfilled.

The effects

The effects of FGM may range from physical, psychological, and social. The health and psychological consequences vary conferring to the age of the girl when subjected to the practice. The immediate impact of FGM can cause severe bleeding, urine retention and painful urination, in addition, it may cause vaginal cysts, dysmenorrhea, prolonged labour and increase of maternal mortalities. (http://www.unfpa.org/resources/female-genital-mutilation-, n.d.)

Women who experience FGM are exposed to greater risk of infection from a range of diseases including sexual transmitted diseases, and some women need to resort to surgery to be able to have sexual intercourse or give birth, which can increase the risk of infections and medical complications.The health complications of FGM depend on different factors, including the type performed, and the methods of the practice.

→KEYS MESSAGES

When programming intervenes with FGM components, health and psychological consequences on girls and women who have already had FGM should be considered. It is fundamental to

further investigate what kind of consequences the target girls and women areencountering so as to design specific services with the aim of improving their health and psychological conditions and their overall wellbeing. Not all the women for instance may need and want reconstructive surgery even if it may seem to be a brilliant solution. Instead, "medium-long term psychological counselling could lead to a sustainable solution where the woman feels empowered in her sexual/sentimental life". (Associazione Italiana Donne per lo Sviluppo, 2015)

FGM/C in Somaliland

According to a study conducted in 2014 on Assessment of the Prevalence, Perception and Attitude of Female Genital Mutilation in Somaliland. The study showed that the prevalence rate of FGM/C was **99.8 %** and out of this more than **95.7 %** were conducted by traditional circumcisers. The type of FGM that was commonly performed in both the rural and urban areas was infibulation. Albeit the Sunna type which was not clearly understood by the respondents, **2/3** of the women supported Sunna to be performed in the health facilities for their daughters. FGM/C was perceived to be performed as a fulfilment of cultural obligation and Islamic religion requirement and the study further established that the mothers are the ones who mainly lead the decision for cutting their daughters as compared to fathers. **90.5%** of the respondents stated they think it is impossible to eradicate the practice. However, **9.3 %** of the women interviewed at MCHC's had decided to abandon FGM/C and some of the religious leaders admitted their daughters were not cut. They also recognized Pharaonic type of FGM/C to have no religious basis and had committed themselves to campaign eradication of FGM through religious platforms in the mosques. Positive changes were also observed with **90%** of the mothers accepting Sunna type of FGM/C from the Pharaonic type and majority of the youth wanted FGM/C to be eradicated. (Jones, Katy Newell, 2016)

→KEYS MESSAGES

It is a fundamental to have an FGM statistics or data on the project or targeted community's geographical scope, this allows you to work out an estimate of girls and women who are at risk of receiving FGM/C. Furthermore, it will smoothen and help better identifying approachesof implementation, design, and plan resources which might berequiredin implementation phase.

In addition, it is important to emphasize that intention or desire to change certain behaviors does not necessarily equate with actual behavior change. Therefore, despite the fact that there could be a general impression that in specific communities there is a change in the attitudes towards FGM, this does not necessarily mean that the practice is not being carried out. Evidence shows that changes in attitude and mentality don't necessarily bring sustainable changes in the behaviors

FGM and Urban or Rural Residence

FGM is generally more common in rural areas although it is not clear what causes this difference. In Somaliland, according to survey conducted by ActionAid International suggested that 38% of the rural girls had FGM/C comparing to the urban girls who are 26% undergone FGM/C.(ActionAid International Somaliland,, 2016)

1.2 FGM as Gender Issue

- **Learning Objectives:**

- To understand the main differences between sex and gender;
- To understand FGM as a harmful practice based on gender inequalities;
- To understand why empowerment is key to ending FGM.

1.3 FGM AS A GENDER ISSUE AT A GLANCE

Why to consider FGM as a gender issue

In every society in which it is practiced, female genital mutilation is a manifestation of deeplyentrenched gender inequality. Where it is widely practiced, FGM is supported by both men and Women, usually without question, and anyone departing from the norm may face condemnation, harassment and ostracism. Being a social norm), in fact, it is often practiced even when it is known to inflict harm upon girls because the perceived social benefits of the practice are deemed higher than its disadvantages. (https://www.measureevaluation.org/fgc, n.d.)
In Somaliland, gender issue is very sensitive by itself and as FGM is part of Gender issues it will bit difficult to sensitize within the community projects. FGM/C in Somaliland context is directly referred to Gender issues reasoning that FGM as women's rights violation in a very painful way which is impacting her live physically, mentally and socially. Thus, FGM is a gender issue by any meaning.Some of the key issues of the gender analysis are presented below in order to provide a frame toContextualize FGM as a gender related issue and explore the relation between FGM, social change and women's empowerment.

- **Sex and Gender:*Sex*** is about the biological characteristics that determine if someone is a male or a female. ***Gender*** is about the social and cultural ideas, behaviours and practices that a society regards as appropriate for men and women. Biological characteristics that determine sex do not vary much between societies, whereas gender characteristics can widely differ including roles and behavioursaccordingly. FGM is closely related to gender issues.
- **Gendered division of labour:** it means that women often have less access to Paid work than men. In Somaliland,there are some sectors women do not work or/and might not apply working on it and even so, she might not had an opportunity as men do. For example female civic engineering professionals are very view and they do not have the same job opportunities as men had. This is due to cultural norms and beliefs that men are always stronger and intelligent than the women.
- **Access and control over resources:** In Somaliland female do not have the same access to the resource as their male counterparts, especially government decision making and leadership positions.Gender inequality and unequal control of resources is not only experienced in the leadership, but also in social and political dimensions. For example, women tend to have less access to political resources such as the opportunity to be elected to parliament or government.
- **Gender equality:**'gender equality' means treating men and women, boys and girls, the same way. Gender equality does not mean ignoring the biological or social and cultural differences between men and women that exist around the world. It means that men and

women should be seen equally under the law, and that they should have equal rights, opportunities, and access to resources, including the possibility to participate in the public sphere.

In Somaliland, the issue of gender equality is very sensitive, there is misconception of the word 'Gender equality. Generally, there is gender inequality in terms of political participations, leadership, and higher positions, in addition, as a family level the inequality starts there when the family have financial constraints they do prefer to send the boys to the school and let girls stay at home. And this is where inequality starts, thus, it needs a process that advocates against inequalityand empower parents not to prefer boys over girls at grass root level. .

1. **FGM, Gendered Power Relations and Empowerment:** FGM is closely tied to power relations between men and women in communities where FGM is practiced. Social norms about FGM should be considered from the perspective of gender relations and "silent power negotiations" that take place between men and women in FGM affected communities. In Somaliland, men have more social and economic power than women, theymay exercise this power by making decisions on behalf of women without their consent.

→KEYS MESSAGES

FGM can be perceived as a "women's affair" in the sense that it is often performed with theconsent and the direct involvement of mothers, grandmothers, mothers-in-law etc. in the rituals related to the practice and in its organization. Empowering women and girls through education and economic opportunities is fundamental in convincing communities (including women and girls) to abandon the practice. Nevertheless, as FGM is a social norm rooted in gender imbalances, women must not be the sole target of projects, as they can't change gender roles by themselves. In order to be challenged, gender roles and gender power relations also need the involvement of men, boys and the community. (Associazione Italiana Donne per lo Sviluppo, 2015)

Once designing a comprehensive FGM program purposing abandoning FGM practices or any forms of general human rights violations it had to be involved the communities as principles to enable them participate gender empowerment.

1.4 FGM as Development Issue

Objectives

1. Contextualize FGM in the frame of development interventions and highlight main actors involved at international, regional and national level.
2. Provide an overview of the different approaches applied by FGM programmes over the last years and analyze success factors and weaknesses of these approaches and tools;

Extract lessons from good practices, which can be applied to improve trainees' projects and programmes addressing FGM.FGM is one of the key areas for development, as it concerns gender equality, girls and women's reproductive health, child mortality reduction, universal basic education and human rights. Communities affected by FGM also have other development

concerns such as improving access to and quality of health, education, technology, infrastructure, water and food security, and so on. Such development concerns could be an entry point to start addressing the issue of FGM. On the one hand development can have a positive impact on attempts to reduce the practice of FGM, particularly when educational programmes that raise awareness about FGM issues are included in development projects.

Into SDGs

The link between FGM and other development issues is particularly clear in relation to the Sustainable Development Goals (SDGs). The SDGs are seventeen International sustainable development goals set for the period of 2015 to 2030 which were agreed upon by all 170 United Nations member countries in 2015. The new Sustainable Development Goals. Highlighted the connection between development and FGM and therefore the fundamental importance of addressing the issue of FGM in any development project. (UN, https://sustainabledevelopment.un.org)

Beliefs, values and attitudes and the practice of FGM: The practice of FGM is supported by traditional beliefs, values and attitudes. In some communities it is valued as a rite of passage into womanhood (For example in Somaliland, Sudan, Egypt, Ethiopia and Somalia). In each community where FGM is practiced, it is an important part of the culturally defined gender identity, which explains why many mothers and grandmothers defend the practice: they consider it a fundamental part of their own womanhood and believe it is essential to their daughters' acceptance into their society. In most of these communities FGM is a pre-requisite to marriage, and marriage is vital to a woman's social and economic survival

Story of progress and partners: key actors and stakeholders of FGM

Over the last decade, significant efforts at community, national and international level have addressed the issue of FGM. Numerous international and national policy statements have called for an end to FGM; A number of organizations, funders and development agencies have been particularly active in the field of FGM reduction amongst these at least MOLSA, NAFIS, CCBRS, NAGAAD, WAAPO, Candlelight, etc. There has also been an increase in the amount of research on FGM/C impacts, which has helped advocates in their own work of raising awareness and changing behaviors. The below summarizes recent studies carried out in terms of FGM as development issue.

- **National Plan of Action for Children (NPAC) In Somaliland (Ministry of Labour and Social Affairs), 2014:** The NPAC report primarily focuses on the development of a national or government backed plan for children in Somaliland and legal framework supporting the rights of children in Somaliland. It discusses Somaliland's complex Legal system that makes it difficult to define and or enforce Children's rights and protection. This has a huge impact on FGM/C in Somaliland, which majorly affects children (young girls aged 4-14). With focus on FGM/C, key findings from field survey data and consultations indicated98% prevalence of FGM/C across Somaliland. It also emphasizes the fact that FGM/C prevalence is majorly caused by ignorance of health risks, perverse cultural practices and weak law enforcement (MOLSA, 2014)
- **Baseline Report, ActionAid International Somaliland, 2016:**The Baseline report

commissioned by AAIS assesses respondents' level of knowledge and attitude towards FGM/C. Overall findings indicated that, the majority of community women (94%) and men (85%) interviewed said that female genital cutting takes place in their community, with 61% saying all girls and 22% saying most girls are cut. In urban communities, more people felt that most, rather than all girls were being cut. The reasons given for female genital cutting are complex with apparently contradictory evidence from the community survey and the discussions with individuals and groups. The strongest reason given is that cutting is a traditional practice (62%), which was stated most highly among men (84%). Religious reasons for cutting were cited less often, with 22% overall, and more important for men (36%) than women (13 %). (ActionAid International Somaliland,, 2016). However according to the report, it seems that still the FGM/C practices and beliefs as strong traditional or some as religious are still high according the research respondents. This confirms that increased advocacy remains an important approach for FGM/C eradication.

The trained FGM/C stakeholders carried out advocacy campaign to ensure girls at immediate risk of female genital mutilation and strengthen referral systems for women and girls which have subjected to FGM/C access to essential services. Other activities including building the capacity of Community Leaders and Traditional Elders as Champions of FGM Eradication while as well influential community leaders and traditional elders were provided with the knowledge about FGM/C. In addition, forty professional journalists from Buroa and Hargiesa Media Associations and Press were trained on FGMC knowledge. Training was not limited to only aforementioned, also a school teacher in partnership with the Minister of Education, nurses, midwifes and TBs and Ministry of Health respectively were trained.

- **Adan Maternity and Teaching Hospital, 2009. Female Genital Mutilation Survey in Somaliland.** The study established that 79% women had no knowledge of FGM/C, 84% had been cut by old women and 1.9% performed by midwives. 11% of the women who had undergone FGM/C accepted it as part of their culture while (34%) as religion obligation. 55% of the respondents had no idea whatsoever why FGM/C was being practiced or why they were being forced to undergo the practice. The study shows that this was the pioneer hospital in the awareness creation through anti FGM/C campaigns, it provides treatment of FGM/C has referral Guidelines and has referral centre for all the FGM/C women in Somaliland since 2002 though faces challenges like simple medications as anesthesia which hampers effective management. (Female Genital Mutilation Survey in Somalilaand- 2002-2009)

1.5 Legislation AND FGM

The role of the law in ending FGM

The debates around FGM, within Somaliland, are symbolic of the tension between communities, religious leader, health professionals. Moreover, Somaliland does not yet approved any Legal or policy that is illegalizing the FGM/C practice in Somaliland, this had its consequences on the

strategy of ending or and eradication of the FGM/C.

→KEYS MESSAGES

Legislation can be a powerful tool for changing behavior, but there are important considerations when evaluating the possibility of passing laws to criminalize FGM. These include:

- Organizations calling for legislation might need to be aware that not all communities and societies speak of individual (girls') rights in the same way as in other countries;
- Legislation, which criminalises FGM, may result in family or community members also breaking the law by not reporting criminal acts. Conversely, family or community members who do report criminal acts may cause irrevocable damage to the social relations within their community;

Advocates insist that legislation:

- Provides a supportive environment for local initiatives.
- Offers protection for women and girls seeking safeguards.
- May discourage circumcisers and families who fear prosecution.
- Helps health care providers justify their engagement in abandonment programs and give them a reason to reject the medicalization of the practice.
- Reminds girls, women and their families that women have rights to bodily integrity and that such rights are inalienable.

→KEYS MESSAGES

The relationship between legislation, human rights and positive social change is complex. Gaining a better understanding of the mechanisms that address changes in social, political and legal norms is crucial to end FGM. Addressing those complex interactions when planning a project with an FGM component is necessary for positive, sustainable change. Capacity building for professionals in charge of implementing such frameworks, and or advocacy towards governments to ratify specific legal tools may be some of the activities that can be planned to contribute to the implementation of the human rights of women and girls.

Module 3: Mainstreaming FGM into Programs

1. Gender mainstreaming and integration

Gender mainstreaming: is the process of integrating a gender equality perspective as part of the design, implementation, monitoring and evaluation of policies and programmes in any organization at all stages and levels. Through gender mainstreaming, gender equality can be achieved

Gender integration: occurs when issues and interventions related to gender are introduced into a project, programs mes or policy context as a broad component or content area. This is done on a continuous basis and is supported by the analysis and identification of gender concerns and their implications

→KEYS MESSAGES

- It is important to transfer concepts about gender and FGM/C into planning and implementation.Thisinvolves programs that;
  - ✓ Meets practical gender needs (PGNs) in the first place, to build trust and empower women and girls.
  - ✓ Meets strategic gender needs (SGNs) in the longer term, to address gender inequality, discrimination and FGM/C as a harmful practice.
  - ✓ Considers Do No Harm from a gender perspective.
  - ✓ Aligns theories of change for gender transformative programming and an ecological approach.

Mainstreaming FGM into Livelihoods

Three main types of responsibilities—programming, policies, and communications and information sharing—correspond to and elaborate upon the suggested areas of each targets a variety of livelihoods actors.

1. **Programming**: Targets NGOs, Community-Based Organizations, INGOs, United Nations Agencies, and National and Local Governments to encourage them
   - To Support the involvement of women, girls and others at-risk groups within the affected population as programme staff and as leaders in governance mechanisms and community decision-making structures.
   - To implement programmes that (1) reflect awareness of the particular FGM/C risks faced by women, girls and others at-risk groups, and (2) address their rights related to health, safety and security.
   - Integrate FGM/C prevention and mitigation into activities.
2. **Policies**: Targets programme planners, advocates, and national and local policymakers to encourage them to:
   - Incorporate FGM/C prevention and mitigation strategies into livelihoods programme policies, standards and guidelines from earliest stages.

- Support the integration of FGM/C risk-reduction strategies into national and local development policies and plans and allocate funding for sustainability.
- Support the revision and adoption of national and local laws and policies (including customary laws and policies) that promote and protect the rights of women, girls and others at-risk groups.

3. **Communications and Information Sharing**: Targets programmes and community outreach staff to encourage them to:
    - Work with FGM/C victims and areas of high prevalence of FGM/C and incorporate basic FGM/C messages into livelihoods-related community outreach and awareness-raising activities.
    - Provide training on issues of gender, including FGM/C and women's/human rights, social exclusion.

Coordination: Prevention and abandon of FGM/C or GBV is best addressed when multiple sectors, organizations and disciplines work together to create and implement unified prevention and mitigation strategies.

→KEYS MESSAGES

- The network program managers and project officers should involve women, girls, and others at-risk groups in all aspects of livelihoods programming which is an essential.
- **Work with** local and international GBV specialists to incorporate FGM messages (prevention, where to report) into livelihoods related programmes, outreach, skills trainings and awareness-raising activities.
- They should target NGOs, Community-Based Organizations INGOs and United Nations Agencies, National and Local Governments, and Humanitarian Coordination Leadership—such as Line Ministries including the Ministries of Health and Family & Social Affairs, Humanitarian Coordinators, Sector coordinators and Donors engaged in FGM prevention programs.
- Put in place mechanisms for regularly addressing the harmful practices of FGM/C at livelihoods coordination meetings, such as including FGM/C issues as a regular agenda item and soliciting the involvement of FGM/C specialists in relevant livelihoods coordination.
- Identify and work with GBV coordination mechanisms that exist in Somaliland.
- Encourage a livelihoods focal point to participate in GBV coordination meetings to undertake coordination with other sectors to identify livelihoods opportunities for those at greatest risk or the high prevalence of harmful FGM/C Practises.
- Ensure evaluation of FGM/C risk-reduction activities by measuring program outcomes including potential adverse effects, and using the information to inform decision-making and accountability.
- Ensure livelihoods staff has the FGM basic skills to provide information to survivors on where they can obtain support.

FGM and Poverty

Addressing and combating poverty is a multi-sectoral concern, which needs to be integrated into

many programmes and policies. At the same time, it is important to examine poverty as an issue in its own right. The way a policy or programmes defines and understands poverty will greatly influence the role that gender plays in poverty alleviation programmes.

Possible Interventions and Entry Points

→KEYS MESSAGES

- **Literature Review:** Neither gender equality nor poverty are simple policy issues. Luckily, a great deal of detailed studies have been carried out which analyse their interface. An important first step for policy makers involved with poverty might be to conduct an extensive literature review. This will help establish political will and commitment to addressing gender in the context of poverty.
- **Briefing and Training:** A further step would be to conduct training or briefing seminars on the gender/ poverty interface. This would not only provide additional information, but would also provide a forum for discussion and debate.
- **Participatory Vulnerability Analysis (PVA)**: This is a participatory research exercise, whereby poor people themselves suggest criteria for the analysis of poverty and themselves provide definitions of what it means to be poor. At the same time, such assessments can also be gender biased in terms of who can and does participate.
- **Inclusion of a Macroeconomic Dimension:** While targeted, micro-level interventions are vital for addressing women circumcisers; this approach is too narrow to cause any major shift in poverty trends, particularly in addressing causes of poverty. Only social justice and gender equality issues are integrated into macroeconomic policy content will sustainable outcomes for combating gender issues including the eradication of FGM/C.

Mainstreaming FGM into Health

→KEYS MESSAGES

- **Assessment:** assess the cultural and community perceptions, norms and practices related to uptake of FGM/C-related health services.
- **Work with** national and local stakeholders to review and reform national and local laws, legal definitions, and policies related to FGM/C to improve the range and quality FGM/C related health care
- **With** the Ministry of Health (MOH), assess whether existing national health/medical policies and protocols related to FGM/C and FGM/C -related care are in line with international standards.
- **Develop proposals** for FGM/C -related health programming that reflect knowledge of the particular risks of FGM/C for the affected population and strategies for health sector

- Identify & recruit a **Health Focal Point** to participate in regular coordination meetings of the GBV coordination mechanism to ensure that FGM/C is a regular item on the agenda in all health-related coordination mechanisms andfacilitate monitoring of GBV risk-reduction activities throughout the programme cycle.

Mainstreaming FGM into Education

FGM/C mainstreaming in education is the process of assessing the implications for girls and boys/women and men of any planned action, including legislation, policies or programmes, at all levels of the education system. It is a strategy for making girls' and women's, concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of education policies and programmes so that girls women might benefit equally.

Girls are usually subjected to FGM before they have completed their education. Girls are also generally not involved in the decision to carry out FGM. For this reason it is useful to know the education status of the mothers of girls undergoing FGM. Education seems to have an important role in changing social norms around FGM and helps lead people and communities to abandon the practice.

Developing FGM-Responsive Education Projects and Programmes:

Target audience:both formal and informal Policy-makers and planners, project/Programme officers.

The questions below are supposed to help you in analyzing the different phases of the project/Programme cycle from a FGM/C perspective. If the answer happens to be "no" in any case, you would need to act and intervene in order to change the answer to "yes."

The following set of key questions could be used at each stage of the project/programmes Cycle:

Identification and design: Assessing needs

Does the needs assessment explore the distinct needs including the prevention and eradications of girls and women FGM/C?

Have women and girls been directly consulted in identifying such needs and opportunities?

Defining general project/Programme objectives

- Do the project/programme objectives also include the long-term strategic needs with a view to achieving the prevention and abandonment of all forms FGM/C practices in education?
- Do the objectives reflect the needs of girls and women?
- How has the present proposal built on earlier activity/lessons learnt?

Identifying possible negative effects

- Is there any risk that the project/programme might negatively affect the current situation/condition of the target (girls at risk of FGM/C)? If so, please explain.

- What will be the effects of the project/programme on (girls at risk of FGM/C) in the short and longer term?

Implementation

- Does the project/programme implementer have a FGM/C-responsive organizational culture and a track record of women and girls who have undergone the FGM/C?
- If not, has the project/programme implementation team been given gender training, particularly the complications of FGM/C?
- Has the implementation team been assisted to develop gender specific Guideliness prior to the start of the project/programme?

There is some research linking FGM/C and education through inquiries about intention to cut

daughter or FGM/C status of mother, or the educational level of girl/ daughter, mother, and father. These types of studies are discussed in more detail below:

FGM/C and girls' education:

There is available evidence suggests a relationship between FGM/C and school dropout. Similar findings as over three-quarters of students surveyed reported that student dropout was the direct result of FGM/C.

School-based interventions

School-based interventions that address FGM/C and work with girls can take on many forms. In Somaliland, some local NGO like CCBRS initiated and provided anti-FGM/C trainings for teachers and helped incorporate FGM/C at school level and established youth clubs for anti FGM.

→KEYS MESSAGES

- **Work with** the Ministry of Education to develop and implement curricula that contributes to long-term shifts in gender/FGM/C norms and promotes a culture of non-violence and respect
- Review, Lobbyg and advocate FGM Component to be integrated and included into Somaliland curriculum.
- **Policies:** Incorporaterelevant FGM/C prevention and mitigation strategies into the education policies, standards and guideliness.
- Review and reform national and local policies to address discriminatory practices hindering those at greatest risk of FGM/C, especially adolescent girls, from safe access to education
- **Integrate** FGM//C risk-reduction strategies into national and local development policies and plans related to education and allocate funding for sustainability.
- National and local educational curricula to integrate FGM/C prevention messages
- Prepareand provide trainings for government, education personnel, and relevant community members on safe design and implementation of education programmes that mitigate risk of FGM/C.
- Develop proposals for education programmes that reflect knowledge of the particular risks of FGM/C for the FGM/C affected population and strategies for reducing risk.
- **Coordination: Identify** an Education focal point to participate in regular coordination meetings of the FGM/C coordination mechanism, to ensure andundertake coordination with other sectors to enhance the capacity of Education partners to meet FGM/C -related protection needs and ensure basic protection rights for those at greatest risk of GBV within affected populations

Appointing a Gender Focal Point/Team

- **The Gender Focal point (or a Team)** can serve as a resource element (e.g., for training) and be responsible for circulating information on gender issues particularly the implication of harmful practices of FGM to all staff. He/she can also actively take part in all decision-making processes, or conversely serve on a consultative mandate.

- **Missions and activities of the focal point** can be formalized under specific terms of reference. Incentives such as extra salary or reduction of other duties can also be planned, so that the focal point (team) does not feel this new assignment is an extra burden, decreasing his/her commitment
- Ensure all education personnel understand and have signed a Code of Conduct, and provide training on gender, FGM/C, human rights, ongoing support for education personnel to enhance their capacity to mitigate the risk of GBV in educational settings
- It is important to consider mothers' and grandmothers' education levels, as well as girls', when designing projects with FGM components, because this may influence the change in behaviours. For instance, educated girls and women may more easily be supported in becoming advocates of change in their communities.
- Establishing school clubs for Anti-FGM building the capacity of school teachers and administrations through educational programs to respond ethically and safely to incidents of FGM reported by students.
- FGM/C mainstreaming should be conducted in all education institutions whether private or public, as well as government and international organizations who have stake in education.

Possible Interventions and Entry Points

In-service Training Seminars: While optimally most teachers in Somaliland do not receive early training of GBV during their initial professional education, in-service teacher training (seminars, conferences) may be a less expensive stop-gap measure.

Primary and Secondary School Curricula: There are various opportunities at the primary and secondary school level where instruction on gender issues and stereotypes could be formally integrated into the curricula, including Civic studies – i.e. gender equality issues in political representation and participation; civil society and NGO efforts in supporting gender issues.

Post-secondary Programmes: Such programmes offer students with a special interest in gender the opportunity to become gender specialists. This is important for preparing future gender experts to work in Government, NGOs and research institutions. At the same time, gender equality issues can also be integrated into other programmes of study in more traditional faculties and departments, for public policy and public administration programmes and faculties of law.

Teaching Materials and Textbooks: Here, gender issue mainstreaming efforts should investigate questions like: Is a gender issues including gender based violence mainstreamed into textbooks and other teaching materials?

Mainstreaming FGM harmful practices into Mass media

Working with the Media

Why is it important for staff coordination mechanism to work with the media?

The media can help us:

- Convey information.
- Expose injustice.
- Promote accountability.
- Generate dialogue.
- Increase donations/donor interest.
- Fulfil our donor obligations.
- Make our organizations visible.
- Educate the local community about

- Available services.
- Communicate advocacy messages and raise awareness about issues and problems in the communities in which we work.
- Say things we cannot

How do the program staff collaborate with the media?

Note: When working with journalists, however, it is important to understand the importance of conveying appropriate messages. At the same time, the **ethics of journalists** themselves can affect the perpetuation of negative gender stereotypes. For example, the ways in which journalists report on issues like FGM interpretations. This is an issue that needs to be addressed not only within the journalist profession, but also in journalism training (i.e. colleges and universities).

Media Issues

FGM is not onlya problem to Somaliland girls living in the country but also has been brought to many other nations around the world by immigrants and asylum seekers, who, finding themselves isolated and subject to hostility and racism, are often determined to maintain their culture and traditions.

Radio programs. Radio is the most popular and commonly used source of information in Somaliland, especially in urban and rural areas. Late afternoons and night times are the preferred times for listening to the radio. The low literacy levels and the fact that Somalis is an oral society, makes radio the first choice for NGO campaigns. **For example:** The Well Women Media Project (Sahan Saho) has an integrated five-year radio communications project reaching the Somali-speaking Horn of Africa population through the BBC Somali service.

→KEYS MESSAGES

Please note some powerful tools used during media when you addressing the issue of FGM/C complications. There are a variety of ways to engage with the media to get messages across. The most likely instruments are the press release and the interview.

Press Release: A vehicle for alerting the media to an event, new data or a situation and the provenance of FGM/C in Somaliland. It is a brief explanation of plans or ideas, meant to attract news coverage. **(For more details about the press release please see the annex…..)**

Press Statement: When someone is interviewed by the press or makes a statement to the media in person. The press pursues getting the statement and is responsible for responding to inquiries after the statement is released.

Press Conference: A media event in which newsmakers (i.e., FGM/C networks, partners in the GBV coordination mechanism) invite journalists to hear them speak and the press is given an opportunity to ask questions.

Interviews: When a person (or persons) is asked questions on a certain topic, for radio, television or newspaper. If members of the Nafis Gender Focal Point or gender expert staff of the network coordination mechanism decide to give interviews on behalf of coordination partners, it is important to remember that not everyone will be good at interviews. It may be helpful to identify specific spokespeople within the network staff.

What if journalists are not reporting FGM issues properly?

Good Entry Point

The GBV Department of Somaliland's Ministry of Social Affairs can be discussed with this issue and it will organize a critical mass of journalists working throughout the country who are willing to partner with agencies and community groups to advocate for the cessation of FGM/C. This group calls itself **Journalists against FGM** and all participants have been trained in ethical guidelines. A representative from the group attends every GBV coordination meeting at the Ministry of Social Affairs.

→KEYS MESSAGES

Possible Interventions and Entry Points

Media reports on the practice should follow these guidelines:

- **Integration of FGM/C issues into media policy:** Policy makers should encourage media outlets to include statements on gender equality into editorial policy, ethics codes and advertising policies. Policy makers could, for example, provide a sample policy to all media outlets and invite them to adapt and adopt it.
- **Review and Analysis of Government Use of Media:** Announcements, information campaigns, political campaigns, media releases, etc. Results of such a study should form the basis for training government media relations staff.
- **Gender Issues Training and Awareness Raising:** Training can be conducted at various levels and with various audiences with the goal of improving the reflection of gender issues and stereotypes within the media. Examples of such training include:
- **Training for Government spokespeople and press secretaries:** People within government who provide information to the press should be trained to recognize gender sensitive issues and to offer concrete examples to the press that challenge negative stereotypes.
- FGM/C is and should be considered a developmental issue. The radio program should therefore be expanded to give sufficient time to each of the topics addresses.

Engaging Local Media in the abandonment of FGM and the medicalization of FGM

- Organize interviews with midwives serving as champions in FGM prevention.
- Identify midwives that can serve as champions in the abandonment of FGM and strengthen their capacities on FGM care and prevention, advocacy and community
- mobilization
- Facilitate trips to the field for journalists engaged in the campaign to end FGM.
- Build partnerships with local radio stations in order to produce radio shows and radio soap operas on FGM and why the medicalization of FGM is not safer. Use midwife champions as spokespersons.

Table: 5 Progresses Measuring

Indicator	Level of measurement	What does it measure?	What does not it measure?	Source of information
1	2	3	4	5
Number of articles in major newspapers explicitly addressing gender issues	National or local. Measure on an annual, monthly or weekly basis and compare over Time. Increase Indicates success.	Editorial and journalistic attention to gender issues (Newspapers).	Quality of reflection of gender Issues.	Content analysis of major newspapers**
Number of articles in major newspapers (or magazines, or television news programmes) that promote blatant gender stereotypes	National or local. Measure annually and compare over Time. Decrease indicates success.	Success of editorial policy on gender Issues. Long-term Longitudinal comparison may indicate shift in Public opinion on gender stereotypes.		Content analysisof major newspapers(or magazines,TV newsprogrammes)

Community involvement in the prevention of FGM/C

→KEYS MESSAGES

Key staff and the program managers of the network are expected to acquire the following skills from this module:

- An understanding of the values, beliefs and attitudes that underpin the practice of FGM and how these are formed.
- An understanding of the rules and standards governing professional practice and behaviour in caring for women with FGM
- An understanding of, and ability to apply, ethical, human rights, and legal concepts to FGM prevention and care
- A knowledge of local, national and international organisations working on FGM
- An ability to identify key community groups/leaders who will be influential agents for change in FGM prevention
- An ability to develop effective and appropriate strategies in working with groups to bring about change

- An ability to apply information, education and communication,(IEC) and advocacy skills when working with communities on the prevention of FGM.
- **Individuals, families and communities** have their own reasons for valuing FGM. In discussing the issue of prevention with them, one needs to help them to analyse their feelings and to clarify their values regarding FGM, before explaining to them the consequences of upholding these values.
- **Nurses and Midwives** must appreciate that values and attitudes develop over a lifetime, and changing them is never an easy or quick process. But helping the community to examine their feelings about FGM will allow them to make conscious decisions about which of the values and attitudes that underpin the practice they wish to keep and which they think may no longer be valid.

Assisting in the process of change

If people are already at the point of questioning their tradition and desiring change, the health Professional should let them decide for themselves how best to stop the practice, and what would be culturally appropriate

In order to assist in this process, the nurse/midwife should:

- Identify influential people in the community who may be able to act as change agents.
- Support community members in the process of devising their own, culturally appropriate strategies for change, and in implementing those strategies and monitoring their own performance.
- Identify community organisations which may be able to assist in the process.
- Give support at all stages of the process and acknowledge positive actions.

Behavioral scientists have demonstrated that in changing any behavior, an individual goes through a series of steps see below figure.

Strategies for involving individuals, families and communities in the prevention of FGM

Community: A community is an aggregation of people who live in the same neighborhood and who have many cultural, ethnic, religious or other characteristics in common. In the context of FGM, the community is a group of people (including individuals and families) who live in either an urban or rural area and who tend to share common beliefs, values and attitudes regarding this practice.

Community involvement. Community involvement means working with the people, rather than for them, to answer their needs and find solutions to their problems. It is a process whereby the community is encouraged to take responsibility for its problems and make its own decisions as to how to solve them, using its own resources and mechanisms. Involving communities in the prevention of FGM means working with them towards changing their beliefs, values and attitudes regarding the practice.

The objective is to allow people to reach their own conclusion that change is necessary and thus have a sense of ownership of this decision.

The primary objective of community involvement strategies

The primary objective of community involvement strategies is to encourage ownership of any decision reached by an individual, a family, a group, or the entire community, to change behavior regarding FGM.

→KEYS MESSAGES

- Program Managers and project officers can assist individuals, families and communities in the process of changing their behaviour and practice as regards FGM by:
- integrating education and counselling against FGM into day to day nursing and midwifery practice
- identifying influential leaders and other key individuals and groups within the community with whom they can collaborate and could be used as change agents
- Visiting individual people or groups in the community, as appropriate establishing small focus groups for discussions. These discussions should be interactive and participatory, allowing the people themselves to do most of the talking
- assisting the people to think through the practice of FGM and its effects on health and on human rights
- identifying resources within the community that could be used in the prevention programme

Strategies for involving men

In order to involve men in the prevention of FGM, you should:

- Identify all appropriate forums for meeting the target group, for example, men's organizations, social groups, and make contact with relevant people.
- Use community leaders and other influentialpeople as an entry point.
- Give clear information about the health effects and human rights implications of the practice of FGM for children and women, and identify and discuss misconceptions.
- film shows or posters, as appropriate, and encourage everyone to participate in the discussions.
- Assist the men with developing their own strategies for prevention.

Strategies for involving women

In order to involve womenin the prevention of FGM, they should:

- Identify appropriate forums for meetings with target group, and make contact with relevant people.
- Give clear information about the anatomy and physiology of the female genitalia, the health effects and human rights implications of FGM, and identify and discuss misconceptions.

Strategies for involving youth

In order to involve youth in the prevention of FGM, you should:

- Identify appropriate forums for meeting with young people, such as in youth clubs, schools, colleges, and make contact with relevant people.
- Give clear information about the health effects and human rights implications of the practice, and identify misconceptions.
- Advocate for the issue of FGM to be addressed in school health programmes, and included in the curricula of schools.
- Establish peer education (i.e. youth to youth) programmes.

Program manager/officer you should use them as:

Role Model: Midwives are influential members of their communities and can serve as role models in the prevention of female genital mutilation. By pledging never to perform female genital mutilation or re-infibulation and never tocut or re-infibulate their daughters and granddaughters, midwives can help prevent FGM. When a midwife is vocal about her position to never perform female genital mutilation or re-infibulation both at workand in her community, she can contribute to the abandonment of the practice.

Communicating with target groups

In communicating with the various audiences, they should observe the followingRules:

Assess and decide on appropriate ways of communicating. For example:

- One-to-one discussions.
- Group discussions, such as with all members of a family; or a youth group.
- Mass campaigns meetings.
- Use of mass media including radio, television, magazines, newspapers, journals.
- Use of drama, dance, song, storytelling.

→KEYS MESSAGES

Program Managers/officers will keep in mind, in order to involve political leaders in the prevention of FGM, as stated below:

- Identify influential people in local and national politics and civic structures.
- Make contact with relevant people and organise seminars or workshops to inform people of the issues surrounding FGM, **e.g.** it health consequences, human rights implications.
- Lobby influential people in all relevant forums (**e.g**. political gatherings, professional conferences) to encourage them to pass laws, develop policies, and become actively involved in efforts to eliminate FGM.

→KEYS MESSAGES

In order to build coalitions, you should:

- Identify other individuals or groups interested in stopping the practice of FGM within their communities
- Arrange for a meeting with the leaders to find out about their activities – **e.g. how they work, who they work with, and what their objectives are.** They should also be prepared to share this information about their own organization

- Set up collaborative activities.

Annexes

Annex 1: Improve your Projects and Programmes

This transversal activity is aimed at improving participants' currently ongoing programmes and projects which focus on FGM and /or which focus on other development sectors but may include an FGM component. It is a transversal activity to be proposed during for three days of training in order to facilitate discussion amongst the trainees on their currently implemented projects and to generate improvements and/or adoption of new strategies and tools.

Description:

Introduce this transversal activity to the trainees and guide them in the selection of one currently implemented project focusing on FGM.

Step 1: Presentation of your ongoing projects

The trainer will ask the participants from NAFIS Network and Action Aid to identify one ongoing project and then will give twenty minutes for individual work aimed at preparing a concise presentation of the selected project. The presentation should include the following: name of the project, country of implementation, context, target groups, activities implemented, actors involved, outputs and outcomes, M&E indicators.

Step 2: Develop your projects and programmes

The trainer or the consultant will ask the participants at the validation workshop to work individually to organize new ideas and approaches, which can be applied by the trainees' organizations in order to improve and/or include an FGM component in their projects. After the individual work, a plenary discussion will follow in order to share ideas and inputs for the improvement of ongoing projects and/ or the design of new interventions focusing on FGM. In the final discussion, trainees should focus on: new learning acquired; approaches and tools which may be adopted by their organizations in order to facilitate the prevention and abandonment of the FGM practice; synergies and partnerships amongst participants and the organisations they are working for.

Annex: 2

Checklist - FGM/C Mainstreaming in the Strategic Planning Phase

Note: this checklist is intended to support you in remembering some of the key elements related to FGM/C mainstreaming in the Strategic Planning phase. However, the list provided below does not include all the elements that can be part of FGM mainstreaming at this stage of the program cycle.

Questions	Yes	No
Have you engaged with the senior leadership team on the importance of including gender analysis?		

Is at least one of the key informants/expertsidentified a /FGM expert?		
Have you consulted the key informant(s)		
Have you conducted a review of existing literature on FGM complications?		
Have you included data and data analysis that portrays the situation of the most girls at FGM risk is included?		
Have you made the necessary arrangements to ensure that the key informant(s) specialists on FGM/C participate		

Annex: 3

Checklist -FGM/C Mainstreaming in the Proposal Development and Project Design Phase

Note: This checklist is intended to support you in remembering some of the key elements related to FGM/C mainstreaming in the Proposal Development and Project Design phase. However, the list provided below does not include all the elements that can be part of FGM/C mainstreaming at this stage of the program cycle.

Questions	Yes	No
Have you conducted a more focused gender analysis at the community level?		
Have you identified how you will account for the effects and the consequences of FGM/C on your Project?		
Have you identified intervention that correspond the root causes of FGM?		
Have you identified the main stakeholder groups for your project, and ensured the project will equitably reach those most at Risk for Cutting?		
Have you identified the needs of partners including the government line ministries and program staff regarding FGM component and planned trainings to respond to these harmful practices		
Is there a plan for mainstreaming FGM into other development programs and projects going on in Somaliland?		

Annex: 4 Checklist - FGM/C Mainstreaming in the Implementation Phase

Note: this checklist is intended to support you in remembering some of the key elements related to FGM/C mainstreaming in the Implementation phase. However, the list provided below does not include all the elements that can be part of gender mainstreaming at this stage of the program cycle.

Questions	Yes	No
Have you ensured that gender analysis questions are included as part of the baseline survey, if the baseline has not been conducted already?		
Have you established mechanisms to facilitate FGM mainstreaming in the project, including the gender focal point or champion?		
Have you ensured that project partners have adequate skills to integrate FGM		

components into other projects or programs?		
If gender training is part of your project implementation, have you ensured that the needs of partners and staff are being assesses prior to all capacity building activities?		
Have you conducted a gender mapping exercise to identify key roots causes, barrires , opportunities related to FGM/C for the project and intervention area and developed Strategic Action Plan to address these challenges?		

Annex: 5 Checklist - FGM/C Mainstreaming in the Monitoring and Evaluation Phase

Note: this checklist is intended to support you in remembering some of the key elements related to FGM/C mainstreaming in the Monitoring and Evaluation phase. However, the list provided below does not include all the elements that can be part of gender mainstreaming at this stage of the program cycle.

Questions	**Yes**	**No**
Have you developed FGM s monitoring and evaluation process?		
Have you ensured that your FGM/C-sensitive monitoring and evaluation process has been applied to all M&E actions??		
Have you collected and analysed data to identify any FGM/C gaps in access, participation or benefit for groups o stakeholders		
Have you evaluated the project in relation togender issues, adapting the baseline tool to askthe same questions and measure changes overthe life of the project?		

Annex: 6 The Press Release

Here are some basic Guideliness to assist you in developing a press release:

- At the top, include your organization's logo, office address, phone number, the words "For Immediate Release" and the release date.
- Type the name and phone number of the one or two people who should be contacted for more information or interviews. These people must be easily reachable by telephone for at least two days after the release is distributed.
- Create a powerful headline that conveys the essential message of the release.
- Write the release like a news story, with the information in descending order of importance.
- Emphasize the 'newsiest' elements of your story and include one or two quotes from staff members who can be interviewed.
- Make sure that the release answers ALL of the key elements of any statement - who, when, where, why and what?
- Keep the sentences and paragraphs short and avoid insider jargon and acronyms.
- Limit the release to one or two pages.
- Conclude with a brief general description of your organization.

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