

Case studies – some **successful** projects



A handbook
for **frontline** workers

Department of Women's Health
Family and Community Health
World Health Organization
Geneva



EGYPT:

Communities monitor “at risk” girls

The Coptic Evangelical Organization for Social Services (CEOSS), founded in 1950, is renowned for its work in community development, and especially the empowerment of rural women. In 1976, it established the Family Life Education Unit with FGM as a major focus.

In 1995, CEOSS introduced reproductive health and the elimination of FGM into its programmes in 22 communities in one region. Under this programme, all members of the family are targeted with education, and special attention is paid to girls at risk of excision (those aged between 7 and 13 years) and their mothers.

An anti-FGM programme is only set up by CEOSS following a written request from members of a community. The first step is the formation of a “local leaders’ committee”, comprised of a mayor, a sheikh, and a priest, for example. Leaders are required to set an example and can be dismissed from the committee if they excise their daughters, thus failing to live up to the expectations of a good role model. CEOSS also identifies a local NGO with which to work in partnership, to ensure that the programme will be able to continue once CEOSS has withdrawn from the community.

The organisation appoints local staff to run the programme working directly with the local leaders. A male/female couple is generally chosen for this purpose. Together with the leaders’ committee they start by registering all girls between the ages of 7 and 13 who are at risk of being excised. Once the education programme begins, health and literacy issues are gradually introduced, followed by the sensitive topic of FGM. Timing is critical, and the administrators only introduce new topics or move to the next stage of the programme when they judge participants to be ready.

Under the programme, community leaders

involved are each required to take personal responsibility for a certain geographical area, and to keep an eye on approximately ten girls a year using a specially-designed monitoring chart. Information about each girl, including whether or not she has been excised, is noted on the chart. If a girl reaches 13 years of age without being excised, she is considered to be out of risk and therefore a successful case.

This system of monitoring is complemented by seminars, meetings with religious leaders and training courses to educate the villagers. The seminars and courses are conducted by specialists from outside. In these forums all kinds of relevant topics are discussed, including religion and the church’s position regarding FGM. Refresher courses are held all year round for the community leaders working with CEOSS, who sometimes request that other issues of interest be included in their programmes.

Key factors in the success of the programmes are:

- the focus on young girls, who are the people most at risk,
- the involvement of leaders who take an active part in the life of their communities,
- realistic targets for what should be achieved in a year,
- the fact that the community sets its own pace
- the fact that the programme works with all members of a family,
- clear and credible information on FGM
- the sense of empowerment it gives to women, especially female community leaders

KENYA:

Communities celebrate alternative coming of age ceremonies

The “alternative coming of age ceremony” is one of several strategies used today by the Maendeleo Ya Wanawake Organization (MYWO) to eliminate FGM in seven districts of Kenya. While this is the most successful strategy, it is successful because it is part of a larger programme in which mobilization and outreach activities in the community raise awareness of the issues surrounding FGM, and peer educators recruit mothers and girls for the ceremony.

Experience shows that planning and operating an alternative coming of age programme is an extremely painstaking, but it cannot be rushed. It includes:

- *Developing a conceptual framework* which gives all those working on the programme (staff and volunteers) a clear understanding of the rationale for an alternative ceremony and the procedures involved in planning and running the strategy. When the idea was first brought up in discussion by MYWO, the community was suspicious that it was an attempt to introduce foreign practices. These fears were addressed by highlighting the relevance to local communities of what was being proposed and how it related to tradition.
- *Exploring the feasibility* of an alternative ceremony with all interested parties, including mothers, girls, fathers and community leaders. Everyone has a say in how such a programme should operate, what type of celebration would be appropriate, and who should participate.
- *Designing a ceremony* based on these suggestions that retains positive aspects of the traditional

coming of age ceremony such as seclusion and personal instruction, and the giving of gifts, but excludes mutilation.

- *Reaching consensus* on this between all interested parties.

The first girls to take part in an alternative coming of age programme were the daughters of mothers who had decided to stop FGM having been convinced of its harmful effects, and who wanted to declare their position publicly. Each mother became, in effect, a peer educator who was expected to reach out to her own husband, and to other mothers to convince them that they should choose this course of action for their daughters. Pressure from these women has, over the years, encouraged many men to join and support the programme. This is important since one of the criteria for girls participating in the alternative ceremony is that both parents (where applicable) agree to participate, and that both show equal public commitment to abolition.

The first alternative ceremony, named “Ntanira Na Mugambo” (“Excision by Words”), was conducted in the Tharaka Nithi District in August 1996 during the traditional season for excisions. It involved a week of seclusion for initiates, followed by a ceremony attended by some 500 people and held in the compound of the District Chief. There was feasting, and dancing, and the presentation of gifts and graduation certificated. Some community members who came to watch out of curiosity later joined in the celebrations – in essence, giving their approval to the occasion.

The week of seclusion is traditionally the “time of healing”, when the newly excised girl is kept indoors, looked after and instructed about family life and a woman’s duties. In fact, the instruction element of the traditional seclusion period has largely died away, but the mothers of Tharaka Nithi decided to revive it. Thus their daughters received a week of intensive instruction, guidance and counselling on modern family life, incorporating also traditional wisdom. Their instruction covered topics such as self-esteem, decision making, personal hygiene, relationships, courtship and marriage, peer pressure, male and female anatomy, menstruation, conception and the prevention of pregnancy, the consequences of teenage pregnancy, sexually transmitted diseases (including HIV/AIDS) and how to prevent them, harmful traditional practices (including FGM and son preference), male excision, and myths and misconceptions about FGM. In addition to formal discussion of these topics, the girls and their “sponsors” – usually godmothers or aunts – had opportunities to discuss other important issues such as the kind of behaviour that is acceptable, respect for elders, and various religious teachings. Together they also wrote and performed anti-FGM songs and dramas in preparation for the final coming of age ceremony.

The ceremonies in Tharaka Nithi were well covered by the media in Kenya, and were a victory for the group of mothers who started the whole process, as well as for MYWO, PATH-Kenya and other supporters of the programme. What began in 1996 with the participation of only 12 families in one village, grew to involve 200 families just one year later, spread over three divisions of the district. Many people thought the new practice would die out after the first ceremony. However, this did not happen. The programme continues to gain in popularity and strength as more families become involved both within

and outside the community in which it first started. Kisii District, for example, which had its own pilot programme for alternative coming of age, has borrowed a lot from the successful Tharaka Nithi model to make improvements to its own ceremonies.

However, the programme has not been without its critics. In both Tharaka Nithi and Kisii Districts, groups opposed to Family Life Education and the abolition of FGM started spreading wild rumours intended to destroy the programme. The rumours suggested, for example, that alternative coming of age ceremonies:

- promote the use of contraceptives among adolescent girls
- inject contraceptives into the girls’ clitorises;
- force girls to drink blood under oath;
- show disrespect for local culture and tradition and corrupt the community with foreign ideas;
- involve foreigners who do not have the interests of the community at heart.

MYWO and PATH-Kenya, together with community leaders and programme officials, launched a vigorous campaign to counter the rumours by explaining to the community exactly what happens during an alternative ceremony. In addition, graduates of the programme gave personal testimonies of what the ceremony involved and what it meant to them. The fact that the programme is designed and run by native Kenyans, not foreigners, greatly helped to convince people of its value.

A comprehensive evaluation of the programme is currently underway. However an indication of its impact is given by the fact that, between August 1998 and the publishing of the PATH team’s report, about 500 girls graduated from alternative coming of age ceremonies in the two districts. This was several times

more than the number of girls who were excised. In Kisii, the graduates have formed a support group of their own whose role is to protect and support all girls in their communities. One of the greatest indications of success is the fact that none of the graduates of the programme has reversed her position on FGM and chosen to be excised. All have abided by the philosophy of “Ntanira Na Mugambo” – excision by word, not by the knife. Moreover, the instruction the girls received has helped to raise their self-esteem and to build

confidence to resist community pressure.

To ensure the sustainability of the programme, MYWO and PATH-Kenya have trained 10 people – mostly mothers who took part in the initial ceremony – as Family Life Education trainers. The group registered as an NGO and, with the assistance of MYWO and PATH-Kenya, has received funding from donors to continue with the alternative ceremonies, and to carry out income generation and educational activities.



SENEGAL:

Empowerment of women leads to **ban** on **FGM** – the TOSTAN experience⁷

TOSTAN (“Breakthrough”), is an NGO founded in the mid 1980s by an American, Molly Melching. It runs intensive literacy and skills training for rural women based on group discussions. The year-long programmes are made up of education modules which cover such topics as sanitation and disease transmission, child health, women’s health, human rights, project planning and implementation, and book-keeping. The overall aim of the programmes is to teach women self-awareness, assertiveness and problem-solving skills. They are implemented by TOSTAN staff and the villagers who participate, with funding from UNICEF, and technical assistance from the Ministry of Health.

One of the most exciting results of TOSTAN’s activities is the independent decision by more and more village women to take on the issue of FGM. Inspired particularly by the modules on women’s health and human rights, these women have mobilised people in their villages to declare their opposition to excision. FGM is not an issue confronted directly by TOSTAN. Rather it is discussed in the context of health and human rights, and information on FGM is introduced only gradually into the discussions.

As of 1996, TOSTAN had trained 47 facilitators to use the modules on women’s and children’s health, which are designed to be specially relevant to rural women. They had worked in 232 villages in four of Senegal’s ten regions and reached more than 13,700 women. The first few women who decided openly to

reject FGM met with opposition from men and other community members. However, they persevered, and their courageous and painstaking discussions with village leaders and men eventually paid off. Several neighbouring villages declared that they would ban FGM in their communities. The process began in September 1996 with the “Malicounda Commitment”, a pledge by the people of Malicounda Bambara to stop FGM. A year later, after the traditional season for excision ceremonies had passed, no operations had been performed in the village.

The Malicounda women discussed their decision with TOSTAN participants in the neighbouring villages of Ngerin Bambara and Ker Simbara. The people of Ngerin Bambara decided to make a similar pledge in November 1997. However the people of Ker Simbara felt unable to make such a commitment without consulting their extended families, who were spread around another ten villages. Two men (one a religious leader) from Ker Simbara therefore set off to discuss the issue with communities, going from village to village. After weeks of often bitter debate, the people of Ker Simbara also agreed, in February 1998, to give up the practice of FGM.

The women of Malicounda Bambara had started a movement. In two subsequent public commitments, the “Diabougou Declaration” and the “Declaration of Medina Cherif”, the people of another 31 villages pledged themselves to ban FGM.

⁷The PATH review team did not visit Senegal. The write-up on TOSTAN in PATH’s original report is based on a report from TOSTAN, as well as newspaper and other articles describing the programme.

The activities of the communities involved with TOSTAN have caught the imagination of influential people both nationally and internationally:

- As a result of the grassroots action, President Abdou Diouf has made his first declaration against FGM and is now pushing for FGM to become a criminal offence punishable with six years in jail.
- During a state visit to Senegal in April 1998, United States President and Mrs. Clinton visited Malicouda and commended the women on their efforts to stop FGM in their communities.

However the TOSTAN programme also has its sceptics. Some observers caution that commitment to the declarations may weaken with time. And a newspaper report quotes a Senegalese professor as saying, “these villagers are doing exactly what the international organizations want them to do. Let’s see what happens when (the organizations) leave”. Whether or not the sceptics are proved right in the long run, the TOSTAN programme has had considerable success. Key factors in that success are:

- the fact that anti-FGM activities are part of a wider community-based education programme. Providing literacy and skills training are key steps to empowering women, which in turn is the key to giving women the courage to address their problems.
- that TOSTAN’s education programme has created forums and a safe environment in which villagers can come together and openly discuss the practice of FGM;
- that TOSTAN approached the issue of FGM from a health and human rights perspective. This works well because good health is something everyone believes in.
- the fact that entire villages have been inspired to sign up to the pledge, so that no one person is isolated or stigmatised.
- that the programmes involve village leaders – particularly religious leaders, who are able to allay people’s concerns about the position of their faith (especially Islam) on FGM.
- extensive publicity and media coverage that has helped the movement spread well beyond the villages where it was started.

UGANDA: The **REACH** Programme – **celebrating** cultural identity

In 1989, The Ugandan Government, the IAC-Uganda, and women activists, tried to ban FGM among the Sabinu people of Kapchorwa – the only district in Uganda where it is practised. Their campaign, which focussed strongly on the health effects and human rights implications, badly misfired: the Sabinu people were offended by what they saw as “outsiders” passing judgement on their culture and traditions, and implying that they were backward and barbaric. They showed their displeasure and opposition to the campaign by dramatically increasing the number of girls and women subjected to FGM each season.

The situation drew the concerned attention of the United Nations Population Fund (UNFPA), whose representative in Uganda, Dr. Francois Farah, worked with the Sabinu people to find a solution to the problem of FGM. During a two-day workshop in 1996 involving all interested parties – eg. community members, district and local leaders, politicians, religious leaders, heads of local institutions such as schools, women and youth representatives, and UNFPA staff – plans were drawn up for a Reproductive, Education and Community Health Programme, thereafter known as REACH. Its goals are to improve the reproductive health of women and adolescents in Kapchorwa by: a) abolishing excision, while preserving the valuable aspects of the rituals surrounding the practice, and b) providing good quality and widely accessible reproductive health services to the community. The programme has set itself the following medium-term targets:

- to sensitize at least 30 percent of the target population to the harmful effects of FGM;
- to sensitize at least half the Traditional Birth Attendants (TBAs) to the same issue, and to enhance their basic skills and performance in delivering babies;
- to improve the quality of reproductive health care and family planning services in the maternity wing of Kapchorwa’s District Hospital and four sub-county health units;

Importantly, the REACH programme allows the Sabinu people to change in a way determined by themselves, and at their own pace. The programme strategy is to encourage alternative ceremonies that continue to celebrate girls’ graduation to womanhood with the traditional festivities, but without excision. In addition, the people of Kapchorwa have chosen to introduce a “Cultural Day” – an annual celebration of the community identity and cultural heritage that is also used as an opportunity to speak out against harmful aspects of the culture that should be considered outdated.

The community is sensitized to the harmful effects of FGM and other important issues through seminars and workshops for various groups, including community elders. In addition, young people have been selected and trained as peer educators to raise awareness among fellow students at school, and friends in their neighbourhoods outside school hours. TBAs and health workers have also been given basic skills training in maternal and child health, family planning,

and childbirth, and in how to address the issue of FGM and its harmful effects with their clients.

In addition to running its own programme, REACH puts a great deal of effort into collaborating with other organizations at all levels – local, national and international. With funding from the International Planned Parenthood Federation (IPPF) and the Norwegian Agency for Development (NORAD), for example, the Family Planning Association of Uganda (FPAU) has set up a community health project in Kapchorwa which uses the same messages and strategies as REACH. The two organizations conduct seminars together whenever feasible.

In the short time it has been running, the REACH programme has:

- noticeably increased support for the elimination of FGM. Young people are coming forward in increasing numbers for training as peer educators;
- recorded a marked decrease in excision of girls and women. According to statistics collected by REACH, 544 females were excised in 1996, the first year of the programme, compared with 854 in 1994 – a decrease of 36%. And although the number of excisions is always lower in odd years, no excisions at all were reported for 1997 in the programme area.
- created an environment in which this once taboo topic can be discussed openly, and in which even politicians can safely associate themselves with the campaign to eliminate FGM. In addition, there is increased demand by the community for information about the effects of the practice.

Keys to the success of the Kapchorwa programme include:

- taking a culturally sensitive and respectful approach, as opposed to the rather judgemental

approach taken by the original campaigners to eliminate FGM;

- a philosophy of working with the community and encouraging a sense of community ownership of the programme;
- involving community leaders in all stages of the process, and recognizing their achievements. In 1998, for example, the Sabinu Elders Association received the UNFPA World award in recognition of their effort to eliminate female excision in Kapchorwa.
- addressing the basic reproductive health needs of the community at the same time as working to eliminate FGM;
- building partnerships with community organizations, and involving everyone in the design and implementation of the programme, thus avoiding disharmony;
- assisting the community to make its own critical analysis of FGM, and to identify for themselves ways of addressing the problems associated with the practice;
- respecting and celebrating the cultural values and heritage of the community while separating the harmful practice of FGM
- on-going support from UNFPA.

Despite its successes, however, a formal evaluation of the REACH programme by external consultants in 1997 identified a number of gaps that needed attention. For example:

- there was still support for FGM among a sizeable proportion of the community. The evaluators found that the main reasons for supporting excision were social pressure from in-laws, community elders, and excised women to conform to a tradition they still value; and lack of awareness

of the harmful effects of FGM among the more remote communities which had not been reached by the programme;

- reproductive health problems were still common, especially in the more remote areas where poor communications and infrastructure and the mountainous terrain made it hard to reach people with information and services;
- there was still a shortage of trained health workers and TBAs in the district to improve basic delivery services and help educate the people about the harmful effects of FGM. The evaluators suggested there should be at least one trained TBA per village;
- there were no IEC materials to supplement the sensitization seminars;
- many adolescent girls were still not being reached with information or peer support, mainly because they were no longer in school;
- peer educators were not adequately equipped to answer difficult questions and dispel myths related to FGM and required further training.

Besides expanding the most effective activities such as peer education and sensitization seminars and workshops, the evaluators made a number of recommendations for strengthening the REACH programme. These included expanding the content of training programmes to include information about legal, human rights, and ethical issues related to FGM, as well as interpersonal communication and skills, reproductive health counselling, conflict resolution, the stages of behaviour change, and community assessment techniques. They recommended also that a formal impact assessment be made of the REACH programme to determine the actual decline in FGM, to check the accuracy of reports by families that they had stopped excising and, importantly, to identify the critical factors involved in a particular family's decision to stop the practice.

Despite its shortcomings, the Kapchorwa programme has demonstrated that with the right approach, changing even a deeply rooted practice like FGM is possible.

Comments and Recommendations



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COMMENTS AND RECOMMENDATIONS

The effort to prevent and eliminate female genital mutilation has gathered pace over the past two decades. An increasing number of programmes are working at the community level to protect girls and women from FGM. And the idea that this is a cultural practice too sensitive for the international community, and even national governments, to address is giving way to commitment and support for elimination on a broad front.

The PATH review has shown that the most effective programmes are participatory and encourage communities to identify important issues for themselves and develop their own solutions to problems. At the same time it has revealed some key weaknesses in the campaigns to date. For example, most of the organizations working in this field are small and rely heavily on volunteers. Moreover, their activities reach only a minority of communities that still practise FGM. Governments, by and large, have not moved beyond policy support for elimination to integrate FGM activities into their mainstream programmes. Nor have they shown much commitment towards scaling up the elimination campaign to increase awareness and coverage.

More importantly, most anti-FGM programmes fail to address in full the “mental map” that supports the practice within communities, or to take all the steps necessary to bring about behaviour change.

Drawing lessons from the field, this section will offer broad recommendations for action needed at national and community levels to further the aims of the elimination campaign. Recommendations that are addressed specifically at governments, such as the need to pass laws and develop policies, also hold messages for non-governmental organisations, for these require the advocacy and cooperation of NGOs to ensure they are

acted upon and that they are truly relevant. Similarly, the recommendations addressed at non-governmental organisations hold messages for government whose job it is to create an “enabling environment” for those working at the front-line to eliminate FGM.

- In order to increase the strength and momentum of the elimination campaign, governments and donors should encourage organisations at all levels to get involved in anti-FGM activities by providing technical and financial support.
- In order to protect girls and to make it clear to communities that FGM is not acceptable, governments must introduce anti-FGM laws, and see that existing laws are enforced.
- Governments should support FGM elimination with policies and resources. And they should take an active part in implementing elimination programmes, rather than leaving this to non-governmental organisations.
- FGM prevention needs to be integrated into the mainstream activities of government ministries and all other relevant institutions and programmes, both in order to reach an ever wider target audience, and to ensure the long-term sustainability of the elimination effort.
- Health care providers at all levels need training in how to manage the complications of FGM, including its psychological and sexual effects. In addition they need to be convinced, through education, of the wisdom of elimination and encouraged to speak out against the practice wherever possible.
- All players involved in the effort to eliminate FGM – government and non-governmental organisations, donors, and other agencies and institutions – must

coordinate their activities as much as possible and share information and resources.

- Given the importance of advocacy in achieving the goals of elimination campaigns, non-governmental organisations should look to develop and strengthen their skills in this area, with technical assistance from international agencies where necessary.
- Organisations working to eliminate FGM must include all interested parties in the design, planning and implementation of programmes. This will help to avoid potentially bitter divisions within communities, and ensure that a wide range of views is taken into consideration and everyone is working towards the same goal.
- Organisations need to tailor their activities to suit their different audiences, and to carry them out according to a carefully planned strategy, rather than in a haphazard fashion.
- Young people should be a prime focus of anti-FGM campaigns. Besides being potential victims of excision, they are not yet set in their ways and can be particularly effective as agents of change.
- Anti-FGM programmes should reach out to educated city people as well as to the less well educated rural communities. Urban elites tend to be a neglected audience, yet research shows that many among them remain committed to FGM and unaware of the rationale for stopping the practice.
- Organisations working at community level need to identify and build on the positive values that underpin FGM, such as its role in marking the coming of age of girls, while separating out the mutilating practice of excision and convincing communities that this is an unnecessary and unacceptable part of the ceremony.
- Finding alternative employment for excisors should not be a major strategy of anti-FGM programmes, although, as key players in the practice, they should be involved in the design and implementation of programmes like all other interested parties.
- Because many ethnic groups live on both sides of national borders, anti-FGM organisations should develop cross-border programmes wherever appropriate.
- Anti-FGM organisations should strive to understand the mental map supporting FGM in each community with which they work, and to address all aspects of it in their programmes.
- IEC materials should be based on thorough research and targeted at specific audiences rather than mass produced.
- There are four broad areas of the social context of FGM that elimination programmes need to take into consideration: its economic significance; its social implications for the girl and her family; its implications for family relationships; and its significance to the marital relationship.
- Organisations should make as much use as possible of popular art forms such as drama, song, poetry and story-telling in communicating messages and information. And they should look to expand and strengthen contacts and collaboration with the mass media.
- Anti-FGM Organisations need to ensure that their training programmes are high quality and comprehensive in the range of topics they cover, and that they are designed to reach a wide range of people involved in their programmes.
- Organisations should undertake thorough baseline research before starting an anti-FGM programme. Monitoring and evaluation should be built into the system and carried out on an on-going basis in order to identify problems that need sorting out and changes that might improve the effectiveness of the programme.

LIST OF ACRONYMS

AIDOS	Italian Association for Women in Development	ESPS	Egyptian Society for Population and Development
AMSOPT	Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles (Mali)	ESS	l' Ecole Secondaire de la Sante (Mali)
APDF	Association pour la Defense de Droits de Femmes Maliennes	FGM	Female Genital Mutilation
ASDAP	Association de Soutien au Development de Activities de Population (Mali)	FLE-programme	Family Life Education
AUSaid	Australian Aid	FORWARD	Foundation for Women's Health, Research and Development
BCC	Behaviour Change Communication	FPAU	Family Planning Association of Uganda
BCI	Behaviour Change Intervention	GTZ	Gesellschaft für Technische Zusammenarbeit (GTZ)
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women	HTP	Harmful Traditional Practice
CEDPA	Centre for Development of Population Activities	IAC	Inter-African Committee on Harmful Traditional Practices
CEOSS	Coptic Evangelical Organization for Social Services	ICPD	International Conference on Population and Development
CIDA	Canadian International Development Agency (Canada)	IEC	Information, Education, Communication
CIHRS	Cairo Institute for Human Rights Studies	IPC	Interpersonal Communication and Counselling
CNLPE	Comité National de Lutte Contre la Pratique de L'Excision (Bukina Faso)	IPPF	International Planned Parenthood Federation
COFESA	Cooperative de Femmes pour l'Education, la Sante Familiale et l'Assainissement	KAP	Knowledge, Attitudes and Practice
CRC	Convention on the Rights of the Child	MCH/ FP	Maternal and Child Health and Family Planning
EDHS	Egyptian Demographic Health Survey	MLSA	Ministry of Labour and Social Affairs
EFCS	Egyptian Fertility Care Society	MOE	Ministry of Education
EMA	Educational Mass Media Association (Ethiopia)	MOH	Ministry of Health
ENMP	l'Ecole Nationale de Medecine et de Pharmacie (Mali)	MOI	Ministry of Information
ENDA	Environment and Development in the Third World	MOP&H	Ministry of Population and Health
		MWCF	Ministry for Women, Children and Families
		MWYO	Maendaleo ya Wanawake Organization (Kenya)
		NCPD	National Commission for Population and Development (Egypt)

NCTPE	National Committee on Traditional Practices of Ethiopia	TOT	Training of Trainers
NGO	Nongovernmental Organization	UNAFEM	National Union of Muslim Women of Mali
NPRAD	Norwegian Agency for Development	USAID	United States for International Development
OR	Operations Research	UNFIP	United Nations Fund for International Partnerships
PATH	Programme for Appropriate Technology in Health (USA)	UNFPA	United Nations Population Fund
PSA	Public Service Announcement	UNICEF	United Nations Children Emergency Fund
RAINBO	Research, Action and Information Network for Bodily Integrity of Women (USA)	WASC	Women's Affairs Standing Committee
REACH-	Programme Reproductive, Education and Community Health (Uganda)	WHO	World Health Organization
TBA	Traditional Birth Attendant		
TIC Programmes	Training, Information and Campaigns; Training Information Campaign		

Annexes



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ANNEXE 1: INTERNATIONAL ACTION

A number of multilateral agencies are working directly and indirectly for the elimination of FGM. In their “plans of action” the various agencies commit themselves to a wide range of activities, some of which are new and some of which they have been engaged in for some time already.

The World Health Organisation (WHO)

(WHO has been the leading UN specialised agency to take a position against FGM, starting in the 1960s.)

undertakes

- to increase knowledge on FGM;
- to promote technically sound policies and approaches;
- to incorporate FGM into the broader programme to promote women’s health;
- to develop educational materials on FGM for training health professionals;
- to provide guidance on the clinical management of health complications of FGM;
- to strengthen its partnerships with governments, non-governmental organisations, scientists, human rights advocates, and other UN agencies in order to promote the elimination of FGM.

United Nations Children’s Fund (UNICEF)

undertakes

- to provide support for community-based organisations engaged in IEC and training activities on FGM;
- to support FGM elimination efforts through integrated programmes in the fields of health, education, communication, and women’s empowerment;
- to give priority to working on FGM issues with youth organisations and women’s groups.

United Nations Educational, Scientific and Cultural Organisation (UNESCO)

undertakes

- to provide assistance to governments in preparing teaching materials on FGM;
- to include the issue of traditional practices in its “functional literacy programmes”.

United Nations Population Agency (UNFPA)

undertakes

- to advocate for the elimination of FGM in all parts of the world where it occurs;
- to support the review and revision of national policies, laws and regulations that help to perpetuate the practice, especially those related to reproductive health and traditional practices;
- to support the IEC activities of any national organisation working to eliminate FGM;
- to support socio-cultural research aimed at identifying the factors that sustain the practice of FGM;
- to support the collection of data on the incidence and prevalence of FGM.

The United States Agency for International Development (USAID) – FGM Working Group

undertakes:

- to conduct operations research (OR) for community-based programmes in a number of African countries;
- to take a multi-sectoral approach to FGM, and to address such issues as human rights and reproductive health within their cultural context;
- to develop IEC and national awareness campaigns in collaboration with policymakers, NGOs, academics and other relevant parties;
- to give training and support to health professionals regarding FGM;
- to give training to auxiliary health workers on FGM;
- to mobilise women's organisations in support of the elimination effort.

Amnesty International

undertakes

- to urge governments to ratify and implement international human rights conventions, and to honour other human rights standards that are of relevance to the elimination of FGM;
- to include information on FGM, *wherever appropriate*, in its efforts to promote awareness of human rights;
- to cooperate with other NGOs in performing these tasks, where appropriate.

ANNEXE 2: USEFUL CONTACTS

The interests and activities of the following organisations reach beyond their national boundaries, and include a concern for the elimination of female genital mutilation.

AIDoS (The Italian Association for Women in Development) Via dei Giubbonari, 30 00186 Rome, Italy.	Defence for Children International Section P.O.Box 75297 NL-1070 AG Amsterdam Netherlands
Anti-Slavery International Unit 4 Stableyard Broomgrove Road London SW9 9TL United Kingdom	Equality Now 250 West 57 th Street # 826 New York NY 10019 USA
Amnesty International* International Secretariat 1 Easton Street London WC1X 8UJ United Kingdom	Ford Foundation 320 East 43 Street New York NY 10017 USA
CAMS (Commission Internationale pour l'Abolition des Mutilations Sexuelles)* BP 11.345 Dakar Senegal	FORWARD International * 6th Floor 50 Eastbourne Terrace London W2 6LX United Kingdom
CEDPA (The Centre for Development and Population Activities) 1717 Massachusetts Avenue, NW Suite 200 Washington DC 20036 USA	IAC* 145, rue de Lausanne 1202 Geneva Switzerland

IPPF*

P.O.Box 759

Inner Circle Regent's Park

London NW1 4LQ

United Kingdom

United Nations Population Fund (UNFPA)

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