(Third DRAFT)

SITUATIONAL ANALYSIS

OF

FEMALE GENITAL MUTILATION/ CUTTING

IN THE GAMBIA

BY

AFRI CONSULT GROUP (AFICON)
61Kairaba Avenue
Sere Kunda, KMC
P O Box 166, Banjul
The Gambia

E-Mail: Africon.consultants@gmail.com

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Acknowledgement

A study of such a complex and sensitive nature is always invariably challenging and require the support and commitment of the various stakeholders and actors. During the course of this situational analysis, several individuals, organizations and communities rendered their invaluable support and cooperation, worth acknowledging.

The Consultants contacted several individual and organizational key informants and interviewed them often at short notices. Almost all the intended key informants readily made themselves available and provided useful information, data and insights, which has undoubtedly enriched the study findings. The list of key informants is long and cannot be exhaustively mentioned herein, although the Consultants remain grateful and appreciative of all their efforts and contributions.

Secondly, data collectors went into the sampled communities and conducted FGDs and KIIs again with very short notices. The participants at the FGDs and KIIs sacrificed valuable time, effort and energy, particularly given the fact that the timing coincided with their busy schedules on the farms. Even though the data collectors tried to accommodate the busy schedule of the participants, it was obvious that most participants would have wanted to spend their time differently and perhaps productively on the farms. Furthermore, the African traditional hospitality accorded to the data collection teams was truly refreshing and greatly appreciated.

Finally, Africonsult would like to place on record their sincere appreciation and indebtedness to the Women's Bureau, UNICEF and UNFPA for the trust and confidence bestowed on them for the exercise. We do hope that the report provides the needed information and data to enable the formulation of appropriate and timely national action plan for the accelerated abandonment of FGM/C in the country.

Acronyms

1. APGWA – Association for Promoting Girls and Women's Advancement
2. BAFROW – The Foundation for Research on Women's Health, Productivity and the Environment
3. BCC – Banjul City Council
4. BFC – BAFROW Family Clinic
5. CEDAW – Convention on the Elimination of all forms of Discrimination Against Women
6. CHNs – Community Health Nurses
7. CPU – Child Protection Unit
8. CRR – Central River Region
9. FGD – Focus Group Discussion
10. FLAG – Female Lawyers Association Gambia
11. FGM/C – Female Genital Mutilation/ Cutting
12. GAMCOTRAP – The Gambia Committee on Traditional Practices Affecting the Health of Women and Children
13. GFPA – Gambia Family Planning Association
1. HIV/AIDS – Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
14. KII – Key Informant Interviews
15. KMC – Kanifing Municipal Council
16. LGA – Local Government Authority
17. LRR – Lower River Region
18. M & E – Monitoring and Evaluation
19. MDGs – Millennium Development Goals
20. NAM – National Assembly Member
21. NBR – North Bank Region
22. NGOs – Non- Governmental Organizations
23. STD – Sexually Transmitted Diseases
24. TA – Technical Assistant
25. TBAs – Traditional Birth Attendants
26. TOR – Terms of Reference
27. UNCRC – United Nations Convention on the Rights of Children
28. UNDP – United Nations Development Fund

29. UNFPA – United Nations Fund for Population Activities
30. UNICEF – United Nations International Children's Educational Fund
31. URR – Upper River Region
32. VHWs – Village Health Workers
33. WHO – World Health Organization
34. WR – Western Region

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Executive Summary

The UNFPA/UNICEF Joint Programme and Trust Fund for the accelerated Abandonment of Female Genital Mutilation/Cutting (FGM/C) in collaboration with the Women's Bureau contracted AFRICONSULT to undertake a study to map out stakeholders, coverage, best practices, perspectives and impacts of the existing interventions.

The objectives of the study were:

- Documentation of the various interventions of the different actors, their strategies, coverage, impact and M & E systems for a determination of best practices
- Mapping of the situation of national policy and laws on FGM/C and national mechanisms for coordination
- Concrete recommendations based on the findings of the study for future actions
- Research report to be published and disseminated to wider audiences

Following intense literature review, interviews of top managers of key institutions, Focus Group Discussions, discussions with circumcisers, religious leaders, community leaders, women's groups etc (KIIs) the study has identified the following key issues concerning the accelerated abandonment of FGM/C in The Gambia:

There are various NGOs working in the anti-FGM/C campaign in the country. Key among these actors are APGWA, BAFROW, GAMCOTRAP, Tostan and Wassu Gambia Kafo in alphabetical order. These NGOs are scattered throughout the country and in the absence of any national strategic/action plan, there does not seem to be any coordinated strategy in distribution and coverage of these activities. Some communities have been covered sometimes by more than one NGO while some whole districts have not been covered by any NGO. While some strategies of these NGOs are similar (for instance Public sensitisation using community identified activities/ trainers and the concept of initiation without cutting) some strategies are unique to particular NGOs (Well Woman's clinic of BAFROW, citizens encampment concept of APGWA, advocacy for legislation by GAMCOTRAP, applied clinical and qualitative research of Wassu Gambia Kafo, and Kobi and Aawde concept of Tostan).

Almost all of them have devised ‘Alternative employment opportunities’ for the Circumcisers. Each of these strategies has it advantages and these have been captured by the study. **The NGOs are all very passionate in their efforts to stop the practice of FGM/C in the country but there does not seem to be much collaboration and information sharing among them. Rather they seem to be competing against each other, instead of collaborating and complementing each other’s efforts.**

Project documents in most cases are incomplete and there does not seem to be any planned/ structured external evaluations and as a result, getting correct evidenced based information on impacts of their interventions is proving to be a challenge. Monitoring and evaluation data are scanty and difficult to access.

With regards to coordination of the activities of the various actors, almost all those interviewed agreed that there is a strong justification to improve the coordination both at the national and the regional levels, and the study has made recommendations to that effect.

1. Introduction/ Background

The UNFPA/UNICEF Joint Programme and Trust Fund for the Accelerated Abandonment of Female Genital Mutilation/Cutting (FGM/C) in collaboration with Women's Bureau, is to conduct a situational analysis of FGM/C in The Gambia. The study is aimed to map out stakeholders, coverage of best practices, perspectives, approaches, strategies and impact of existing interventions.

There is sufficient indication that violence against women remains a significant problem in all societies and FGM/C is one of the severe manifestations. It is a harmful traditional practice and a form of violence that directly infringes upon women and children's rights to physical, psychological and social wellbeing. Female Genital Mutilation /cutting therefore is an act, which "comprises all procedures involving partial or total removal of the external female genital or other injuries to the female genital organs whether for culture or other non-therapeutic reasons", (WHO, UNICEF, UNFPA, 1997:3).

In The Gambia, the practice of FGM/C is more predominant in Mandinka, Jola, Sarahule and Fula ethnic groups, each of which has prevalence rates of more than 80%. The practice is moderate among the Serere and Wollof ethnic groups. Differences have been observed amongst women in various LGA's with the practice more prominent in URR (99 %), LRR (95.9 %), Banjul (44.8 %) and NBD (60.8 %), (MICS 2005, GBoS, 2007).

Some of the early advocacy efforts aimed at eradicating FGM/C in The Gambia have placed very strong emphasis on the health consequences of this practice. Any approach that aims to end FGM/C must incorporate a holistic strategy that addresses the multitude of factors that perpetuate it. This research therefore, aims at providing useful information on the occurrence and persistence of FGM/C and its related social and cultural repercussions.

FGM/C is practiced in more than 28 countries in sub-Saharan Africa and is now also widespread in other continents with African diaspora. It is most commonly found among the Mandinka, Sarrahule, Jola and Fula ethnic groups with a prevalence of up to 98 %, (MICS 2005, GBoS, 2007).

In the last 20 years, there has been increased awareness worldwide on FGM/C and there is intensification of activities aimed at its accelerated abandonment.

In the Gambia a number of organisations are engaged in the fight to eliminate FGM/C and other forms of violence against women. These organisations include GAMCOTRAP, BAFROW, Tostan, Wassu Gambia Kafo, APGWA, Women's Bureau, MOH, UNICEF, UNFPA, and GFPA. Various strategies for accelerated abandonment of FGM/C have been adopted by these organisations. Their work is supported by a number of local and international declarations/ legislations/ conventions/ policies including CEDAW, UNCRC, Gambia Children's Act 2005, reproductive health and women's advancement policies. The Gambia Children's Act 2005 article 19 specifically indicates that "no child shall be subjected to any social and cultural practices that affect the welfare, dignity, normal growth and development of the child and in particular, those customs and practices that are prejudicial to the health of the child, discriminatory to the child on the grounds of sex or other status".

Definition:

FGM/C is defined as all procedures involving the partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or non-therapeutic reasons (WHO, 2006).

TYPES/CLASSIFICATION OF FGM/C

WHO also classified FGM/C into three types as follows:

Type I

Excision of the prepuce with or without excision of part or all of the clitoris. This method is sometimes called “Sunna”

Type II

Excision (clitoridectomy) of the clitoris with partial or total removal of the labia minora

Type III

This type is the excision of part or all of the female external genitalia and stitching/narrowing of the vaginal opening (infibulation).

Of the above types, the most commonly practiced are type I and type II. However, the practice of sealing is reportedly common in all the regions and cultures that practice FGM/C. Sealing is erroneously believed to preserve virginity, when in practice that is only a myth and does not necessarily hold.

1. Objectives and Scope of the Study

The objectives of the evaluation are as follows:

- Documentation of the various interventions of the different actors, their strategies, coverage, impact and M & E systems for a determination of best practices
- Mapping of the situation of national policy and laws on FGM/C and national mechanisms for coordination
- Concrete recommendations based on the findings of the study for future actions
- Research report to be published and disseminated to wider audiences

The scope of the study focused on:

- The situation in the Gambia in relation to FGM/C
- National coordination mechanisms for FGM/C
- Mapping of NGOs & documenting the different approaches and strategies

- Forms of FGM/C in the Gambia
- Motivations for the continued practice of FGM/C
- Social and cultural implications of FGM/C
- Gaps and recommendations
- Identifying the comparative advantages of the different stakeholders & recommend way of harnessing the synergy
- Policy, international, national legislative framework for governing FGM/C
- Other international best practices on FGM/C reduction

2. Methodology

The methodology for the situational analysis included judicious use of a mixed bag of data collection approaches which included desk study, Key Informant Interviews (KII), Focus Group Discussions (FGD), Individual Structured Questionnaire Interviews (ISQI) as discussed below.

A sample of 10 communities as shown in table 4 below was randomly selected from a sampling frame from the list of villages in each of the eight administrative regions of the country specifically targeting the communities in which the NGOs have interventions in FGM/C. In each selected community, FGD was conducted with about 6-8 women; individual structured interviews were also conducted with 10 randomly selected respondents. At least four Key Informant Interviews were also held in each selected community and the respondents included an FGM/C practitioner, Religious leaders, Women leader, a nurse, youth leader and the village Alkalo (leader)

1. Desk Review

The Consultants started with a desk review of the relevant documents/ and the information obtained were used to inform the development of the tools and the content of the report itself. Current and contemporary literature on FGM/C and gender were accessed and judiciously used.

Data from the desk review was also used to conduct policy and impact analysis of the FGM/C interventions in the country, using different variables such as clarity and debt of particular policies, specific policy outcomes, effects/ outcomes of specific FGM/C interventions in the communities. These were cross-referenced with the primary data that was generated from the key informant interviews with the representatives of the key institutional players.

2 Interview of Key Informants

Four Key Informants comprising an influential woman, two community elders (male/ female), a religious leader and village Alkalo were interviewed in each of the 10 communities in the sample. A guide which was developed and pre-tested was used to facilitate the key informant interviews.

In addition to the KIIs at the community level, at least 2 senior officers of each of the following institutions were also interviewed:- UNICEF, UNFPA, Women's Bureau, Police, Politicians, CPU officials. These KIIs were mainly conducted at central level by the consultants.

3. Focus Group Discussions

A total of 10 Focus Group Discussions were conducted in all the administrative regions of the country (distributed as shown below). Selection of communities in the administrative regions was based on probability proportional to size (pps). The FGDs provided valuable qualitative data that re-enforced the information obtained from the quantitative data collection process. An FGD guide was developed, pre-tested and used to facilitate the discussions.

FGD distribution: 1 BCC/ KMC, 1 WR, 1 LRR, 1 NBR, 1 CRR/S, 1 CRR/N, 4 URR (2 Tostan & 2 GAMCOTRAP intervention communities)

3 Structured Interviews

A detailed structured questionnaire was developed on the questions/issues raised in the TOR and the literature review. In each of the 10 sampled communities, 10 respondents were randomly selected from a sampling frame of the list of the

households in each of the ten selected communities and interviewed by the data collectors. A total of 100 filled / completed questionnaires were obtained and analyzed.

5 Participant Observation

In addition to conducting the above mentioned field data collection activities, data collectors and Consultants also directly observed and recorded the unspoken but observable issues/ activities in the communities. Where appropriate and possible, field pictures were taken to illustrate particular points/issues.

A one day presentation of summarized FGD findings and observation records conducted at the end of the data collection phase, to ensure that relevant and adequate qualitative information is captured and analyzed.

Data Analysis:

An analysis frame was developed and used by the Statistician for the study data analyses and syntheses. EPI-Info was used for data entry and cleaning while SPSS package was used for data analysis. Tables derived from the analyses were used for report writing.

Limitations of the Study:

The study was conducted during the rainy season and the timing was not quite ideal for the intended respondents most of whom were busy on their farms. It made the field work difficult and time consuming as the schedule of the data collectors had to be based on the availability of the intended respondents.

Furthermore, in most of the communities in the sample, the participants expect some form of compensation for their participation on the Focus Group Discussions. It is believed that this expectation was as a result of precedence set by some organizations in the past.

There is scanty monitoring and evaluation information/ data from the organizations to enable the consultants to objectively determine the effects and impact of the interventions. The situation was aggravated by the lack of baseline date and or log frames to ascertain the original planned targets and indicators.

3. Findings

The issue of Female Genital Mutilation / Cutting (FGM/C) in the Gambia has evoked a lot of sensitivities from numerous quarters resulting to strong patriarchal resistance. Consequently, the fight against FGM/C and other Harmful Traditional Practices in the country has been difficult, challenging and protracted. Despite such daunting challenges, the gender specific nature of FGM/C motivated women's rights organisations in the country to take it as a relevant and necessary development agenda and proceeded to develop and implement programmes on it. Some of these organisations have been operational in the country for a long time while some are relatively new.

In partnership with the relevant Gambia Government institutions and UN Agencies particularly WHO, UNFPA and UNICEF, five registered NGOs have been known to be implementing significant anti FGM/C programmes in the country. These are APGWA, BAFROW, GAMCOTRAP, Tostan and Wassu Gambia Kafo These organisations have used different approaches / strategies to implement their programmes.

This section presents the findings of the study under the various key categories identified by the TOR.

4.1 Mapping of the key Players

The situational analysis reveals that there are a number of organizations engaged in service delivery in the area of female genital mutilation/ cutting in the Gambia. APGWA, BAFROW, GAMCOTRAP, Tostan and Wassu Gambia Kafo have interventions in different areas of the country with varying approaches and delivery modes.

4.1.1 Geographical coverage

In terms of the geographic coverage of the intervening organizations, the table below summaries the spread and coverage of the organizations.

Table 1: NGO Coverage of FGM/C and programme scope

REGIONS	NGOs				
	APGWA	BAFROW	GAMCOTRAP	Tostan	Wassu Gambia Kafo
URR		✓	✓	✓ 40 Fula & 40 Mandinka and 63 adopted villages	No direct community intervention
CRR-S		✓	✓ Except the Niaminas		
CRR-N		✓	✓		
NBR	✓	✓			
LRR		✓	✓		
WR	✓	✓ Mainly in East & North, Central Kombos and the Fonis	✓		
Greater BJL	✓	✓	✓		

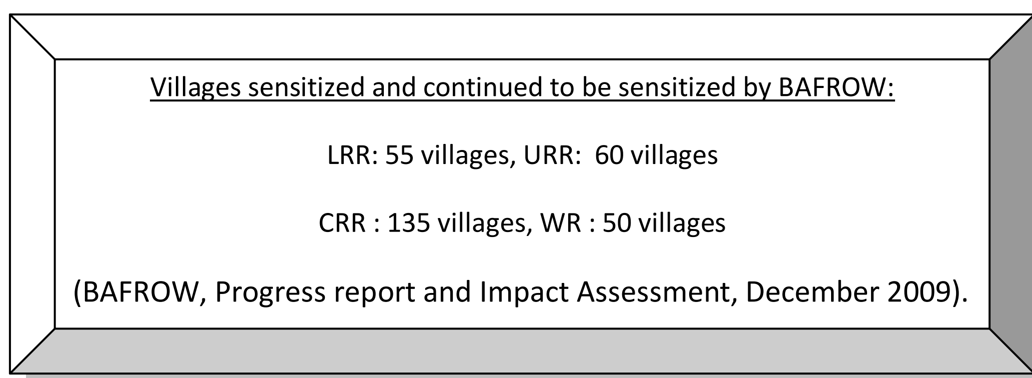
APGWA

Between 1992 – 1998, APGWA operations in the area of anti FGM/C were scattered nationwide. However, of recent they have limited these operations to NBR (in Niumis, Illiasa and Lower Baddibu districts) following an understanding with GAMCOTRAP. There are plans to expand into Kiang districts of LRR.

BAFROW

The anti FGM/C operations of BAFROW are said to be conducted in all districts in URR, CRR North and South, LRR and WR (mainly in Kombo East & Central & Fonis); Banjul & KMC. However, their treatment and rehabilitation activities are located in their "Well Woman" clinics in the Greater Banjul area and Western Region.

BAFROW therefore operates country-wide except in Kombo South and NBR where it plans to phase into in the near future. It has infact commenced training the mobilizers in NBR in anticipation of eventual programming.



Villages sensitized and continued to be sensitized by BAFROW:

LRR: 55 villages, URR: 60 villages

CRR : 135 villages, WR : 50 villages

(BAFROW, Progress report and Impact Assessment, December 2009).

GAMCOTRAP

As shown in the table below, the organisation implements its programmes in 108 clusters with 1,228 villages. However it has reached an understanding with APGWA for it to withdraw from NBR in order to allow APGWA to phase-in and gradually cover the whole of NBR. In such a scenario, GAMCOTRAP will eventually be operating in 73 clusters with 932 communities in the country.

Table 2: GAMCOTRAP intervention villages by Region and Cluster

REGION	# of Clusters	# of Village	Comments
URR	29	335	All districts
CRR-S	4	74	Not present in the Niaminas
CRR-N	25	324	All districts
NBR	30	296	Phase-out
LRR	6	82	Not present in Kiang Central and East
WR	9	117	Not present in the Fonis
Totals	**103**	**1,228**	

TOSTAN

Tostan-UNICEF-Government of The Gambia programme using the organized diffusion model involves a three to four year process. The Project was working directly with 80 communities and continued with these 80 communities (40 Mandinka and 40 Fulla) in 2009. In subsequent years, subject to availability of funds raised, this will be progressively scaled up in URR to directly reach 120 and additional 150 to 200 communities indirectly through the organized diffusion strategy.

Phase I covers 40 Mandinka communities and was implemented from March 2007 to December 2009,

Phase II covers 40 Fula communities was from Nov. 2007 to early 2011.

Phase III would have covered 40 Sarrahule communities and was due to have started in 2008 but has now been postponed until sufficient funding could be guaranteed to see the programme through the three years to early 2012 and subject to the evaluation outcome of the Phases 1 & 2..

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Table 3: Direct Tostan Participants

Ethnic Group	**Women**	**Girls**	**Men**	**Boys**	**Totals**
Mandinka	2502	1484	381	267	4,634
Fula	1859	1126	354	710	4049
Totals	**4361**	**2,610**	**735**	**977**	**8,683**
Percentages	***50%***	***30%***	***8.5%***	***11.5***	***100%***

Source: Tostan records, May 2009

It should be noted that the total number of direct programme participants of 8,683 from the table above exceeds the initial target of 2,500 indicated in the project document. There are approximately 63 communities adopted by the direct project intervention communities, with a total population of 19,550 comprising of 13,400 Mandinka inhabitants and 6,150 Fula inhabitants respectively.

It should be remembered that Tostan phased-out of the 40 Mandinka villages in December 2009, having successfully implemented its community empowerment programme.

Wassu Gambia Kafo

In The Gambia, Wassu Gambia Kafo is not directly implementing programmes in the regions but is working with MOH and academic health institutions. Its main activities/strategies is to combine research with training of health professionals and students of the School of Medicine and Allied Health Sciences, the community based medical programme, the CHN, SEN and SRN schools.

4.1.2 Approaches, strategies and reach

Given the sensitivity of the practice and the cultural diversity of the context in which FGM/C occurs, the approaches of the service delivery agencies have been varied and different. A synopsis of the individual organization's approaches is as follows:

APGWA:

Since its formation, APGWA adopted various strategies to sensitise the population on the harmful effects of FGM/C aimed at accelerating its abandonment in the country.

Between 1992 and 1998, the main activity that APGWA embarked upon was sensitisation of the population on the harmful effects of FGM/C. A training of trainers was conducted for two weeks. 30 trainers were trained in 1992 and the training was conducted using the ILO training manual called "Campaign for the eradication of female circumcision in Africa" which has 5 modules A - E. Module A focuses on "involving women in eradication of FGM/C", Module B deals with types, geographic distribution, origin and history, Module C is on reproductive health, child birth and post natal care, Module D teaches women's health and the consequences of FGM/C and Module E is on "women speak on FGM/C". These modules were taught by trainers who were themselves trained in Turin Italy in 1991. The community based trainers were identified by members of their own communities and trained by APGWA. They came from NBR, CRR, URR, and WR. They were not full time staff of APGWA but are given allowances whenever they participate in workshops or training programmes. These trainers in turn trained the village women on women empowerment subjects like women's rights, family health, FGM/C.

The association also trained at least 20 health workers - Nurses and midwives, VHWs, TBAs and religious leaders on FGM/C and its harmful effects using the ILO manual. This was a 2-3 days training course. Annual refresher training of health workers are also conducted by APGWA. During these sensitisation activities, some of the issues that the population highlighted as to why they are practising FGM/C included cultural beliefs, source of income, training of young girls on family life.

In addition APGWA also trained 30 traditional communicators using the same ILO manual following which these communicators developed dramas and songs on FGM/CC and its consequences and these dramas are played whenever APGWA is conducting workshops or sensitisation campaigns or when the group travels to communities. The African Centre for Democracy and Human Rights Studies also trained these traditional communicators on the AU protocol on rights of women (Maputo Protocol 2003) and also on CEDAW.

In recognition of some of the good things associated with FGM/C, APGWA adopted the strategy to "Initiation without cutting" or "Youth Camps". The young girls are taken to the bush and trained on culture and family life but without cutting of any part of the genitalia. During these trainings some cultural beliefs that infringe on the rights of women were highlighted and condemned eg the right of the husband to beat the wife. Women's right issues were promoted and taught during these "initiation without cutting" programmes. APGWA's approach before starting these activities includes identification of a community, followed by a visit by an APGWA advance party. This team of APGWA staff meets with the chief, Imam, Alkalo, Women and Youth Leaders and explain the work APGWA does and intends to do in the village/community. These local leaders will then call a meeting of the council of elders who are also sensitised on the activities of APGWA following which a full 2-3 days workshop is planned and date agreed with the council of elders. After the conduct of this 2-3 days workshop for the entire village and sometimes including some from neighbouring villages, an APGWA committee for the village is formed from among leaders of the village. This group will be conducting sensitisation of the villagers and families to stop the practice of FGM/C and also informs APGWA about any impending FGM/C practice. Upon receiving this information, APGWA will send a delegation to the village for further discussion and sensitisation. After convincing the villagers, a Youth Camp/Initiation without cutting ceremony is organised where the girls and sometimes boys are brought together and trained on the following;

- Marriage rites
- Pregnancy and child birth
- Safe motherhood

- FGM/C
- STD/AIDS
- Present day problems of youths
- Identification of positive and harmful traditional practices
- Role of circumcisers and women leaders
- Eradication of FGM/C

In addition to these trainings, the organisation also conducts skills training and employment creation for the circumcisers and the youth. The circumcisers are trained on Tie and Dye, soap making, gardening, how to run a business, do simple profit calculations and record profits. The youth are trained in sewing, Tie and Dye, and soap making. After the training, APGWA donates sewing machines, clothes, threads, scissors, needles, dyes, milling and grinding machines plus a start up cash donation of D10,000. To date, youth camps/Initiation without cutting have been organised in the villages of Jajari, Illiasa, Farafenni, Sikka, Kwinella, Basse, Sutukonding, Janjangbure, Kansambu, Darsilami, Dimbaya, Jambanjeli, Sanyang, Brufut,, Pirang, Faraba, Kafuta, Basori, and Bundung Bijankerr. Cummulatively, at least 50 girls have undergone Initiation without cutting ceremonies in these villages.

APGWA has also established a training centre in Tallinding for early school leavers where they are trained on various skills and family life education.

By 2003 a new strategy was introduces. This is the “citizenship encampment” using the rights based approach to eliminate FGM/C. During the course of one week, about 50 male and female youths were brought together at a forum and taught on human rights, CEDAW, the African Charter, UNCRC etc. The youths in turn went into the communities to sensitise the population. This strategy continued until 2009 and APGWA worked in various parts of the country using this approach eg Farafenni, Jajari, and their surrounding villages, Njawara, Basse, Taibatou, Kombo east, central and north. During these exercises, some chiefs requested for APGWA to intervene in their districts.

BAFROW: BAFROW adopts a holistic and integrated approach to service delivery in the context of women and reproductive health, centrally based on the concept of the "well woman". BAFROW has been operating for over 20 years in the country and offers social services, preventive and curative care to all members in communities in which they operate irrespective of sex, age and religion. 'One of the main features of BAFROW's approach is that its activities are designed in the context of civic empowerment, participation and ownership', (BAFROW Synopsis, 2009).

BAFROW's entry into the community starts with collection of baseline data. This is done through community diagnosis on reproductive health, environment, education, types and prevalence of FGM/C. In this same method, the types of community groups are identified, as well as literacy rates, VDC members, population, age, sex distribution and community leadership. The community diagnosis then informs the type of sensitization strategy to adopt, with which group and at which step (district, community and family).

After the initial baseline activities, BAFROW intervenes in identified communities and attempts to work with community members including youths, men, women, girls, community / religious leaders and circumcisers. BAFROW provides a lot of awareness creation and sensitization on harmful traditional practices affecting the health and status of women and girls, re-enforced by literacy classes and targeted publications. The sensitization and awareness creation are conducted at three levels. At the district level, they sensitise the governors, chiefs, alkalos, religious leaders and circumcisers. At the community level, VDCs, Youth leaders, women leaders and men groups are sensitized, whilst at family level they work with individual family members both men and women. There are community-based Counsellors (1 -3 per village) trained by BAFROW in communication, lobbying, how to organize meetings. There are training curricular and manuals for ex-circumciser, counsellors, youth leaders, FGM/C and registered girls. Pictorial materials for ex-circumcisers and community-based counsellors were also developed and used. There is also a curriculum for adult literacy programmes covering FGM/C and health, FGM/C and religion and FGM/C and

culture. The duration of the training programmes range between 2 – 3 days, but the sensitization and awareness creation continues over a prolonged period.

Some 200 girls aged between 0 – 6 years from CRR North have been registered and subsequently monitored and followed through for eight years, to ensure that they are not cut. The registered children are examined at the time of registration, closely monitored by the circumcisers and subsequently examined again at the end of eight years to ascertain their status, prior to initiation without cutting. This longitudinal approach enables BAFROW to document the circumstances surrounding particular girl-children over extended periods. Furthermore, Circumcisers are sensitized and enlightened about the harmful effects of FGM/C and encouraged to 'drop the knife'. This is an on-going process, and to date over 10,000 girls have been registered nationwide and are being followed through.

BAFROW also promotes an alternative rite of passage which is "initiation without cutting", which respects and promotes the associated cultural significance without necessarily cutting the genitalia of initiates. Within the context of this approach, the girls are registered and taken through a structured programme based on a curriculum for alternative rites of passage. The family of each registered girl-child is encouraged to plant a tree and to signify the initiation of the child. Cumulatively, it is reported that 'some 10,000 girls have been registered and being followed in some 100 communities'. It is also reported that 'some 150 girls from six communities have already completed the process and celebrated'. The ex-Circumcisers who have agreed to drop the knife have been transformed into health promoters and village facilitators within their communities. They have since formed their own association of health promoters with defined leadership structures and positions and convened periodic meetings and annual conferences. In addition, there are regional committees for the abandonment of FGM/C, composed of representatives from various fields/ sectors. This group conducts annual nationwide visits and advices BAFROW on where to expand its services.

Through the model village concept, BAFROW showcases its approach to demonstrate a well woman, involving all the activities within the programme. The model village approach according to BAFROW is a "holistic, human- centered approach to sustainable development"; Mandinaba – BAFROW's Model Village, undated. BAFROW's works with the communities over a period and once a particular site has successfully undergone all these interventions (1. Productivity & empowerment programme, 2. Training & awareness creation for behavioural and attitudinal change, 3. Well woman's clinic, 4. Environmental programme and 5. Collaborative partnerships, it is then prepared to become a model village. Once all the activities are implemented leading to visible attitudinal change, the particular village is then declared as a BAFROW 'model village'. Mandinaba in Western Region has been declared the first model village and two more are being prepared.

BAFROW has also established six 'BAFROW Family Clinics as well as six other mobile outreach clinics situated in various parts of the country, designed to meet client demands in care provision, offering the public both affordable and quality services including Home Care Services', (BFC, March 2008). These clinics are located in Mandinaba, Ndenbane, Berefet, Sere Kunda, Brusubi and Kanlagi, and offer full range of RCH services run by matrons and nurse midwives. They also have trained counsellors on FGM/C and HIV as well as social workers on gender-based violence.

As part of its approach, BAFROW also implements a micro credit scheme targeting ex-circumciser and women. The beneficiaries are trained on basic business management skills and also livelihood skills training. The loan sizes range from D1,000 – D50,000, payable over a period of three to six months. Clients are encouraged to open savings accounts, the books of which are kept by BAFROW and clients come monthly to BAFROW office to collect the books, make deposits at the bank and return the savings book subsequently. The repayment rate is reported to be 90 %.

BAFROW undertakes functional research to help inform and educate people about the chosen thematic issues. It also conducts periodic monitoring and evaluation of its activities

to determine the impact and efficacy of the interventions. BAFROW has in the past conducted several baseline and evaluation exercises including a baseline on FGM/C in WR and CRR in January 1997, evaluation of the women's health programme with focus on the elimination of FGM/C – June 2001, survey report on adolescent sexuality, needs assessment of skills development for circumcisers and evaluation of the adult literacy programme (reflect) in August 2002. It has recently conducted a progress report and impact assessment of its activities from 1991 – 2009 by an external Consultant, and has a draft report being reviewed. In addition, BAFROW monitors its programmes through the monthly reports of the community- based literacy facilitators, as well as the periodic reports of the community based counsellors, BAFROW staff and the annual reports of the association of ex-circumcisers.

GAMCOTRAP:

Information from literature review has shown that GAMCOTRAP programme interventions are grounded in empowering people to change their own conditions through advocacy, capacity building and knowledge transfer as well as information campaigns on harmful traditional practices.

This strategy adopts a multi pronged approach to the abandonment of FGM/C including Community sensitization, awareness creation and social mobilisation, advocacy & lobby for policy and law reforms, media advocacy, bridge building. The content of the elements of the strategy is presented below:

Community sensitization, awareness creation and social mobilisation

This strategy includes grassroots sensitization through training, information campaign as well as consultations with individuals and local authorities at community, district and regional levels. Various trainings lasting from 1 to three days are conducted targeting different groups including 48 community-based facilitators who act as GAMCOTRAP volunteers at community level. They share information and advocate for abandonment of harmful traditional practices as a follow up to their training. They also monitor and provide

information and update GAMCOTRAP office on the debate at community level. It is reported that 'the training activities have directly reached some 300 villages'. There are training materials developed for some aspects of the training.

Advocacy & lobby for policy and law reforms

In this area, the NGO commits itself to the promotion and protection of rights of women and children and advocates for policy and law reforms through a variety of activities including sensitizing the communities about international and regional laws, conventions and protocols which the Gambia has signed and ratified, as well as the local / national policies and laws affecting women and children's rights, (Gamcotrap strategy, August 2010). These include raising public consciousness on the main laws of the country, which is the Constitution and on all policies that promote women and children's rights. Similarly, advocacy for law reform is also conducted by the NGO with policy makers, National Assembly Members, the judiciary and law enforcement agencies to increase awareness of the need to protect children and women from the effects of FGM/C through law reforms.

Media advocacy

Inorder to encourage positive reporting on FGM/C and other gender issues in general, as well as to reach out to the wider public to share its work in the community, GAMCOTRAP engaged the media in its strategies. Different categories of media personnel have been trained using a module specifically designed for the training of journalists in country lasting for two to three days. Some journalists have been sent abroad for short term training. These trained journalists subsequently formed a network of journalist against FGM/C. In addition to the journalists a group of traditional communicators ('Kanyelengs' & 'Mussu Dinbalu') were trained for a period of three days on various modules (FGM/C and traditional practices, FGM/C and Health, FGM/C and religion). It was after these trainings that the traditional communicators themselves developed rhythms and anti-FGM/C songs for dissemination. They use the various community radios for dissemination of the messages. GAMCOTRAP has also established a website were information regarding their activities are shared with a wider public. It is reported that the website is regularly updated.

Bridge building:

Recently, GAMCOTRAP has embarked on a new strategy called bridge building programme in partnership with the Catalan Agency for Development cooperation and the Government of Catalonia under the auspices of AMAM Espana - a women's rights organization in Spain. The bridge building is primarily to share knowledge and information about work on FGM/C in The Gambia and Northern countries. It also creates awareness in the North about the realities surrounding FGM/C on women's sexual and reproductive health and rights in The Gambia. This strategy enables GAMCOTRAP to engage emigrant communities in the North in awareness creation and sensitization on FGM/C and any protocols/ regulations and laws banning it in their respective migrant locations.

Its community outreach activities involve using a multi-media modular package which is adapted to the Gambian situation. GAMCOTRAP implements training information campaigns at community level as well as social mobilization using the Rights Based Approach and conducts series of consultations and dialogue to create sufficient awareness that should enable communities to come to consensus to protect the rights of women and children in The Gambia.

It is reported that after over 20 years of advocacy at the grassroots and having developed trust and confidence of the communities GAMCOTRAP was able "to develop an understanding about the social networks and relationship of communities. Furthermore, it generated critical information as to how communities relate to each other and how socio cultural practices are performed through the social networks and based on kinship and interrelations. These include cultures that are shrouded in secrecy; and understanding the dynamics and pattern of decision making to reach consensus was a driving force for conceptualizing and theorizing the cluster approach. This approach has helped GAMCOTRAP to strategically implement project activities in communities with 100 per cent success rate in getting the communities in the clusters reaching consensus in the abandonment of FGM/C through a public declaration" (Situation Paper, GAMCOTRAP, August 2010). However, it is

observed in this study that there are some communities in other clusters that are yet to reach consensus in the abandonment of FGM/C through a public declaration. GAMCOTRAP now implements its programme using the “Cluster Approach” whereby communities sharing similar socio-cultural traits and decision making mechanisms are grouped together in a cluster. It is reported that GAMCOTRAP has now theorised the “Cluster Approach” and has implemented it with great success in URR and CRR and is now pioneering it in the remaining regions of the Gambia for the elimination of Female Genital Mutilation in the Gambia.

“The Cluster communities are characterized – but not limited to the following:

- The Cluster communities share a common geographic location and there is high level of socialization and sharing of information amongst the various groups.
- The clusters communities also intermarry amongst themselves which is characterized by sharing similar cultural patterns of practices, relations and family ties.
- There is often a head community in every cluster that probably has the senior traditional leader, or a council of elders who come together to discuss issues affecting their communities through their traditional structures.
- Each cluster has a central point; a bigger community and sometimes the chieftaincy. This serves as a reference and converging point for training and information campaign with various target groups
- Each cluster has its own Circumciser and Traditional Birth Attendant. These are critical targets in ending FGM/C in the communities. They are limited by territorial jurisdiction, trust, and history of the lineage; and do not circumcise girls in other clusters, unless they are invited to do so upon consultation with the circumciser designated. Each circumciser has a clearly delineated area of jurisdiction.
- Each cluster has an average of 10 communities but there are bigger clusters that are demarcated based on kinship and settlement patterns. These clusters could have up to 15 – 20 settlements that are mainly close together geographically but traditionally unique in leadership and practice.

- In some cases, clusters share similar local structures i.e. community health post and market place and this serves as a converging point for the communities.
- Politically, all the cluster members identify with the chosen community without reservation," (Situation Paper GAMCOTRAP, August 2010)

To achieve its aims, GAMCOTRAP embarks on "frequent and strategic implementation of training and sensitization programmes at community level", (Situation Paper, GAMCOTRAP, August 2010). These community based training programmes are targeted at women, men, youths and children, community leaders, religious leaders, policy makers, journalists, medical doctors, civil society organizations, gender activists and political activists as channels of advocacy and social mobilization.

Religious leaders and scholars are specifically targeted in the organisation's education and social mobilisation campaigns. A total of 173 Religious leaders and Arabic Teachers were trained on the five modules including FGM/C and Islam. FGM/C is often practiced in many communities in the Gambia because of the sincere but erroneous believe that it is mandated by Islam. GAMCOTRAP therefore enlists religious leaders and scholars to speak out against FGM/C and delink it from religion with messages that FGM/C is a cultural practice with no basis in religion and should therefore be abandoned. These include members of the Network on Islam, Population and Development with members who also serve the Supreme Islamic Council at Regional level as well as Arabic Islamic teachers from schools within CRR and URR.

GAMCOTRAP also implements the Alternative Employment Opportunity (AEO) as a strategy in the campaign to stop Female Genital Mutilation. The AEO is an initiative targeted at circumcisers who are willing to discontinue the practice and are given another option of livelihood. They are supported with alternative employment opportunities based on their choice of small-scale business enterprises that are available in their environment and are likely to be sustainable. The AEO approach provides entrepreneurship training followed by individual micro credit (grant in aid) ranging from D3,000 to D5,000. A total of 78 Circumcisers benefited from the grant in aid scheme.

At the Policy level, GAMCOTRAP works in partnership with relevant government agencies and targets National Assembly Members, the judiciary, law enforcement agencies, educational institutions and civil society organisations. Legislators were brought together and sensitized on the five modules, eventually leading to legislators recommending that FGM/C was a violation of women's rights and should be stopped. This was then followed by a declaration by the same legislators. GAMCOTRAP led the process of drafting the law by reviewing the Banjul declaration, the Dakar declaration and other relevant national and international laws with a view to borrowing relevant lessons. The draft law was then submitted to various community groups for their views and inputs aimed at enhancing ownership and demand for appropriate legislation to abandon FGM/C. The draft has already been reviewed by FLAG, LGAs, women's leaders, circumcisers and coalition against FGM/C. There are plans to take it to the Parliamentary Select Committees on women and health, following which it will go back to FLAG to frame it in appropriate legal text. This is expected to be then followed by a review of Parliamentarians before it is finally submitted to Women's Bureau to follow the due process of legislation.

TOSTAN:

Before the start of the Tostan programme, the NGO conducts a baseline survey to assess the state of affairs in the pre-selected intervention villages. The findings of the baseline study provide Tostan staff intimate knowledge pertaining to each intervention village, allowing appropriate approaches for individual village needs as the programme starts work. The baseline study usually consists of two parts (site survey and pre-programme assessment). The site survey provide adequate information on the demography, available resources and infrastructure, socio-economic, education, cultural activities, health status, the needs, difficulties and challenges of the pre-selected villages. The pre programme assessment component measures the degree of knowledge of future participants with respect to the NGO's modules such as human rights, democracy, problem solving, literacy and health and hygiene. The baseline study enables the NGO to compare pre- and post – programme situation of intervention villages.

Each selected village has a community based facilitator located in the village, and facilitates all Tostan activities in the particular village. The selected villages are clustered into zones and in URR there are ten villages to a zone. Each zone has a supervisor who over sees the work of the ten community- based facilitators in the zone. Two non- formal classes are set in each village, and another for adults and one for adolescents.

The Tostan programme includes basic modules that are taught over a 2 – 3 year period in each participating community. The programme has two major components: ***the Kobi (12 months) and Aawde (18 months)***. The Kobi (a Mandinka word meaning 'to plough the soil in preparation for planting') includes Kobi 1: Democracy, human rights and problem- solving; and Kobi 2 for health and hygiene. The Kobi engages people immediately because of the emphasis put on learning through dialogue and exchange, based on African oral traditions.

The Aawde which is delivered during the second part of the programme is also divided into two modules – Aawde 1 and Aawde 2 respectively. Aawde 1 consists of the literacy and numeracy, taught in the local languages, whilst Aawde 2 deals with practical management skills; how to conduct feasibility studies, how to implement, sustain and manage small community projects. The concept and practice of micro –credit is also to be discussed and taught at this stage, aimed at empowering individual participants to be able to conduct and sustain their own micro- enterprises.

First, the modules on democracy, human rights and problem-solving empower participants to make important decisions. Participants will discuss human rights violations involved with harmful traditional practices and ways to work together to build consensus on ending the practices within locally connected communities.

Then, during the hygiene and health modules, they are expected to become aware (often for the first time) of how FGM/C can lead to infection through germ transmission, haemorrhaging, and eventually problems during childbirth. Participants were expected to learn to teach others what they have learned by using special, culturally sensitive materials developed for this purpose. They were expected to understand why it is important to never impose their views on others and never use disturbing drawings, photos or films that create

"resistance" and defensiveness rather than an open attitude to learning and discussing new information.

Community radio programmes in national languages then reinforce what they discuss and give participants the opportunity to share their information with others.

The programme provides them the means to travel to other villages to discuss their reasons for ending FGM/C and child/ forced marriage with their intra-marrying relatives. The programme's participants are assisted to organize several inter-village meetings to allow intra-marrying communities to jointly make the decision to abandon FGM/C.

The programme's participants were helped to cover organizational costs for public declarations. These positive and joyful declarations celebrating health and human rights would influence others when they hear about them on the radio or are invited to attend. This would encourage other communities to organize similar declarations leading to a critical mass and eventually the spontaneous abandonment of the practice.

With the Tostan approach, it takes three to four years for a tipping point to be reached with the community. This is the point where a critical mass of people in the community decides to abandon FGM/C and other harmful traditional practices and this is affirmed in symbolic public declaration.

Based on the Social Convention theory, changing a social norm requires discussions among the inter-marrying communities so as to ensure that the decisions arrived at are owned by all and no single individual, family and or community bears the consequences, Dr Gerry Mackie, 2004. Similarly, the theory holds that the public declarations are also critical components of the process whereby all participating communities come together in the presence of a broad spectrum of the wider society to witness the declaration.

WASSU GAMBIA KAFO:

Wassu Kafo Gambia is an international organisation based in Fajara (Gambia) and in Spain and is part of an Interdisciplinary Group for the Prevention and Study of Harmful Traditional

Practices (GIPE/PTP) of the Autonomous University of Barcelona (UAB). The purpose of this group is to develop an applied research programme for implementation, in The Gambia and Spain, of an integral strategy for addressing the issue of FGM/C. Since the formation of this group, a Transnational Observatory of Applied Research to New Strategise for the Prevention of FGM/C was created in Gambia (Wassu Gambia Kafo) and Spain.

The four pillars of this observatory are:

- Research: Conduct clinical and qualitative research, case studies, focus group discussions, barrier analysis, preventive intervention records, prevalence mapping and KAP studies on knowledge, attitude and practices among primary health professionals and communities. **Based on the results of this KAP study, tailor-made training programmes for health professionals were developed and will soon start training the health staff in the field. A ten module manual was prepared which covers all areas of FGM/C such as the socio-cultural aspects, community sensitisation, prevention and management of complications. Another clinical research to get the evidence on effects of FGM/C was conducted between December 2008 and March 2009 country wide. 871 females participated in that research which was conducted during routine clinic consultations and public health facilities by trained health professionals. The forms/templates that were used for this study were developed by Wassu Gambia Kafo, the Ministry of Health and the Cuban Medical Mission. Prior to the start of this research, the doctors were trained on how to identify FGM/C complications and how to complete the forms/templates. They identified the types of FGM/C conducted in the country, the complications of each type and which type is most common among which ethnic group. The complications were divided between short and long term complications. Of the 871 females, 65 were aged between 0 – 18 and many of them came with immediate complications such as excessive bleeding, infection (including one with tetanus and two with septicaemia). It is worth to note that within a period of 4 months of this research, 65 girls came to health facilities with FGM/C complications.**

- Training: The development of academic curriculums, workshops for health professionals and students and other professionals in contact with the population at risk. Counselling and awareness creation activities in multi-disciplinary fields (social, health, education, judicial, police, political and communitarian).
- Design of educational materials and audio-visual videos, documentaries, guides for care and prevention addressed to professionals, brochures for families, preventive compromise of "no cutting".
- Another strategy the organisation adopted was to bring government and major national and international organisations to one forum to speak out against the practice of FGM/C. This forum was organised in Gambia and during this conference, representatives of these organisations all spoke out against the practice of FGM/C including the representatives of the Ministry of Health of The Gambia and Her Excellency the Vice President of The Republic of The Gambia.

The aim is to implement a new strategy for addressing the FGM/C problem, based on research, awareness creation and empowerment of women and their communities. In this way, the need to safeguard women's fundamental rights to physical and psychological integrity is combined with respect to tradition.

Monitoring and Evaluation (M & E) Systems in the five NGOs

Features of a good M&E system include programme /project Activity Plan; log frame; M&E Plan; a well designed reporting and feedback mechanism and a skilled M&E personnel with the necessary equipment and budget to make the system operational. The above features of an M&E system were used to assess the M&E status of the partner agencies and the table below summarizes the status of M&E system in the assessed NGOs.

Features of good M&E system	**Key NGOs**				
	APGWA	**BAFROW**	**GAMCOTRAP**	**TOSTAN**	**WASSU Kafo**
Existence of Strategic Plan	Not seen	Not seen	weak[1]	weak	Not seen
Log Frame	None	None	None	None	None
M&E Plan	None	None	None	weak	None
Report & feed-back mechanism	weak	weak	weak	weak	weak
Skilled M&E person	None	None	None	None	None
M&E Budget	None	None	None	Weak	None

As indicated in the table above, the M&E systems of the key NGOs are in general, at developmental stage and still weak.

The Objectives generally were insufficiently elaborated in terms of the quantity, quality and time (QQT) conventional criteria.

Indicators and significantly the performance targets were not clearly defined therefore, implementation performance tracking and assessment of progress towards attainment of objectives would be a challenging task.

The various periodic progress reports seen by the consultants covered a comprehensive list of activities and outputs. However, targets and progress against the targets were invariably missing and hence performance against targets difficult to be assessed. Objectives, indicators, outputs, outcomes and impact in some of the documents were confused in some instances.

Generally information mainly flows upwards. The feedback system within the agencies as well as between them and the communities is very weak and in most cases missing. There is

[1] Weak refers to the existence of some elements of the components with weak operationalisation

no structured feedback loop in the M & E system. From the experience of the Consultants, the continuous upward flow of reports/ information without structured feedback loop has been an attributed cause of problems of M&E systems.

With respect to participatory project monitoring, Community involvement in monitoring has not been clearly articulated in any of the M&E systems. Information from the KII has shown that community indicator selection and tracking is yet to be done. However, some NGOs have reported that ex-circumcisers and community based motivators /facilitators have carried out informal monitoring of FGM/C activities in their communities

In general, the M&E systems of the NGOs assessed are at developmental stage and are still weak. Project planning documents were not easily accessible and where they were, the M&E sections were weak and lacked the necessary Log-frames and indicators which are necessary components of M&E systems. There was no structured M&E system in any of the NGOs visited. Some have M&E focal persons. These focal persons were employed for other functions and were doubling M&E functions as secondary responsibilities. Interviews indicated that the M&E skills of the focal persons need to be improved. Their understanding of M&E in general is limited and they have little ideas about purposes of M&E, its concepts, principles and processes. To most of them, M&E seems more of donor requirement than management tool.

Absence of log-frames and M&E plans also resulted to difficulties in objectively evaluating and assessing programme performance in terms of outcomes and impact. Project reports seen were mainly focused on lower level input and output implementation progress monitoring reports. There were no evidences that these progress reports were disseminated or shared widely within any NGO and even less so outside of the NGO and there is hardly any feedback loop. Thus the use of the information is very limited. Resources allocated for M&E functions were inadequate. For instance, there were hardly any budget lines for M&E functions and the focal persons rarely had appraisals against their secondary M&E functions and hence little incentive/motivation for M&E activities.

4.1.3 Effects/ impacts of interventions

It is said that long term impact can only really be measured over a period of time, and through initially gathering base line data, which then provides the backdrop for assessing the ways in which organizations have shifted over time and have brought about changes. In other words, impact studies require longitudinal research, to be able to see what has actually shifted within the organization's functioning and the results achieved.

However, short term outcomes and impact can be assessed or evaluated during midterm reviews and end of project evaluations.

Although there have been only limited external evaluations, from the literature review and the community interviews conducted, this study has noted some outcomes and impacts of interventions of the various NGOs:

APGWA:

This organisations strategy of training community based trainers, TBAs and VHWs has led to the establishment of a well educated group of community based trainers aware of the effects of the practice of FGM/C and able to sensitise the population in their own communities to convince them to abandon the practice of FGM/C. The trained VHWs and TBAs are able to recognise the complications associated with FGM/C and manage/refer the complications effectively. They are also expected to be able to sensitise the population against the practice of FGM/C. With these activities, the population became well informed. The training of the community based trainers using the same curriculum and strategies has to some extent ensured the availability of coordinated strategies for the abandonment of FGM/C since the advocates (community based trainers) are giving the same information. This it was hoped could eventually lead to Communities demanding for legislation to abandon the practice of FGM/C and therefore accelerating the process of abandoning FGM/C in the country.

It is reported from literature review and community interviews and Focus Group discussions, that as a result of these activities the communities where APGWA works have become well informed and are willing to abandon the practice of FGM/C. The consultants

have not however seen any evidence of the willingness being transformed to practice. The Initiation without cutting concept has led to the training of many girls in cultural and family matters without the unnecessary pain, emotional trauma associated with cutting. In addition the girls are not facing the stigmatisation of "not knowing anything". The skills' training of the 60 circumcisers between 1997 – 2006 has contributed in them dropping the knife and has augmented their family income and thus helping in reducing poverty. On top of all these is the "citizens encampment" and rights based approach which has enlightened the youths on basic human rights, women and children's rights and is thus helping the communities to identify their own problems and coming up with solutions for these problems.

In the absence of full M&E strategies and activities, monitoring of APGWA activities and their effects and outcomes are conducted by a field coordinating team which goes out to the field monthly to monitor performance of the small scale enterprise schemes and the sensitisation efforts of the APGWA committees. Donor monitoring visits are also conducted by the various donor agencies that support APGWA works in the country.

BAFROW:

BAFROW interventions over the years have yielded several benefits and effects. 'BAFROW has succeeded in raising awareness on FGM/C and its associated effects in over 300 villages across the country', (BAFROW December 2009). There are trained resident facilitators who spread the messages on the abandonment of FGM/C. Records indicate that BAFROW has over the years registered over 10,000 girls in about 100 communities who still remain uncut now for over 15 years and continue to monitor their status. Similarly, each family has planted a tree in respect of a registered girl-child to demonstrate their commitment to alternative rites of passage, totalling to 10,000 trees. In addition to these, BAFROW has sensitized and trained some 200 religious leaders all over the country, and 'most of the trained religious leaders and Arabic scholars were from the communities in which BAFROW intervenes thus making them increasingly supportive of our programmes' claimed a key informant . Furthermore, 'the training also helped to introduce the FGM/C debate at

community and family levels', (BAFROW, March 1999). BAFROW has also developed a youth training manual for the training of youth trainers on FGM/C. BAFROW Youth Advocacy Groups comprising of both in and out of school youths throughout the country for sensitization on FGM/C and its complications have been formed and continue to be used as conduits for awareness creation and attitudinal change.

In addition, BAFROW has established 30 literacy centres in LRR and WR and graduated over 2,000 women who are now literate in their own languages. 'The literacy classes have been re-enforced by behaviour change interventions (such as transforming women circumcisers into health educators, restructuring of puberty rites for girls, etc) especially relating to harmful traditional practices, sexual and reproductive health, HIV/AIDS, gender-based violence, women & children's rights and teenage pregnancy, thereby empowering participants to acquire relevant knowledge and skills to make their own decisions including the protection of their sexual and reproductive health and rights', (BAFROW Synopsis, 2009).

As a result of the sensitization and awareness raising campaigns, some 178 ex-circumcisers who have agreed to drop the knife have been transformed into community health promoters and facilitators in their respective communities. BAFROW has also facilitated these ex-circumcisers to form an association of ex-circumcisers and potential circumcisers, with a clearly defined structure and leadership. The members meet periodically and also convene annual conferences. Some of the ex-circumcisers were also provided with entrepreneurial skills training and subsequently given micro credit to establish their own alternative sustainable income generating ventures whilst maintaining their status in the society. BAFROW records indicate that the organization has registered over 20 villages where the practice of FGM/C has not been done in the past 15 years.

BAFROW has reportedly constructed and trained the women groups to operate multi-purpose skills training and empowerment centres "model villages" and the initiation of a micro- credit scheme have proven to be effective strategies to improve women's

productivity and empowerment, (BAFROW, December 2009). 'The livelihood skills training combined with micro credit translates into employment opportunities, increased family income and consequently improved reduction of poverty', (BAFROW Synopsis, 2009). The micro credit scheme has to date benefited 250 women in 12 groups as well as 30 individual women, (BAFROW, Progress report and Impact Assessment, December 2009, draft).

Furthermore, BAFROW has established six 'well women's' clinic as well as mobile outreach clinics which serve as major entry points for the prevention of FGM/C and other harmful traditional practices. These health facilities offer the opportunity to manage FGM/C cases, provide counselling and to further educate women on the health effects of FGM/C. "Since 2008, the BAFROW clinics have been dealing with cases of emergency operations during delivery, which is quite common with women who have undergone FGM", (BAFROW, Progress report and Impact Assessment, December 2009, draft) . The clinics are a significant addition to the Government's efforts to improve maternal and reproductive health in the country.

"In the Banjul Clinic, a total of 31 FGM/C related complications were recorded between April 1997 to April 1998. The complications included pinhole vagina, itching, vaginal scarred tissue, severe scarring, ulcerated stump of clitoris, extensive laceration, vesico vaginal fistula and haematocolpos", (BAFROW, Progress report and Impact Assessment, December 2009, Draft).

Some 300 student nurses, trained health professionals and extension workers were identified in strategic health facilities and subsequently trained on how to identify and appropriately handle FGM/C cases and complications as well as sexual and reproductive health rights issues. These nurses continue to handle and record cases of FGM/C complications in their respective duty stations, which has helped integrate the delivery of health care services to needy clients. Similarly, BAFROW participates on the review of the curriculum of the CHNs which is being spearheaded by UNFPA.

The findings from this FGM/C Situational Analysis suggest that prevalence of circumcision has significantly been reduced in some of the BAFROW villages where FGM/C interventions have been conducted. Estimates of current prevalence on the practice of FGM/C in those communities range from 5 % to 40%. However, there is also evidence of denial, masking the practice from outsiders and a tendency to 'do something contrary to what is publicly stated'.

GAMCOTRAP:

For over the past twenty years, GAMCOTRAP has been working to create awareness about harmful traditional practices and women's empowerment, centred on sexuality and gender based violence.

Despite several daunting challenges, it has with other active women's organisations succeeded in breaking the taboo of silence on FGM/C and brought it from the private domain to the public for discussions and a lot of people have gained knowledge about the effects of FGM/C on women's reproductive health and rights.

The organization has also engaged with the local communities simultaneously raising the awareness of all target groups on harmful traditional practices such as Female Genital Mutilation through grassroots activism and social mobilization. It is reported that this intensive awareness creation coupled with training programmes has led to the *Dropping of the Knife* initiative.

The first public declaration was on the 5th May 2007, where 18 Circumcisers and their 63 communities decided to stop the practice of Female Genital Mutilation having realized that it exposed women and girls to reproductive health problems and risks.

On the 5th December 2009, sixty (60) Circumcisers and 351 communities celebrated the second public declaration against Female Genital Mutilation in a *Dropping of the Knife* celebration held at the Basse Stadium in the Upper River Region.

Information from KIIs and literature review have shown that the media have been trained on gender and the media and since then the journalists have been reporting developments on women's rights in a positive way.

In addition, it is reported that GAMCOTRAP engendered the programmes of other organisations with modules on FGM/C and women's rights.

GAMCOTRAP "has succeeded in soliciting the support of Traditional leaders in all regions of the Gambia prominent amongst these are District Chiefs who now participate effectively in facilitating project intervention in various regions of the Gambia. They have undergone training and are strong advocates for their communities for the eradication of FGM/C. This was an important achievement because it was from their involvement that the cluster approach was theorised", Gamcotrap, 2010, P15).

48 Community Based Facilitators have been identified by all clusters and have been trained to work with their communities and reinforce the campaign for the eradication of FGM/C at the grassroots level. They engaged in social mobilisation, data collection on incidences of FGM/C, identifying circumcisers, identifying the training needs of communities and work closely with the ex-circumcisers as advocates to sustainable elimination of FGM/C.

At Policy level, GAMCOTRAP is reported to have engaged the National Assembly members in training programmes prior to the Ratification of the Protocol to the African Charter on Human and Peoples Rights and on the Rights of Women in Africa which has been ratified after series of trainings and a consultation were conducted with the legislature.

To accelerate the advocacy on law reform for the banning of FGM/C, GAMCOTRAP has engaged the NAMs in 2009 and subsequently the NAMs, for the first time in The Gambia, came up with a declaration on29th September 2009 for the promulgation of a Law against FGM/C[2].

[2] See attached Declaration copy – 29th September 2010, Kairaba Beach Hotel

The past activities with various target groups and contribution of local women and children's rights NGO have contributed to the following results.

- 53 parliamentarians have awareness about FGM/C and the Rights of the Child.
- The Children's Act was passed without reservation in 2005
- The Women's Protocol has been fully ratified in 2006
- A declaration by Parliamentarians to come up with a specific law against FGM/C has been achieved.
- There is already a draft Anti-FGM/C Bill for discussions

Since 2008, in partnership with authorities in Spain, GAMCOTRAP conducted training and awareness creation activities in various parts of Spain with immigrant communities. These activities centred on creating awareness about harmful traditional practices with particular focus on Female Genital Mutilation. The awareness creation empowered immigrants (both Gambians and non Gambians) to learn about the Protocols/Law regarding FGM/C in Spain and ensured the protection of girl-children even upon going on holidays to their countries of origin. This training resulted in many immigrants calling home for their children to be protected and at the same time to protect themselves from violating Spanish Laws. In early 2010, GAMCOTRAP's intervention saved a 16 year girl born in the USA from forced marriage in Wulli.

Several songs have been developed through the community outreach activities with traditional communicators addressing FGM/C, Early and Forced marriages, polygamy, HIV AIDS and compiled in a title called ***Rhythms against Harmful Traditional Practices*** (2008).

TOSTAN:

The Process Evaluation report of July 2009 stated that the positive benefits and changes brought to the communities by Tostan as cited by the respondents include the following:-

- Awareness on improve health and hygiene practice

- Reduction of domestic violence
- Reduced prevalence of malaria
- Bring cohesiveness in the family
- Early birth registration
- Increase literacy among women and children
- Reduction of Female Genital Cutting and early childhood marriage
- Environmental cleanliness maintained as a result of the periodic village cleaning exercises
- Change to good health practices such as hand wash, keeping houses and compounds clean, covering of food, heating cold food before it is given to children etc.
- Unity and peace maintained because of the peer counselling exercises by individual and group efforts in resolving conflict and strategies to avert conflicts, management of conflicts and through improving dialogue between people to share and learn from one another.
- Awareness raised in the areas of individual human rights, rights of the girl- child, women, children, education, health etc.
- Increased attendance of clinics.
- Ability to plan and implement their own initiated projects

It is reported that, FGM/C is now openly discussed in the Mandinka intervention and adopted communities in URR. The project participants have engaged their communities and local influential leaders in discussions and dialogue on the effects (both negative and positive) of practice of Female Genital Cutting.

After careful evaluation, 24 communities in Wulli and Sandu districts of URR decided to abandon the cultural practice of FGM/C and forced/ child marriages. The 24 communities in partnership with Tostan and supported by UNICEF, organized a Public Declaration ceremony on the 14th of June 2009 at Dasilameh Mandinka in order to solemnly declare publicly that they will no longer circumcise their girls.

The declaration ceremony was attended by thousands of women and girls, and officials from Government, UNICEF, Tostan, NGOs, Media and the general public. During the ceremony, a

lady participant took the rostrum and read the Declaration on behalf of the 24 communities together with their village Circumcisers who were all paraded before the gathering. The ceremony was widely reported in the news by Gambia Radio and Television Services, and on Daily Observer of Thursday, June 18, 2009 and also The Point of Tuesday, June 23, 2009 and Friday June 26, 2009 respectively.

A similar public declaration ceremony was conducted by 13 (10 direct and 3 indirect) communities in Basse and Jimara districts at Manneh Kunda in October 2009.

Yet another one was organised in December 2009 by the people of Tumana and Kantora districts of URR at Sotuma where 26 (20 direct and 6 indirect) communities publicly declared their decision to abandon the cultural practice of FGM/C and forced/child marriages.

In December 2009, Tostan withdrew from the initial 40 Mandinka Communities having successfully implemented the three year holistic Community Empowerment Programme (CEP). The Community Management Committees set up in these communities continued to implement their own plans and activities. On the 9th of August 2010, Tostan disbursed D26,888 as micro finance fund to each of the 40 Mandinka communities making a total disbursement of D1,075,520.

WASSU GAMBIA KAFO:

From the literature and interviews conducted by this study, Wassu Gambia Kafo's strategy of clinical and qualitative research is providing clinical evidence on harmful effects of FGM/C. For the first time, the NGO is coming up with this vital information which will refute claims in some quarters that the practice is harmless and will provide advocates for the abandonment with valuable evidence which could accelerate the abandonment of the practice of FGM/C in the country, (Wassu Kaffo Gambia, Annual Report 2008- 2009). This new initiative comes to complete the areas of clinical research and systematic training of health professionals.

The training of nurses and medical students and staff is providing this crucial sector of society with the requisite knowledge with which to identify and manage complications

associated with the practice of FGM/C. They will also be well equipped with knowledge to advocate and sensitise the population to abandon the practice of FGM/C. The population are likely to comply if there is strong advocacy from medical staff. If this evidence becomes available, it is hoped that sceptics and opponents of the FGM/C abandonment movement will be convinced and become strong advocates for the accelerated abandonment of the practice of FGM/C. It will help convince decision makers, law makers/parliamentarians to pass a law banning the practice of FGMC in the country. Law enforcement agencies will also be adequately equipped with knowledge to enforce the law.

4.2 Persistence of and Motivating for FGM/C

Female Genital Mutilation and Cutting (FGM/C) is a deeply rooted culture that is practiced by the majority of the ethnic groups in The Gambia.

According to the Situation Analysis of FGM/C in The Gambia, 1999 (Dr Dumbuya et al), only three ethnic groups (Manjagoes, Creoles and Lebanese) were found to be not practicing FGM/C at all. The same report indicates that the prevalence with Wollofs was 20 %, Sereres – 64 %, Fulas - 84% whilst Mandinkas, Sarahules, Jahankas, and Aku Marabus were pitched at 100 %.

According to *"Female Genital Mutilation in the Gambia: A Desk Review",* conducted by Gambia's Women's Bureau and funded by UNICEF, Female Genital Cutting (FGC) is widely practiced in The Gambia. It is estimated that 60% of Gambian girls and women undergo the practice of FGC. In a community-based survey on the long-term reproductive consequences of FGC in rural Gambia, of the 1,156 respondents from the three main ethnic groups surveyed, 98% of Mandinkas, 32% of Fulas and 4% of Wolofs had signs of FGC (MRC 2001). Other less representative surveys (Bafrow, Gamcotrap) estimate practice among the Sarahules and Mandinkas at 100%, among the Jola (96%), Fulas (84%), Serer (64%) and Wolofs (20%). Practice among the minor ethnic groups (Aku Marabout, Tilibonka and Karonika) is also estimated at 100%.

According to UNICEF's Multi-Indicator Cluster Survey (MICSIII 2005/2006), FGM prevalence rate in the Gambia is 78% with regional and ethnic variations. In Basse, URR, where the project is being implemented, the prevalence rate is 99% with 92% of the women believing that the practice should continue. In Mansakonko LGA, the prevalence rate is 96% with 93% of the women believing that the practice should continue. In Brikama, Kuntaur and Jangjanbureh LGAs the prevalence rates are 87%, 69% and 77% respectively with a slightly lower percentage in each case believing that the practice should continue. In terms of ethnicity, Mandinkas have the highest prevalence rate of 96.55 followed by Jolas at 91% and Fullas at 88%.

It is important to note that for each LGA, the percentage of women believing that the practice should continue is consistently less than the prevalence rate by about six percentage points. Those who would like their daughter to undergo the practice is also less by a similar margin. Prevalence rate among those who had no education is 81% compared to 71% for those with secondary education or above showing that education, especially of girls is having a positive effect on FGM. The effect of education is even greater on attitude towards FGM. 38% of those who had secondary education or above want the practice to be continued compared to only 16.4% of those without any education and 41% of those with secondary education or above would not like their daughter to undergo the practice compared to 21% of those without any education. It is therefore clearly evident that ethnicity, education (especially girls' education) and rural-urban residence are the most important factors affecting FGM in the Gambia.

In spite of many efforts by some development agencies in The Gambia, the practice is still persistent among some ethnic groups in some areas of the country.

The Desk Review emphasizes that current efforts by government and non-governmental organizations have had little or no significant impact on the magnitude of the practice of FGC in the country and notes "Little analysis has been done to rationalize involvement or