non-involvement of individual government departments in understanding the anthropological dimension and the campaign to eliminate the practice of FGC. Neither is there a framework for ensuring that existing interventions are actually reinforcing and address all aspects of the problem. The problem of FGC itself and its causes remain a matter of many theories whose relationships are not fully understood, forcing many interventions to focus on symptoms rather than the root causes of the problem. As a result, systems and structures that support the perpetuation of the practice unfortunately remain in place."

The Desk Review proposes rethinking existing strategies as a necessary condition for mounting effective and successful campaigns to accelerate the elimination of female genital cutting in The Gambia.

Table 4: Practice of FGM/C by Village

Villages	Is FGM/C practiced in this community?				Group Total	
	Yes		No			
	№	%	№	%	№	%
Dibba Kunda	1	10.00%	9	90.00%	10	100.00%
Fulla Bantang	9	90.00%	1	10.00%	10	100.00%
Kaba kamma	2	20.00%	8	80.00%	10	100.00%
Kassa Wolof	0	0	10	100.00%	10	100.00%
Mandinaba	9	90.00%	1	10.00%	10	100.00%
Sare Mamudou	1	10.00%	9	90.00%	10	100.00%
Sare Ngai	2	20.00%	8	80.00%	10	100.00%
Soma	7	70.00%	3	30.00%	10	100.00%
Sutukonding	1	10.00%	9	90.00%	10	100.00%
Tallinding	9	90.00%	1	10.00%	10	100.00%
Group Total	41	41.00%	59	59.00%	100	100.00%

This table shows existence of the practice even in those communities that participated in FGM/C abandonment programmes such as Kabakama (Tostan & GAMCOTRAP), Mandinaba (BAFROW) and Soma (GAMCOTRAP). According to the structured individual interviews, FGM/C seems to be practiced more in Fulla Bantang, Mandinaba, Tallinding and Soma than in the other six villages in the sample. The Mandinaba responses were however contradictory to anecdotal evidence and BAFROW records.

Some of the reasons for the continued and unabated practice as indicated by the Focus Group Discussions, Semi- Structured Interviews and Structured Interviews included the following as described below.

Table 5: Opinion of Respondents by type of participation in FGM/C programme

Is FGM/C practiced in community?	Type of participation in FGM/C programme						Total	
	Direct[3]		Indirect		None		№	Row %
	№	Row %	№	Row %	№	Row %		
Yes	3	7.30%	16	39.00%	22	53.70%	41	100.00%
No	10	16.90%	43	72.90%	6	10.20%	59	100.00%
Total	13	13.00%	0	0	0	0	100	100.00%

Table 5 shows that out of 100 respondents 41 stated that FGM/C is widely practiced in the communities whilst 59 respondents said it is not practiced. Of the 41 respondents, 22 were from communities which did not benefit in any form of NGO intervention on FGM/C. Of the 59 respondents not practicing FGM/C, 43 are from indirect intervention communities and 10 are from direct intervention communities.

The practice itself is older than the Islamic religion but because it is regarded as a “Sunna” by some ethnic groups in The Gambia, some people think that the practice is prescribed by

[3] Direct refers to the people who participate directly on the NGO interventions whilst indirect refers to those people who in one way or the other benefit from the NGO programmes on anti FGM/C activities.

Islam since 'Sunna' also means the practices, the sayings and/or the teachings of the Prophet of Islam. Hence the practice is regarded as religious. In reality, FGM/C is a cultural practice common to both Muslims and non Muslims alike.

The cultural dimension is still firmly held by some groups. Some respondent claimed that they inherited the practice from their fore fathers and that it is an integral part of the culture and identity. FGM/C is regarded as a cleansing process for those who practice it. Failing to undergo the process carries stigmatization and discrimination in some ethnic groups. For instance, those who do not pass through the process are called "Solima" in Mandinka. This is a derogatory term and serious insult in all senses of the adjective.

One of the male KII respondents said: "FGM/C is our culture and we will only stop it when women stop giving birth to female children".

This shows how firm and strong the cultural sentiment is in some communities. Some respondents during the KII and FGDs maintained that 'FGM/C abandonment is being propagated by foreigners who want to dilute our culture and impose theirs on us'.

Table 6: Opinion on the practice of FGM/C by type of participation in FGM/C programme

Opinion about FGM/C practice	Type of participation in NGO Programme:						Total	
	Direct		Indirect		None		№	Row %
	№	Row %	№	Row %	№	Row %		
It is good practice	1	3.20%	13	41.90%	17	54.80%	31	100.00%
It is a harmful practice	12	17.40%	46	66.70%	11	15.90%	69	100.00%
Total	13	13.00%	0	0	0	0	100	100.00%

In general, table 6 above shows that more respondents viewed FGM/C as a harmful practice (69 %) than a good practice (31 %). Slightly higher percentage (58 %) of those who viewed

the practice as harmful were those who participated in the FGM/C programme. **This s**hows that the programmes were effective in that direct and indirect communities viewed it as harmful while more none participating communities viewed the practice as good.

There is also a tendency of circumcising the girls at early age ranging from one week to three years, and dropping the usual festivities and social celebrations associated with FGM/C. This allows the parents to achieve their goal without much fanfare and or awareness by the NGOs. Despite the interventions by the NGOs, some are secretly practicing it and excluding the usual festivities and social celebrations.

Table 7: Respondents like daughters to be circumcised by type of participation in FGM/C Programme

Type of participation in FGM/C programme	Like daughter to be circumcised?						Total	
	Non responses		Yes		No		Count	Row %
	Count	Row %	Count	Row %	Count	Row %		
Direct	0	0	0	0	13	100.00%	13	100.00%
Indirect	1	1.70%	15	25.40%	43	72.90%	59	100.00%
None	1	3.60%	18	64.30%	9	32.10%	28	100.00%
Total	2	2.00%	33	33.00%	65	65.00%	100	100.00%

33% of the 100 respondents said that they would like their daughters to be circumcised, as shown in table above. It is worthy to note that 100 % of those who participated directly on NGO anti FGM/C programmes said that they will not like their daughters to be circumcised whilst 72 % of respondents who were indirectly reached by the programmes will equally not circumcise their daughters. However only 32 % of those who never accessed any intervention programme either directly or indirectly indicated that they will not like their daughters to be circumcised. In effect these findings show that the majority (67.9 %) of those who were not exposed to any FGM/C intervention would like their daughters to be

cut. 100 respondents also reported to have a total of 187 daughters and 113 (60.4%) of these girl children would be circumcised.

It was observed by the researchers and also noted by some FGD and KII respondents that communities tended to mask the occurrence and persistence of FGM/C from outsiders, especially where NGOs have been intervening. Whilst NGO interventions have undoubtedly made impact and helped to reduce the persistence of FGM/C in the communities, there is still a sizeable percentage of people who are still unconvinced and adamant on the practice.

> A female respondent from one of the NGOs' intervention community maintained that "They (NGOs) are trying to fool us but we are wiser than them. We will chop (eat) their money and yet continue to circumcise our daughters".

Such a statement typifies the nature and extent of persistence of the practice in the communities.

In addition, some of the respondents argued that FGM/C facilitates easy and quick delivery. One old woman (TBA) who claimed to have had more than 30 years experience delivering babies supported this line of argument. Such influential persons with this type of perception will have the tendency of further entrenching the practice in their communities.

The high level of illiteracy among women aged 15- 24 years in the Gambia (73.1 %) as compared to that of their male counterparts (55.5 %), (SPA 11, SPACO, October 2000). coupled with ignorance about the harmful effects of FGM/C are further contributing factors to increased persistence of the practice. Women depend on their male counterparts for the interpretation of the Quaran and thus become vulnerable. According to the Coordinated Strategy for the Abandonment of FGM/C in a Single Generation, UNICEF, August 2006, P 13 "Establishing a relationship between a woman's FGM/C status and her educational level can often be misleading as FGM/C usually takes place before education is completed and often

before it commences. However, a mother's level of education appears to be a significant determinant of FGM/C status of daughters when FGM/C prevalence is below 75 %". Similarly, according to the MICS 2005/2006, mothers with no education background tend to have almost 70 % of their daughters cut. According to the same MICS 2005/ 2006 report, women with primary level education indicated that 57.7 % of their 'daughters had any form of FGM/C' whilst mothers with secondary education indicated that only 41.3 % of their daughters had any form of FGM/C. As quoted elsewhere in this report, MICS 2005/2006 also showed that the level of education of a woman affects her attitude towards FGM/C measured by her willingness or lack of it to cut her daughter.

Table 8: Educational status of respondents in the study sample

School Attended	№	%
Formal	33	33
Madrassa	11	11
None	56	56
Total	100	100

Based on the participants from the study sample as presented in the table above, some 33 % had some level of formal education, and only 11 % had Madrassa education whilst more than half the respondents (56 %) have had no type of education at all.

Motivating factors for continuation of the practice:

The benefits the practitioners derive from the trade are important motivating factors for continuing the practice. It was reported during some FGD sessions that practitioners get between D50 – D200 per child in addition to rice and other items. They also get significant social recognition, status and respect as circumcisers in the community.

Table 9: Opinion and perceptions of respondents about FGM/C Benefits

Opinion and perceptions about FGM/C	Type of participation in FGM/C programme			Total
	Direct	Indirect	None	

FGM/C Benefits	**Keep Virginity**	0	8	5	13
	Prevent fooling around	0	3	3	6
	Self esteem	0	17	11	28
	No benefit	11	37	9	57

More responses were that FGM/C has No benefits (57 out of 104) and 47 of these were from those who participate in FGM/C programme either directly or in directly. **Self Esteem is also a frequently mentioned benefit of FGM/C particularly among the indirect and none intervention villages. This confirms the importance of a sense of belonging in Gambian community and that it acts as social pressure for individuals to have their daughters cut even if they feel that cutting is harmful and has no other benefit.**

Other motivating factors (from KIIs and FGDs) for the continued practice of FGM/C in the communities include among others:

- The belief that it reduces the sexual desire of girls and thus reduces the chance of promiscuity and pre-marital sex
- Circumcision (especially the type accompanied by sealing) helps girls to maintain their virginity
- Enhances the status of girls in their transition to womanhood; increased self esteem
- The accompanying initiation serves as a useful lesson to the young girls as regards understanding their culture and tradition.
- In some conservative communities, circumcision enhances the marriageability of girls, as men are more likely to prefer those that are circumcised.

The prevalence of myths about FGM/C that “uncircumcised girls are unclean”, stigma and cultural conservatism are among the few factors which work against the accelerated abandonment of FGM/C in the communities. A female KII respondent at Mandinaba, remarked that ‘My daughter was one of the first to work with BAFROW advocating for

FGM/C abandonment in our community, but due to persistent insults, derogatory languages and antagonism she stopped working for the organization'.

4.3 Coordination Mechanisms

Information from all key informants showed that there is insufficient co-ordination of FGM/C activities in the country. Attempts were made in the past both at the Ministry of Health and the Office of the Vice President levels to have an active and effective coordination mechanism in place. These attempts did not achieve the desired objectives.

In 2009, the UNFPA / UNICEF Joint Programme on Female Genital Mutilation facilitated the formation of Steering Committee on FGM/C under the leadership of the Women's' Bureau. The membership of this committee has been broadened to include all relevant Government institutions, NGOs and UN agencies. It includes the following members:-

1. Women's Bureau
2. Department of Social Welfare
3. Ministry of Health
4. Ministry of Justice
5. GAMCOTRAP
6. BAFROW
7. TOSTAN
8. Wassu Gambia Kafo
9. UNICEF
10. UNFPA
11. WHO
12. Gambia Family Planning Association
13. Network on the Prevention of Gender Based Violence
14. Supreme Islamic council
15. Gambia Christian Council

This committee meets as the need arises instead of the planned quarterly meetings. Representation at the meetings is not satisfactory as some actors are either absent or will send in junior officers or different representatives at each meeting. Sometimes the meetings do not start as scheduled or are cancelled.

Almost unanimously, all actors agreed that there is a need to improve national coordination. The lack of adequate coordination has led to the following:

- There are no agreed guidelines for the synchronisation of strategies/ approaches or agreed areas on intervention
- There is no system of sharing information
- Duplication of efforts
- Competition instead of collaboration among stakeholders
- There are gaps in coverage and inequity in access to the services
- No agreed standards in message development and dissemination and as such conflicting information is being sent to the population
- No standardisation regarding training manual development, contents, the trainings themselves even for the same target group.

These inadequacies did not augur well with the facilitation of the required synergy in the implementation of intervention programmes.

All these are compounded by the absence of a National Strategic/Action Plan for the accelerated abandonment of FGM/C in the Gambia that all the actors can buy into as well as the lack of relevant legislation to ban the practice of FGM/C

In addition to the above, adequate coordination at the regional level is also ineffective or lacking. There have been attempts to establish coordinating committees at the regional levels in URR and WR. However, there is insufficient information with regards to its effective functioning.

4.4 Policies and legislation

Many international conventions exist that support the accelerated abandonment of FGM/C. Some of these have already been ratified by the Gambia including UNCRC, CEDAW, Maputo protocol, Beijing Platform etc. These conventions encourage governments to work and develop and promulgate policies and laws that will ensure more just societies free of all forms of discrimination. Governments are obliged to protect the rights of all citizens including children and women

In the Gambia, there is no one specific law permitting or banning the practice of FGM/C. Government elaborated several polices which include the elimination of harmful traditional practices detrimental to the health of children and women. However, the government enacted the following laws – the Children's Act and the Women's Act. The children's Act does not clearly state that FGM/C is banned in the country but indicates at article 19 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". Despite this, there is insufficient state support in the implementation of intervention strategies and activities directed at the abandonment of the practice of FGM/C.

Sections relating to the abandonment of FGM/C in Policies such as the National Population Policies, National Health Policies/RCH policy, Family Planning Policy and the Policy on the Advancement of Gambian Women are yet to be fully applied.

4.5 Partnership in the context of programme implementation and coordination

UNFPA

There are lots of sensitization programs being conducted aimed at the abandonment of FGM/C but it's difficult to measure the impact. No independent evaluation reports are available to ascertain impact.

Concerned about bickering between the players and conflict of strategies and areas of coverage

WB should be the national coordinating agency but needs to do more to assert its leadership

No joint steering committee at the regional level except in URR and WR

More active role of regional committees

UNICEF

There are international instruments and policies that guide the actions and programmes of the UN agencies including UNICEF. Some of those instruments provide specific frameworks as to how to engage in the programming for the accelerated abandonment of FGM/c.

Supports WB & Tostan in FGM/C activities

Member of the national steering committee on FGM/C

Coordination is less effective and lacks focus.

There is inadequate monitoring and evaluation data to ascertain impact of programs of players

Synchronize program activities with UNFPA and other UN bodies

In 2009 UNFPA encouraged the establishment of a national steering committee on the abandonment of FGM/C, but meetings are often attended by junior officers – representation is at the lower level and meetings are usually unfocused

There is need to adopt a combination of strategies and a strong coordination mechanism; there is also need to strengthen M & E systems

National coordination should coordinate but not so much to control and should ensure that everyone knows what the other is doing ; Should facilitate dialog and coordination between players

Word Health Organization WHO)

Supports FGM/C through Reproductive and Child Health (RCH) unit of the MOH and also participate as member of the national steering committee on FGM/C

There is poor national coordination and needs to be improved – WB should take the lead

Activities funded mainly include advocacy and community sensitization on FGM/C through MOH

WHO has funds to give the MOH to conduct operational research on health impact of FGM/C as part of its future plans

Develops bi-annual plan of action with the MOH were FGMC is now included in the bi-annual which helps to inform WHO of priority areas of activities

No evaluation have been conducted on the advocacy and sensitization activities already conducted

The form of FGM/C that is practised in the country is not mutilation but circumcision

Some of the videos shown are not appropriate in our society and are regarded as offensive by the elders – they are not culturally sensitive!

There should be a national strategy and operational plan into which all the various players can buy- in

There is need to sensitize communities to stimulate the desire for the promulgation of a law banning FGMC in the country

Women's Bureau (WB)

The key players involved in anti- FGM/C programming according to the WB are MOH, Bafrow, Gamcotrap, Tostan, Wassu Kafo,

Policies and legislation in the area of FGM/C are the mandate WB

WB does not have the programmes of the anti FGM/C NGOs; it does not approve the programmes of these NGOs neither does it evaluate them to determine impact

FGMC work not yet well coordinated and there is no national programme and or strategy on FGM/C

A national steering committee was established in 2009 but meets adhoc, and meetings deal mainly with activities without M & E information

No specific areas have been allocated to the various players and no specific work plans

There are legal instruments but with no clear instructions and direction

There should be agreed strategies and approaches which are persuasive rather than confrontational

MOH

FGM is part of the six components of RCH programme

Coordination of FGM/C qt the national level is lacking

Should have regional coordination committees

MOH feels left out, the MOUs signed with Tostan and WB are not copied to them and therefore not involved

4.6 Gaps

The coordinating body does not have adequate information as to who is doing what nor are the various actors fully aware of each others activities and strategies.

Lack of adequate monitoring systems and thus subsequent evaluations/analysis of impacts of interventions is almost impossible

COVERAGE

Table 10: Population and number of settlements by Local Government Area in the country.

Local Government Area	Total No of Settlements	Population
Banjul	1	35,061
Kanifing	17	322,735
Brikama	361	389,594
Mansa Konko	154	72,167
Kerewan	347	172,835
Kuntaur	345	78,491
Janjanbureh	336	107,212
Basse	377	182,586
The Gambia	**1,938**	**1,360,681**

Source: 2003 National Population & Housing Census

Table 10 above shows the number of communities by region in the country, whilst table 11 below shows the number of communities per LGA that GAMCOTRAP is not operating in.

Gamcotrap

Table 11: Number of clusters and communities per LGA by GAMCOTRAP intervention

REGION	№ of Clusters	№ of villages	№ of villages by 2003 Census	№ of villages not covered
URR	29	335	377	42
CRR-S	4	74	336	262
CRR-N	25	324	345	21
NBR	30	296	347	51
LRR	6	82	154	72
WR	9	117	361	244
Totals	**103**	**1,228**	**1,920**	**692**

It can be observed from the table above that GAMCOTRAP is not operating in about 692 communities in the country. The majority of these settlements not reached are located in CRR South and Western Region.

APGWA:

As shown in the table 1: NGO Coverage of FGM/C and programme scope section 4.1.1, APGWA intends to concentrate its anti FGM/C activities in NBR (Niumis & Badibus) and LRR (Kiang).

BAFROW:

This NGO apparently does not operate in NBR and Kombo South.

Wassu Gambia Kafo:

This NGO does not at the moment have any presence at the community level in the country but plans to reach all the communities in the country through the activities of the health professionals it has trained on FGM/C.

Therefore this NGO does not at the moment engage in any community level interventions in the country.

Tostan

As indicated before, Tostan does not operate in any village other than the 40 Mandinka and 40 Fula villages in URR. As also indicated in the coverage/mapping section 4.1 there are 63 villages that are adopted by project intervention villages. It is reported in Tostan literature that a total population of 19,550 have been reached comprising of 13,400 Mandinka inhabitants and 6,150 Fulas.

In summary, it would appear that URR has the highest concentration of anti FGM /C NGOs whilst NBR, Kombo South, the Niaminas, kiang East and Central seem to be under served.

Gaps in Co-ordination Mechanism

As indicated above, there is no adequate coordinating mechanism in place for the accelerated abandonment of FGM/C at both the National and regional levels. There exists the newly formed National steering Committee which is called in some quarters as the National Steering Committee on Gender Based Violence and yet in others it is referred to as National Steering Committee on FGM/C. In addition to disagreement concerning nomenclature, there is confusion concerning the actual boundaries of the functions of the committee which should have been elaborated in its TOR. Is it the National Steering Committee on the UNFPA / UNICEF Joint Programme on FGM/C or the National Steering committee on FGM/C including activities beyond the Joint Programme?

This Steering committee is different from the National Institution tasked with the responsibility for coordinating efforts concerning FGM/C in the country. This institution is the Women's Bureau. The information from the KIIs and literature review has confirmed that National Coordination by the Bureau is inadequate.

5. Conclusions and recommendations

This section presents the conclusions and recommendations of the situational analysis based on the evidence and findings discussed in chapter four above.

5.1 Mapping

The conclusions relevant to the mapping of the key players in FGM/C intervention in the country are presented in the various sub headings hereunder for ease of reading and reference.

It is worthy to note that all these NGOs are highly committed to and sincere about their anti FGM/C work and sometimes even passionate about what they do.

5.1.1 Geographic Coverage

The NGOs have exercised complete independence in their selection of villages to conduct their intervening activities in the area of FGM/C. They seem to be operational in scattered communities in URR, LRR, WR and NBR while the Niaminas in CRR south are almost left out. It is observed that this resulted to a situation where there are communities that are served by two to three NGOs creating the perception of unhealthy competition. At the same time, there are communities that are not served by any NGO on the issue of FGM/C abandonment.

There is no single comprehensive and intergraded data base that shows all the villages in the country that are served by each of the various NGOs intervening in the area of FGM/C.

5.1.2 Approaches and Strategies

An analysis of the various approaches and strategies of the NGOS have shown that there are some commonalities between the key NGOs as well as some that are unique to individual NGOs that are intervening in the area of FGM/C.

It is observed that all the four NGOs that operate at the community level implement interventions that combine anti-FGM/C programmes with social and economic empowerment of women including any or a combination of literacy, hygiene and or micro-credit schemes.

In addition, some of the NGOs implement Alternate Rites of Passage strategy (initiation without cutting) in their programmes. The approach of Initiation without cutting is an innovative approach. It allows communities to educate the girl child on family life, community culture and expected behaviour but without the unnecessary pain, emotional trauma and suffering associated with the cutting. That way, the socio-cultural aspects of initiation are preserved, providing both community, ethnic and gender identity while discrimination and the stigmatisation of the girl "not knowing anything" will no longer be a problem. Besides, the status of the circumciser is still maintained in society.

It is also observed that the majority of the NGOs employ various alternative sources of income strategies targeting community members including ex- circumcisers. The Alternative Employment opportunity strategy of developing small scale business enterprises targeting circumcisers has the potential of ensuring the availability of alternative source of income for the circumcisers.

It is further noted the "Rights based approach" is being implemented in the programmes of the NGOs intervening in the area of FGM/C. Using the rights based approach will help in ensuring a more empowered population without discrimination of Women and girls. The population will become more aware about their rights and equip them to demand for equal opportunities and therefore have a more just society. An educated community, well aware about the harmful effects of FGMC will eventually ensure that their children do not undergo FGM/C and thus with time the practice will be abandoned.

The approach of using community based facilitators as mobilisers, trainers and advocates for the accelerated abandonment of FGM/C is common among the participating NGOs. This approach will enhance continuity in the sensitisation campaign and in the long term help in the abandonment process.

Despite the above-mentioned common approaches, there are some approaches that are unique to each of the intervening NGOs.

It is observed that while the majority of the NGOs that intervene at the community level focus on prevention, one of them (BAFROW) includes treatment care and rehabilitation in its interventions. One NGO (Wassu Gambia Kafo) concentrates on capacity building of health personnel and their institutions and research / studies on FGM/C. Another NGO (GAMCOTRAP) combines community level interventions with high level advocacy work.

The BAFROW "Well Woman" concept is a holistic approach and has several advantages.

BAFROW's Longitudinal Study approach of registering and following up 200 girls to ensure that they are not cut is a very practical way of stopping FGM/C. However, there could be difficulties if the girls transfer, travel or move out of the community with or without their parents.

The clinical and applied research approach will provide advocates for the abandonment of FGMC with the required contextualised knowledge and medical evidence to convince community members, circumcisers, political and community leaders to abandonment FGMC. Claims that FGMC is harmless will be refuted by the clinical evidence. This can accelerate the development and ratification of relevant legislation to ban FGMC in the country.

GAMCOTRAP's "Cluster Approach" has enabled GAMCOTRAP to have in-dept knowledge of the culture, values, beliefs, social networks (kinship and interrelations), the dynamics and pattern of decision making to reach consensus. Armed with that knowledge, GAMCOTRAP has been able to accelerate the implementation of its anti FGM/C programmes.

TOSTAN's community empowerment programme strategy has the advantage of creating intense interaction between the communities and the NGO. This strategy enhances community level facilitation of this very sensitive issue. Its diffusion model enhances inter-village interactions and exchange and sharing of information. The strategy also empowers communities to identify their problems and develop appropriate community level action plans to solving them.

The community members were asked to rate the approaches/strategies of the agencies and the results are contained in the table below. It clearly shows that 60% of the respondents rated these approaches of the NGOs as very good. It is worthy to note that only 5% rated their approaches/strategies to be poor.

Table 12: Anti FGM/C Agencies Approaches as Rated by Communities

Rating of NGOs Approaches	№	%
Not applicable	19	19
Very good	60	60
Not so good	16	16
Poor	5	5
Total	100	100

However, it is noted that the major stakeholders have been operating in this area for quite sometime without achieving FGM/C abandonment in the majority of communities in the Gambia due to several obstacles and barriers including discrimination and stigmatisation, linking of religion and the practice, insufficient national medical evidence of the harmful and sometimes life threatening effects of FGM/C.

5.1.1.3 Effects and Impact of Interventions

All the NGOs have been producing implementation progress reports especially for the various donors of their projects. As shown in the section on findings, they have reported the achievement of various outcomes and sometimes impact of their activities. It is noted that several of these reports are internally generated. Few internal evaluations were carried out and hardly any external impact assessment was carried out. Consequently, it can be concluded that they have not paid sufficient attention to providing actual evidence of the impact of their work and thereby enhancing organisational learning and growth.

5.2 Persistence and motivation

There are a number of NGO/agencies working with communities to abandon the FGM practice. Some of these participating communities unanimously indicated that they have stopped the practice during the FGD sessions. However, some respondents to individual structured interviews and KIIs indicated that FGM/C was still being practiced but at a reduced rate.

The culture is deeply rooted and time is need before total abandonment is achieved. More education is needed particularly about the confusion between FGM/C and religion. It should be made clear to the people that there is no 'Ayat' in the Quaran or Hadith which explicitly recommends FGM and imams and religious leaders should be part and parcel of this education programme.

Community to community learning does not seem to be taking place fast enough in the case of FGM/C. Hence community by community approach is needed particularly those communities whose culture practices FGM/C. The structured interview showed that the practitioners, mothers, in-laws, aunts and religious leaders are important decision makers in FGM/C practice and must therefore be part of the abandonment advocacy campaign for it to succeed.

Circumcisers get some benefits from the practice. It was noted that some practitioners were provided with alternate source of income opportunities for dropping the knife. While the

strategy is a good idea, the resources needed for this approach and its sustainability should be well calculated otherwise the knife could be picked up again when the funds dry out.

5.3 Coordination mechanisms

According to the findings, it can be concluded that the coordination of the anti FGM/C intervention activities is weak and or none existent at both at the national and regional levels. Recent establishment of a National Steering Committee is a step in the right direction but is yet to achieve concrete results.

5.4 Policies and legislation

The government policy and stance on the issue of FGM/C is unclear, ambivalent and unfocused.

The various sections relating to the abandonment of FGM/C in Policies such as the National Population Policies, National Health Policies/ RCH policy, Family Planning Policy and the Policy on the Advancement of Gambian Women are yet to be fully applied. These and other relevant policies are not appropriately identified and implemented as articulated in the sector policies.

There is insufficient state support for the implementation of intervention strategies and activities directed at the abandonment of the practice of FGM/C.

With regards to legislation, there is no law which specifically bans FGM/C by name. While the passage of a law against FGM/C and criminalising the practice will be a practical demonstration of political will for the government, opinions are divided as to whether such a law will be enforced or even enforceable. Some argued that the law will drive the practice to go underground and thus advocate for a behaviour change communication and social mobilisation for attitudinal change instead. They argued that this will lead to demand for a law on FGM/C coming from the grassroots which will make it more politically feasible.

5.5: Recommendations

It is recommended that the present NGOs actively intervening at the community level in the area of FGM/C abandonment be encouraged to articulate their strategic plans and show their intensions of phase-out and or expansion covering communities that are not presently served. This information should be captured (in addition to that of the information on mapping findings in this study) in a data base located within the National Coordinating Body. Any NGO that wishes to intervene newly in this area at the community level needs to be encouraged by the coordinating body to go to such under-served communities. Such an arrangement will also fulfil the principle of equal access to services by communities. The coordinating body should periodically update the data base of NGOs intervention coverage in the area of FGM/C in the country.

It is recommended that systematic coordination of interventions among actors should be promoted to avoid duplication and strengthen synergies. This can be achieved through sharing of tools, revising existing structures and mechanisms on FGM/C abandonment, synchronization of capacity building programmes, organizing study tours for FGM/C actors to other well coordinated national FGM/C programmes in Africa

There is need for increased advocacy work to get government to adopt a supportive and definitive stance on FGM/C, in line with the relevant international conventions and national Bills/ Acts.

It is recommended that awareness creation activities should also continue until the communities are able to do bottom up lobby and advocacy for policy review and formulation as well as legislation in the area of anti FGM/C activities. Meanwhile NGOs that have the required skills should continue to carry out high level lobby and advocacy on their behalf based on evidence. This should be tempered with careful environmental scanning in order to enhance its effectiveness in the shortest possible time. The capacity of all NGOs operating in this sub-sector should be built in the conduct of effective lobby and advocacy

work so that they in turn build the capacity of their partner communities. These two pronged approach to lobby and advocacy work should be encouraged and nurtured.

It is being recommended that Task Forces / Working Groups with clear TORs be formed focusing on solving / removal of each of the major obstacles / barriers to FGM / C abandonment. These should be adequately resourced to conduct the required activities and their outputs be fed into the review and revision of the intervention approaches / strategies of the implementing agencies with a view to making them much more responsive to the accelerated abandonment of FGM /C. In this vein, the below-mentioned minimum number of task forces / working groups is being recommended and they should report to the national steering committee.

Task Force 1: Discrimination and Stigmatization

As mentioned in the findings section, several people who practice FGM/C in this country do so because of fear of discrimination and stigmatization. This task force should focus on creating information, knowledge and understanding on the elements that constitute the fear and dislike of discrimination and stigmatization. Develop appropriate information / messages geared towards the elimination of the fear and dislike. Finally it should also facilitate the training of field workers and volunteers in the use of these messages in the sensitisation and awareness raising activities at the community level. The outputs of this task force should also inform the review and revision process of the intervention strategies of the NGOs.

Task Force 2: Religion and FGM/C

The majority of the Gambian communities that practice FGM/C do so on the erroneous believe that they are fulfilling a religious prescription. This task force will therefore focus on de-linking religion and the practice of FGM/C. The task force will facilitate the development of appropriate and effective briefs and messages and their packaging in this area as well as

build the capacity of targeted religious leaders in communicating these messages. In addition its outputs should feed into the review and revision process of the NGOs.

Task Force 3: Medical Evidence

Many of the believers of the practice of FGM/C do not agree that it is harmful mainly due to lack of substantial Gambian evidence of the harmfulness of the practice. Therefore it is recommended that a Task Force be constituted to design and implement operational research on the harmfulness of the practice. This Task Force should also make use of the published findings of the Wassu Gambia Kafo research as well as relevant international research findings in this area. The research findings need to be widely disseminated and shared for use in the review of the influencing strategies of implementing stakeholders. The outputs of this task force will be part of the inputs of the Discrimination and Stigmatisation Task Force. Thus the latter task force will have evidence on both the socio-cultural and medical effects of the practice.

Task Force 4: Policy and Law Reform

Although various policies on reproductive health of women and girl children exist, hardly any of them explicitly cater for anti FGM/C. There is need to incorporate this in these policies and ensure their application /implementation. This Task Force will focus on identifying such gaps in the existing relevant policy document and develop strategies to facilitate the gap filling process.

In addition, this task force will focus on research into the barriers to the enactment of anti FGM laws. The findings will be used in the review and revision of the strategies of the implementing stakeholders and be used to advocate for relevant law reform.

Task Force 5: Education

This Task Force will be responsible for collating all the findings of all task forces and facilitate the development of anti FGM/C curriculum content and the accompanying

materials for the Basic and Secondary schools, SEN, CHN and SRN schools as well as the schools of Public Health and Medicine and Allied Sciences.

Task Force 6: Monitoring and Evaluation

Monitoring and evaluation to measure the progress of any FGM/C abandonment programme is necessary and should be emphasized.

Since the assessment of the existing M&E systems indicate weaknesses in many of the systems, there is a need to develop and establish a functional M&E system in all implementing agencies. Focal persons need to be identified in all implementing agencies and including the national coordinating body and their capacities built in the areas of the basics of M&E systems design, operationalisation and maintenance. In this regard, it is recommended that a short term TA in M & E be made available for the capacity building exercise.

In addition, this task force should also facilitate the development of national level indicators for monitoring and evaluation of FGM/C abandonment in the country as well as the publication and dissemination of national level impact.

Research should be conducted to provide evidence and identify the magnitude of the problem. This will include establishing baseline for all key interventions.

There is need to also establish communities' own surveillance system on FGM/C abandonment as a measure of communities' responsibility and accountability

6. Appendices

6.1 Terms of Reference of the study

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 an operational research and documentation of FGM/C. The study is aimed to map out stakeholders, coverage best practices, perspective 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 is of FGM/C is more predominantly in Mandinka, Jola 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 2005/2006, 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 health and social repercussions.

Objectives of the Study:

The objectives of the evaluation are as follows:

- Documentation of the various interventions of the different actors, their strategies, coverage, impact, M & E systems, etc 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

Scope:

The scope of the study shall focus on:

- The situation in the Gambia in relation to FGM/C
- National coordination mechanisms for FGM/C
- Mapping of NGOs & documenting the different approaches
- Form of FGM/C in the Gambia
- Motivations for the continued practice of FGM/C
- Health & social implications of FGM/C
- Gaps & 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

Proposed Methodology:

The methodology proposed for the situational analysis shall include the judicious use of a mixed bag of data collection approaches as identified below. The details of the application of the individual approaches are provided below.

The Consultants shall adopt purposive sampling method to determine the selection of the sample communities to be covered. A sample size of 10 communities shall be selected

through purposive sampling techniques from the eight administrative regions of the country specifically targeting the communities in which the NGOs have interventions in FGM/C. In each selected community, an FGD shall be conducted as well as 10 structured interviews whose respondents will be selected on a random sample basis. To the extent possible, representation within the sample size shall be ensured by considering the NGOs project intervention areas, population characteristics and other relevant demographic/ programme variables.

1. Desk Review

   The Consultants shall start with a desk review of the relevant documents/ literature as mentioned below, and the information will help inform the development of the tools and the content of the report itself. Current and contemporary literature on FGM/C and gender will be accessed and judiciously used.

   Similarly, data from the desk review will be used to conduct policy as well as 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 will then be cross referenced with the primary data that will be generated from the key informant interviews with the representatives of the key institutional players.

2. Interview of key informants

   Four Key Informants comprising and influential Woman, two community elders (male/ female), and a religious leaders shall be identified and interviewed in each of the 10 communities in the sample giving a total of 40 KIIs at community level. A guide will be developed, pre-tested and used to facilitate the key informant interviews.

   In addition, at least 2 senior officers of each of the following institutions will be also be interviewed:- UNICEF, UNFPA, Women's Bureau, Police/ CPU officials, Politicians, NGOs - Tostan, GAMCOTRAP, BAFROW & one other. These KIIs will be conducted both at Central and Regional levels by the consultants.

3. Focus Group Discussions

A total of 10 Focus Group Discussions shall be conducted in all the administrative regions of the country (distributed as shown below), and to be selected using a purposive sampling technique. The FGDs will provide valuable qualitative data that will re-enforce the information to be obtained from the quantitative data collection process. An FGD guide will be developed, pre- tested and used to facilitate the discussions.

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

4. Structured interviews

A detailed questionnaire shall be developed based on the questions/ issues raised in the TOR and the literature review, and used for data collection. In each sample community, 10 respondents shall be randomly selected and interviewed from the sample by the data collectors, thus providing a total of 100 filled / completed questionnaires. An analysis frame will also be developed and used by the Statistician, to analyze the data once it is completely entered and trial tested. Tables and charts will be derived from the analyzed data and used for report writing.

5. Participant observation

In addition to conducting the above mentioned field data collection activities, the data collectors and Consultants will also directly observe and record the unspoken but observable issues/ activities in the communities. Where possible, field pictures shall also be taken to illustrate particular points/ issues.

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

Literature to be reviewed among others:

The Consultants shall review available and relevant literature which will help inform the design of the data collection instruments as well as the content of the report. The following among others shall be reviewed:

- UNICEF & Tostan Internal relevant documents
- UNFPA papers
- Quarterly Project reports submitted by Tostan to UNICEF
- Evaluation reports of Tostan, BAFROW & GAMCOTRAP interventions
- International literature related to FGM/C

Data Analysis:

For structured interviews, the data will be processed using Epi- Info and SPSS. In addition, information collected from other methods will be triangulated in the report writing process.

Expected Outcomes:

- A detailed report covering the areas incorporated in the TOR
- Concrete recommendations for dealing with the practices in terms of prevention and treatment in the Gambia
- One hard copy of the final report and an electronic version in MS Word submitted to UNICEF, UNFPA & Women's Bureau

Time Frame:

The time frame for the situational analysis will be 26 working days, beginning from the 24th May to 28th June, 2010.

Team Composition:

Two teams of three staff each of experienced and skilful data collectors shall be identified and initially trained for 2 days on the use and interpretation of the tools as well as how to skilfully observe and record whilst in the field. One of the three data collectors in each team will be designated as the team leader and be held responsible for the coordination of the team's work.

Field supervision of the data collectors shall be provided by the consultants to ensure that the questionnaires are fully completed in the field, the FGDs are really focused and participatory, the KIIs followed the guides provided and community members' participation in classes and other project activities are adequately observed. Two Consultants shall be deployed for the supervision, with one on the North Bank and the other on the South Bank respectively.

6.2 Data Collection Instruments

Structured Questionnaire - for Community Members

Name of Interviewer _____ Serial No:……..

Team _____ Date of Interview ___\08 \2010

A. Respondent's Profile

Village: _____

District: _____ Ethnicity: _____

Sex: Male ☐ Female ☐ Age: ____ (in years)

Marital Status: a) Single ☐ b) Married ☐ c) Divorced ☐ d) Widow ☐

Participation in FGM/C Programme: a) Direct ☐ b) Indirect ☐ d) N/A ☐

Literacy Level:

What type of school did you attend?

None 1

Formal (Western)……..2 Highest level ☐ 1, 2 or 3

Madrassa (Formal Arabic) ……3 Highest level ☐ 1, 2 or 3

(1 = Primary, 2 Secondary, 3 tertiary)

FEMALE GENITAL MUTILATION/CUTTING – STRUCUTURED QUESTIONNAIRE		
1. WHAT IS YOUR OPINION ABOUT THE PRACTICE OF FGM/C?	It is a good practice……1 It is a harmful practice……2 It is neither good nor bad……3	
2. IS FGM/C A MANDATORY PRACTICE BY ANY RELIGION?	Yes……1 No……2	
3. IS FGM/C PRACTISED IN THIS COMMUNITY?	Yes……1 No……2	
4. WHY IS FGM/C PRACTISED IN THIS COMMUNITY? *(more than one answer is possible)*	Health……1 Religion……2 Culture……3 Education……4 Others (specify)……5	
5. IS FGM/C PRACTICED IN YOUR HOUSEHOLD/FAMILY?	Yes……1 No……2	
6. WHO DECIDES ON THE PRACTICE?	Husband……1 Mother……2 Father……3 Aunt……4 Others, specify……5	
7. HOW OLD WERE YOU WHEN YOU WERE CIRCUMCISED? *If the respondent does not know the exact age, probe to get an estimate*	During infancy……00 Age at circumcision……__ __ DK[4] / Don't remember / Not sure……98	
8. WHO PERFORMED THE CIRCUMCISION?	Health professional Doctor……11 Nurse/Midwife……12 Other health professional (*specify*) _____ 16 Traditional persons Traditional 'circumciser'……21 Traditional birth attendant……22 Other traditional (*specify*)_____ 26 DK……98	

9. WOULD YOU LIKE YOUR DAUGHTER TO BE CIRCUMCISED?	Yes……1 No……2	
10. HOW MANY DAUGHTERS DO YOU HAVE?	Total number of living daughters……___ ___	

[4] DK – Don't Know

11. HOW MANY OF THEM HAVE UNDERGONE FGM/C? ____		
12. WHAT ARE THE BENEFITS OF FGM/C? (MORE THAN ONE ANSWER POSSIBLE *Probe*: ANY MORE BENEFITS?)	Keep virginity…… ……..1 To prevent fooling around…… 2 Self Esteem……...3 No benefit……..4 Other (specify)_____ 5 DK……...6	
13. WHAT ARE THE DANGERS OF FGM/C? (MORE THAN ONE ANSWER POSSIBLE *Probe*: ANY MORE DANGERS?	Bleeding……1 Spread of STDs……2 Complication during pregnancy/delivery……...3 Sexual difficulty…… ……...4 No danger……5 Other (specify)_____ 6 DK…… ……..7	
14. WHAT DO YOU THINK OF PEOPLE WHO PRACTICE FGM/C	They are practicing a good tradition……..1 They are subjecting themselves to unnecessary pain……2 They are doing what is expected of them…….3 Tradition/ Region……..4	
15. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?	Continued ..... 1 Discontinued ..... 2 Depends ..... 3 DK 8	
16. DO YOU THINK IT IS POSSIBLE TO STOP FGM/C IN THIS COMMUNITY?	Yes ..... 1 No..... 2	
17A. WOULD YOU BE WILLING TO ACTIVELY PARTICIPATE IN THE ADVOCACY FOR ITS ABANDONMENT?	Yes ..... 1 No..... 2	
17B. IF YES, AT WHAT LEVEL? (MULTIPLE RESPONSES)	Group……1 Village……2 District……3 All levels……4 Others specify……..5	
18. WHO DO YOU THINK CAN ACCELERATE THE ABANDONMENT OF FGM/C IN THIS COMMUNITY? (TICK ALL THAT APPLIES!)	Mothers……...1 Religious leaders……...2 Women leaders……3 Circumcisers…… ..4 Community leaders……5 Others –specify ……...6	
1 9. WHICH AGENCIES DO YOU WORK WITH FOR THE ABANDONMENT OF FGM/C? (TICK ALL THAT APPLIES!)	GAMCOTRAP……1 BAFROW……2 Wassu Gambia Kafo……3 Tostan……..4 Others Specify……5	
20. HOW WOULD YOU RATE THE APPROACHES OF THE AGENCIES IN FGM/C ABANDONMENT?	Very good……1 Not so good……2 Poor……..3	
21. WHAT IS YOUR ASSESSMENT OF THE IMPACT THE AGENCIES HAVE MADE IN	A lot of impact……1 Not much impact……2 No impact at all……3	

FGM/C ABANDONMENT?	Give reasons for your rating?.....	
22. HOW WOULD YOU RATE THE LEVEL OF PARTICIPATION OF YOUR COMMUNITY IN THE FGM/C ABANDONMENT ACTIVITIES?	Very Strong……1 Somewhat strong……..2 Weak……..3	

KII/FGD at Community level

1. To what extent is FGM/C practiced in this Community?
2. What is your opinion about the practice of FGM/C in this community? (good, harmful neither) Why?
3. Why is FGM/C practiced?
4. What are the benefits of FGM/C
5. What are the harms associated with FGM/C?
6. What are the motivating factors for people to become FGM/C practitioners
7. How could it be stopped? What would be the likely barriers to stopping FGM/C?
8. What are the possible implications to stopping FGM/C? (positive and negative)
9. What types of FGM/C is commonly practiced in this community?
10. How much is charged/child and how many clients do you get per year? *(Practitioners)*
11. Why is FGM/C still persistent in some communities?
12. Is there any verse (Ayat) in the Quaran/ Hadiths which explicitly or implicitly recommends FGM/C? *(Religious leaders)*
13. Who in this community can accelerate the abandonment of FGM/C?
14. How would you participate in the advocacy for the abandonment of FGM/C in this community?
15. What is your assessment of the effect the Agencies have made in FGM/C abandonment in your community?
16. How would you rate their approaches?

KII at Institutional level

Which geographic areas (Regions, districts and communities) are you covering?

What programme activities are you doing in these areas?

What are your intervention strategies and approaches?

Do you have: Project document/proposal? a strategy/operational plan? Annual activity plan and reports? (Try to have hard or soft copies if possible) Probe into the M&E system, (logframe) of the agency.

Have you evaluated your programme activities? (Ask for a report if any)

Which activities do you think were most successful; which ones were less successful and why?

What impact do you think you have made towards the acceleration of FGM/C abandonment?

How do you coordinate your programme activities (both internally and externally); how do you collaborate with other partners and stakeholders?

How effective are the coordination mechanism and how they be improved at all levels?

Which legal provisions (national and international) support your work?

What are your future plans for accelerated abandonment of FGM/C?

What recommendation can you give for the accelerated abandonment of the FGM/C in The Gambia;-

- Strategy/approach- wise?
- Coordination/collaboration-wise?
- Laws and policies-wise? etc

For Nurses/ Health staff:

In the past 12 months, have you come across any FGM/C related complications? Yes /No

If Yes, what was the nature of the complication?

How was it handled?

6.3 References

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24. Strategy for Poverty Alleviation (SPA 11), SPACO, Ministry of Finance & Economic Affairs, Banjul, October 2000
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26. Tostan - UNICEF Baseline study of 40 Mandinka villages, Dec 2006
27. Tostan Gambia, Proposed Indicator Matrix, November 2005

6.4 Persons met

1. Alagy Kolley – UNFPA
2. Amie Bojang – GAMCOTRAP
3. Bakary Jargo – WHO
4. Binta Sidebeh – APGWA
5. Cattie Seward – Tostan
6. Dr Isatou Touray – GAMCOTRAP
7. Essa Kanuteh – Tostan
8. Fatou Kamara – RCH, MOH
9. Fatou Waggeh – BAFROW
10. Ida Faye Hydara – Women's Bureau
11. Isatou Baldeh – Fulla Bantang Health centre, CRR
12. Ismaila Njie – Wassu Gambia Kaffo
13. Kajali – Women's Bureau
14. Lamin Darboe – RCH, MOH
15. Mr Badjie – Basse Health Center, URR
16. Musa Jallow – GAMCOTRAP

17. Nbinki Sanneh- Jobe – RCH, MOH
18. Omar Dibba – GAMCOTRAP
19. Omar Kanteh – Women's Bureau
20. Prof Adriana Kaplan – Wassu Gambia Kaffo
21. Salif Jarsey – UNICEF
22. Yassin Sompo Sisay – BAFROW
23. Zeinab Al-Mudafa – Tostan

6.5PSS Files: FGM/C.sav


FGM.sav

6.6 SPSS Files: Freq of all variables.spo


Freq of all variables.spo

6.7 Summary of the FGDs

This section presents the summaries of the various FGDs conducted during the exercise by the two data collection groups. The reports are presented based on the groups' main findings.

FOCUS GROUP DISCUSSION (SOUTH BANK) SUMMARY REPORT 1

Focus Group Discussions on the situation of FGM/C was conducted in five villages in the South Bank and during these discussions, three out of the five communities indicated that they have stopped the practice of FGM/C. These three villages are Kabakama and Sare Mamudu in URR and Soma in LRR and their reasons were that FGM/C has harmful effects on the health of their children namely profuse bleeding, birth difficulties and exposure to infection including HIV/AIDS.

These three villages indicated that they have realised that a culture which was practiced by their parents and forefathers was actually a harmful cultural practice and should therefore be stopped. “We found our parents and grand parents practicing FGM/C but have now realized that it is a harmful cultural practice”. According to them, they are willing to stand up and fight for the abandonment of the practice and the practitioners are willing to change and venture into other income generating schemes/activities.

The other two communities (Fula bantang and Mandinaba) are still practicing FGM/C according to most of the participants in the FGD. The general feeling for these communities is that FGM/C is not harmful and so will not stand up to stop it. It was felt that the practitioners inherited the practice and is now part of their culture and so will not be stopped. One member of the FGD respondents from Fula bantang said ” It is only if women stop giving birth to baby girls that we will stop the practice of FGM/C”. In Mandinaba, some of the participants indicated that even some BAFROW associated women are practicing FGM/C and no one can stop it because it is a deeply rooted culture.

FOCUS GROUP DISCUSSION (NORTH BANK) SUMMARY REPORT 2

We conducted FGDs in five villages on the North Bank of which two villages (Kassa Wollof and Dibba Kunda) indicated that FGM/C is not part of their culture and not practiced in their communities. These are Wollof villages in the sample and they claimed they grew up and found their fore-fathers not practicing FGM/C. A third village (Tallinding Kunjang) a predominantly Jola settlement, indicated that FGM/C is practiced in the community and will not be stopped because it is part of their culture. It is also regarded as a fulfilment of their Islamic prescriptions and therefore as Muslims they are obliged to practice it. It is claimed that the practice of FGM/C also prevents them from stigmatisation- being regarded as Solima and being openly prevented from attending certain social ceremonies. Views held in favour of FGM/C were indeed very strong in this community and the responses of almost all the respondents echoed support for the practice.

The remaining two villages of Sare Ngai and Sutukonding indicated that some people have stopped the practice while some are still practicing it. They indicated that some of the harmful effects of FGM/C include bleeding, risk of contracting HIV/AIDS and complications during child birth. It is however also believed by some respondents that FGM/C is a fulfilment of Islamic prescription and culture and thus a benefit. The motivating factors for the continuation of the practice by the circumcisers are believed to be the financial remuneration / incentives of D50 –D100 and soap, as well as the status.

6.8 SELECTED FULA COMMUNITIES

N°	LOCALITY	VILLAGES
1	ZONE 1	SAMBA TAKO
2		TABAJANG
3		SARE SANKULEY
4		SARE WALLON
5		MANSAJANG
6		SARE BOJO
7		SANDI KUNDA
8		SARE NJOBBO
9		SARE KOKE
10		SARE MAMUDOU
1	ZONE 2	KUNDAM DEMBA
2		WALIBA KUNDA
3		SARE MUSA
4		SARE ALPHA
5		SARE BIROU
6		NYAMANARI
7		JAWO KUNDA
8		SARE MAMADI
9		KOLI KUNDA
10		KEBBEH KUNDA
1	ZONE 3	SARE NGAI
2		YERO BAWOL
3		TOUBA WOPPA
4		FARATO
5		SINCHU GOLI
6		BORO FULA KUNDA
7		SARE WURO
8		PASSAMACE FULA
9		ELI MALA
10		BOHUM KUNDA
1	ZONE 4	SUMA KUNDA
2		CHAGHALI CHEWDO
3		SARE FODIGUE
4		SARE DEMBE TORO

5		SARE NGUBU
6		SARE SAMBA BAIDI
7		SARE JALLOW
8		SARE DEMBA DRAMMEH
9		NAWDEH
10		SANKA BARI

SELECTED MANDINKA COMMUNITIES

N°	LOCALITIES	VILLAGES
1	**ZONE 1**	FATAKO
2		KANUBEH
3		JUNG BAKARY
4		KOBA KUNDA
5		BAKADAGI
6		TOUBA TAFSIR
7		KABA KAMA
8		MANNEH KUNDA
9		KORO JOLA KUNDA
10		DEMBA KUNDA MANDINKA
1	**ZONE 2**	SAME KUTA
2		SAJA KUNDA
3		SIMOTO TOUBA
4		FATOTO
5		KISI KISI
6		BRIKAMA KANTORA
7		SOTUMA KANTORA
8		KUNDAM MAMFATTY
9		BADARI
10		SONG KUNDA
1	**ZONE 3**	MORREH KUNDA
2		FADIYA KUNDA
3		LIMBAMBULU BAMBO
4		BARROW KUNDA
5		FODAY KUNDA
6		BIRIF

7		WELLINGARA YAREH
8		PASSAMACE
9		JAH KUNDA
10		MADINA KOTO
1	**ZONE 4**	BANI
2		SANDU MISIRA
3		DASILAMEH MANDINKA
4		JAKABA
5		MAMADI CEESAY
6		KURAW ARAFANG
7		CHANGALLY LANGKADDY
8		KUWONKUBA
9		NYANKUI
10		TAIBATOU

6.9: DECLARATION BY PARLIAMENTARY WORKSHOP

Declaration
Banjul Parliamentary workshop
Date: 29th of September 2009
Kairaba Beach Hotel

At the conclusion of the Parliamentary Workshop on FGM, "Engaging Parliament towards Ending Female Genital Mutilation (FGM)" convened in Banjul the 29 of September 2009 by the Gambian Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP) and the International NGO No Peace Without Justice (NPWJ), with the support of UNICEF, UNFPA, UNOPS, in cooperation with the National Women's Council,

We, the Members of Parliament of the Gambia,

Welcoming the participation of numerous Members of the Gambian Parliament, the Representatives from the Judiciary, the Local Chiefs, the Religious leaders, the Women leaders, the Civil society and relevant Government Ministries and recognising the valuable contribution of Gambian stakeholders to the workshop and in the effort to abandon all forms of FGM,

Noting with satisfaction that some countries of the sub-region affected by the practice of FGM had participated in similar workshop in the Gambia at both governmental and parliamentary levels, as well as through the representatives of the Civil Society, making it a unique opportunity for dialogue and exchange of information on how best to eradicate FGM, with particular focus on the implementation of the Maputo Protocol on Women's Rights to the African Charter on Peoples' and Human Rights by the adoption of law on FGM,

Welcoming the political commitment of Gambian institutions to tackle all forms of FGM as a human right violation and as a violence against women which derives from social inequality based on gender,

Commending all those involved in the process of drafting the FGM legislation, the Civil Society, the National Women's Council for their effort, and the UN for their continuing and comprehensive support,

Convinced that it is our responsibility to ensure that the Gambian legislation complies with the spirit and letter of the Gambian Constitution – which gives formal equality to women – as well as with international commitments freely undertaken by the Gambia, notably on the respect of fundamental human rights at the African Union through the SODGEA,

Recalling in this regard the ratification on 25 May 2005 by the Gambian Government of the Protocol on Women's Rights of the African Union, the "Maputo Protocol", which in Article 5 explicitly stipulates the banning of FGM,

Emphasising that the Gambian Parliamentary workshop on FGM is one of the key steps in the ongoing process to recognise FGM as a political, economic, social, cultural and human rights issue aiming at implementing the operative parts of the Cairo Declaration for the elimination of FGM, as adopted at the Cairo Conference on legal tools for the Prevention of Female Genital Mutilation held from 21-23 June 2003,

Thanking the organisers for taking the initiative to convene the Workshop on FGM legislation which provided an unprecedented public forum to discuss the implementation of a law on FGM in The Gambia, for the warm welcome extended to the participants in the Gambian workshop and for ensuring a conducive working environment,

Thanking all participants for their contribution to the debate, which resulted in particular in a full discussions of the variety of cultural, social and other reasons behind the non implementation of a law on FGM in Gambia, and the procedure in order to legislate,

We, the Members of Gambian Parliament, hereby declare that,

A. The practice of all forms of FGM is a violation of human rights, and in particular the right of personal integrity, physical and mental health of women and girls, and an assault on their human dignity. All forms of FGM degrade women and girls and deprive them of their basic human rights;

B. Efforts towards eliminating all forms of FGM should be intensified both at the grass-roots level as well as within the policy-making process, so as to emphasize the fact that FGM is both a violation of human rights and a gender issue; in particular, emphasis should be given to the process of informing and educating the public on the practice of FGM as well as on relevant legislative measures, enabling prosecutions to be brought against persons who perform such procedures, as part of their implementation;

C. Civil society, bearing in mind the legislative function of Parliament and Government, should stress the implications and benefits to be derived from the ratification and implementation of the African Union Protocol on Rights of Women in Africa, through lobbying, the provision of information, sensitisation, education, prevention systems and social measures and other similar activities.

We, the Members of Parliament of The Gambia, do hereby recommend that:

1. It is now the time for Gambian authorities to pass legislation banning all forms of FGM, by punishing anybody who practices FGM, taking in account the provisions set out in the African Union Protocol on the Rights of Women in Africa and SODGEA, based on the extensive efforts that have been extended to this end, and to take all appropriates measures to modify or abolish existing laws, customs and practices which constitute discrimination against women;

2. The prohibition of all forms of FGM should be integrated into broader legislation addressing other issues, including:
- A penal Gender equality;
- Protection from all forms of violence against women and children;
- Women's sexual and reproductive health and rights;
- Children's rights.

We, the Parliamentarians in the National Assembly of The Gambia who participated in the workshop on the law on Female Genital Mutilation:

1. consider, in light of the discussion and conclusions of the workshop, that it is up to legislators to consider the implementation of a complete FGM legislation, in particular to assess whether it should incorporate:
- A penal definition of Female Genital Mutilation;
- A specific interdiction and repression of the FGM, by variety of sentences (imprisonment, fine...);
- A specification on whether prison sentences and fines are cumulative or not;
- A distinction in levels of responsibility for persons found guilty, including:
  - Parents,
  - Practitioners of FGM,
  - Others;
- Penalties for:
  - accomplices,
  - doctors,
  - witnesses (before or after the commission of the practice);
- Aggravating circumstances resulting in higher penalties, particularly including the death of the victim (40 days after excision);
- Additional provisions for medical professionals and health workers confronted with the practice of FGM;
- Victims' assistance (financial assistance, medical care...).

2. Insist on the necessity to enforce the implementation of the legislation by creating of public awareness by means of information, formal and informal education campaigns; supporting for victims through health services, legal and judicial support, psychological counselling and training and protection of women are at risk of being subjected to FGM; organising dialogue forums; fostering proper awareness among the professionals involved (including teachers, police and military forces, health professionals and legal practitioners) thus enabling them to recognise FGM cases;