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The U.S. Government Working Together for the Abandonment of Female Genital Mutilation/Cutting

Female genital mutilation/cutting (FGM/C) is a traditional practice that ranges from nicking to total removal of the external female genitalia. UNICEF estimates that at least 120 million girls and women have experienced FGM/C in the 29 countries in Africa and the Middle East where the practice is concentrated. Given present trends, as many as 30 million girls under the age of 15 may still be at risk. However, the data show that FGM/C is becoming less prevalent overall, and the younger generation is less vulnerable to the practice. Though no religion mandates the procedure, FGM/C is practiced across cultures, religions and continents. It is practiced in sub-Saharan Africa, northern Iraq, Malaysia and Indonesia, and new evidence is showing prevalence in other Middle Eastern countries, including Yemen, Iran, Syria, Oman and Saudi Arabia, and parts of South Asia. The practice also can be found in Europe, the United States, Australia and other countries in the West where immigrants bring their cultural traditions with them.

"It is my hope that we can see the abolition of [female genital mutilation/cutting] even sooner than within a generation, but no later than within a generation, and that we also do everything we can to create conditions for every child – girl and boy – to have the chance to live up to his or her ... potential."

Former Secretary of State Hillary Clinton, February 6, 2012

The reasons given for conducting FGM/C, which is generally carried out between infancy and the teen years, encompass beliefs about health, hygiene, women's sexuality, rites of passage to adulthood and community initiation rites. Research has shown that all forms of the practice harm women's health, causing serious pain, trauma and frequently severe physical complications, such as bleeding, infections or even death. Long-term complications may include recurrent infections, infertility,(1) and difficult or dangerous childbirth that can result in the death of the mother and infant.(2)

The U.S. Government has supported FGM/C abandonment efforts since the early 1990s, considering the practice not only a public health concern but also a human rights issue that violates a woman's right to bodily integrity. In September 2000, the U.S. Agency for International Development (USAID) officially incorporated elimination of FGM/C into its development agenda, issuing an official policy and strategy that underscored FGM/C was a serious health and human rights issue. The U.S. Department of State emphasizes the need to raise awareness among communities at the grassroots level, through diplomatic and multilateral engagement and within humanitarian settings to address the practice of FGM/C.

In August 2012, the United States released its first-ever *Strategy to Prevent and Respond to Gender-Based Violence Globally*, along with an accompanying Presidential Executive Order directing its implementation. The strategy marshals the United States' capacity and expertise to establish a coordinated, government-wide approach to preventing and responding to gender-based violence (GBV) and includes harmful traditional practices such as FGM/C.

The United States also pursues regional, national and local coordination among international donors, governments and community leaders. U.S. Government agencies are actively engaged with internationally based working groups to address FGM/C, including the Donors Working Group (DWG) on FGM/C,(3) which is composed of key international governmental and intergovernmental organizations and foundations committed to supporting the abandonment of the practice. USAID was a co-founder of the DWG and is dedicated to expanding and strengthening partnerships and increasing resources for abandonment of this harmful traditional practice. The group has collaboratively issued a Platform for Action that summarizes the collective programmatic approach that focuses on the community approach to social change.

U.S. Government Efforts

The State Department's Secretary's Office of Global Women's Issues (S/GWI) funded community-based approaches involving men, boys and all members of society in public awareness and education campaigns. The campaigns emphasized the detrimental consequences of FGM/C on the physical and mental health of girls, their families and the overall community in order to promote long-lasting solutions. S/GWI also worked with the Bureau of Democracy, Human Rights and Labor (DRL) to strengthen the reporting of this issue in the *Annual Country Reports on Human Rights Practices*. In addition to describing whether FGM/C occurred and the type and category of FGM/C most common, we are seeking information on international and governmental efforts being taken to prevent and address FGM/C (especially through educational programs, but also by means of shelters, hotlines and police training).

The Office of Population, Refugees, and Migration (PRM) largely supports efforts in humanitarian settings and among refugees with programs designed to prevent and respond to GBV, which includes FGM/C. These organizations rely on U.S. Government assistance to provide humanitarian assistance to refugees, survivors of conflict, internally displaced persons and stateless persons worldwide. This encompasses a wide variety of assistance, including the provision of protection, shelter, health care, water and sanitation, as well as the prevention of and assistance to survivors of GBV and FGM/C. PRM also supports targeted activities to prevent FGM/C in Somali and Sudanese refugee populations.

USAID supports implementing partners, both from Washington and at the country level, to provide community-based programs in key countries where the practice is prevalent. The Agency's projects have supported targeted programs in Burkina Faso, Djibouti, Egypt, Ethiopia, Guinea, Kenya, Mali and Nigeria, among others that consider cultural sensitivities and are integrated with health, economic, social or democracy and governance programs. USAID programs are community based, involving community and religious leaders as well as women's groups, men and youth to advance the quality and effectiveness of abandonment efforts and to improve conditions that will lead to FGM/C abandonment.

Projects In-Country

Egypt – S/GWI supported a project working in the community of Al Darb Al Ahmar in Cairo called Creating Attitudes Favorable to the Elimination of the Practice of FGM/C. Through the dissemination of appropriate and relevant information, coupled with education initiatives and public awareness campaigns, S/GWI supported the Aga Khan Foundation to address and prevent violence against women and girls, including FGM/C, in select Cairo communities. Additionally, the project provided training and capacity building in victim advocacy and mental health for health care providers, community leaders and volunteers.

In 2008, the USAID mission in Egypt incorporated FGM/C into an existing community-level health program, reinforced by select national-level messaging and educational messaging. The program furthered Egypt's ongoing efforts to bring about abandonment of FGM/C, as it involved training staff at both the Ministry of Health and non-governmental organizations (NGOs) to broaden the reach and coordinate with the government's National Council of Childhood and Motherhood to create a coherent national strategy.

Sudan – The Office of the U.S. Special Envoy for Sudan and South Sudan is funding a program in West Nile State to strengthen the capacity of community leaders and local organizations to effectively and sustainably address FGM/C. The project mobilizes children, women and men in the community to support collective declarations of abandonment of FGM/C. Through intensive trainings, community leaders draw upon preexisting social structures to engage with the wider community and build community ownership to end FGM/C sustainably.

Iraq – In coordination with the DRL, S/GWI is funding a multidimensional program in northern Iraq composed of integrated victim services and a successful educational campaign for village residents and political and religious leaders, leading to the first-of-its-kind declarations of villages being "Female Genital Mutilation Free."



A staff member of the Information, Education and Communication Center in Egypt speaks with a rural woman and her daughter about family planning and reproductive health issues, including the negative effects of early marriage, premarital sex and FGM/C.

Kenya – PRM provides resources to NGO partners to promote awareness and prevention of FGM/C through community-based institutions and civil society, including men’s groups, youth groups, women’s groups and religious leaders. Other projects promote social and economic empowerment of women and girls to reduce the risk of exposure to GBV, including FGM/C, while educating participants on the impact of harmful traditional practices, including FGM/C.

USAID conducted studies to better understand the practice of FGM/C among the Somalis in northeastern Kenya to inform the design and implementation of interventions and to clarify the correct Islamic understanding of FGM/C. The research provided crucial evidence that FGM/C is neither a religious practice nor one sanctioned by Islam, which clearly stipulates provisions for the protection of basic human rights, upholds the sanctity of the human body and prohibits any practice that violates these rights or causes harm to the body without justification. The conclusions called on religious scholars to collaborate with medical doctors to make verdicts based on scientific facts and to work with their communities to help delink FGM/C from Islam.

USAID is supporting the launch of the Kenya Centre of Excellence for FGM/C, which will be based at Nairobi University, to create a pan-African center for learning and developing innovative research approaches. The center will also train leaders and champions for working toward the abandonment of FGM/C and welcomes support from the international community and others to join in this effort.

Ethiopia – In northern Ethiopia, the U.S. Government supports an FGM/C awareness-raising program for women and girls living in Shimelba and My’Ayni refugee camps. Specific efforts include coffee discussions with girls, women, boys and men on GBV-related topics and services and a Girls’ Wellness Week, which promotes adolescent girls’ health through a coming-of-age ceremony without FGM/C.

USAID supported collaboration with the Ministry of Health and the National Committee on Traditional Practices to educate communities on the harmful effects of FGM/C. The program helped women and community leaders to understand the motives of “FGM/C demanders,” respond to their concerns and provide them with information on the negative impact of the practice. More than 2,250 people participated in FGM/C abandonment activities; a national Anti-FGM/C Women’s Leaders Team was established, and a member of that team drafted a law against FGM/C that the Ethiopian parliament passed in July 2004.

Mali – USAID helped the Ministry of Health develop and pilot a national training curriculum for primary medical providers to increase their capacity to identify, treat or refer FGM/C complications and educate and counsel clients and community members on the negative aspects of the practice. A network of trained providers was created consisting of extension workers from NGOs and community and religious leaders. As a result of their work, the percentage of men and women who said they were in favor of abandoning FGM/C increased from 15 to 62 percent, and the percentage who intended to have FGM/C performed on their daughters decreased from 81 to 33 percent.

Senegal – USAID has supported The Grandmother’s Project (GMP), which incorporates FGM/C into a broader girls’ and women’s health and family planning program to bring about positive changes in community traditions. The approach involves grandmothers and elderly women, a once marginalized group, in social change. The project encourages learning and communal decision-making through open discussions about problems confronting the community. The aim for GMP is to have community members identify their problems and reach consensus on possible solutions that best suit their needs, leading to long-term and lasting change.

West Africa – USAID has supported Tostan, a participatory education program that works village by village to incorporate democracy, problem solving, basic mathematics, literacy and essential health education, including information about FGM/C, into the learning experiences that ultimately empower the entire community. As a result of this multidimensional approach, thousands of villages in West Africa have publicly abandoned FGM/C and other harmful traditional practices upon completion of the Tostan program.



Genet, Tsiyon and their friends are the first generation in Kembata, Durame Woreda, Ethiopia, who do not have to undergo FGM/C at their young age. Their mothers are not willing to let them be cut because they have realized the consequences of that practice during their own lifetimes. Genet and her friends say that if the boys complain about them not being circumcised, they will say, “We don’t need to marry you.”

In the United States, in 2012, at the first-ever Zero Tolerance Day event that was held at the U.S. Department of State, former Secretary of State Hillary Clinton spoke passionately about creating conditions for ending FGM/C, so all girls can realize their full potential. At that event, organized by USAID and the State Department, a spark was lit among the communities that have worked tirelessly for years toward the abandonment of FGM/C. The event became a catalyst for raising government and donor awareness and was repeated in 2013 when it was hosted by former Ambassador-at-Large for Global Women's Issues Melanne Verveer. Ambassador Verveer led a panel discussion that included Amina Salum Ali, Ambassador of the African Union to the United States; Dr. Nawal Nour, a Sudanese-American from Brigham and Women's Hospital in Boston; Bacary Tamba from Tostan, an NGO in Senegal; and Jessie Hexpoor from Hivos, an NGO based in the Netherlands. They each have made, and are continuing to make, extraordinary contributions toward putting an end to FGM/C, and the Ambassador noted, "are a testament to why a community-driven, holistic approach is essential to achieving sustainable progress."



Adolescent girls participate in a livelihood training aimed at reducing adoption of FGM/C.

The event brought together activists from the NGO community, diplomatic corps and policymakers in the U.S. Government to address ways various stakeholders can work together toward zero tolerance for FGM/C. The event also attracted 1,648 online participants from 30 countries in an interactive virtual discussion.

USAID has commissioned a desk review of interventions, evaluations and reports published since 2000 on ending FGM/C. Based on this review, as well as key informant interviews with experts, USAID is drafting a report called *Ending Female Genital Mutilation/Cutting: Lessons from Ten Years of Progress*. The report will review lessons learned, promising approaches and recommendations for the future. By looking back, policymakers and advocates will be better able to move forward decisively to create societies that allow women and girls around the world to achieve their full potential.

Our vision of the way forward has been sharpened by all the work that went on before this decade.

- First, the centrality of "social norms" – what communities believe and how they act and expect the members of that community to act – must be addressed.
- Second, a wide range of actors play pivotal roles in the abandonment of FGM/C: men; women; grandmothers; boys; girls; and community, health, religious and political leaders.
- Third, and perhaps most important, the focus must be on holistic, integrated, multisectoral approaches that bring together the advocacy, policy-level work and community-level transformation of social norms.

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Resources

1. World Health Organization (WHO). (2000). Fact Sheet No. 241. <http://www.who.int/mediacentre/factsheets/fs241/en/>
2. WHO Study Group on Female Genital Mutilation and Obstetric Outcome. (2006). Female Genital Mutilation and Obstetric Outcome: WHO Collaborative Prospective Study in Six African Countries. *The Lancet*, 367, 1835-41. <http://www.who.int/reproductive-health/fgm>
3. Platform for Action: Toward the Abandonment of Female Genital Mutilation/Cutting (FGM/C). A Matter of Gender Equality. The Donors Working Group on Female Genital Mutilation/Cutting. http://www.fgm-donor.org/publications/dwg_platform_action.pdf