



Esmée  
Fairbairn  
FOUNDATION



Trust for London  
Tackling poverty and inequality

# The FGM Initiative

INTERIM REPORT

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By Joanne Hemmings, PhD

Options UK  
effective solutions and design for health



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## 1. INTRODUCTION

The *Female Genital Mutilation Initiative* aims to safeguard children from FGM through community-based, preventive work. This UK-wide initiative was established by three independent charitable organisations: Trust for London, the Esmée Fairbairn Foundation and Rosa (the UK Fund for Women and Girls). The initiative is supporting fourteen organisations across the UK over a three-year period. The objectives of the initiative are:

- To **raise awareness** among affected communities about UK law and the health and psychological risks of FGM.
- To **increase the confidence** of women, men and young people within affected communities to reject this procedure as part of their identity.
- To **increase the skills and capacity** within affected communities to influence individuals, groups, and statutory agencies.
- To **strengthen the voice** of women and communities speaking out against FGM.
- To **improve co-ordination** of activities amongst voluntary and community groups and statutory agencies working on this issue.

This summary report presents an update of the initiative at its mid-point (January 2010 – July 2011). It describes project activities and monitoring and evaluation data, against which progress of the initiative will be measured. Firstly, it summarises the progress, challenges and successes of the Initiative as a whole. Secondly, it presents lessons emerging from the initiative. Lastly, issues for further discussion, including recommendations for the coming year, are suggested.

The Annex contains more detailed descriptions of individual project progress and a summary of the peer research which was conducted by participating projects in 2010.

A baseline report was published for the Initiative in March 2011 which summarised findings from a number of qualitative studies conducted by projects across the countries. These studies made use of peer researchers – ordinary members of affected communities – who interviewed friends and other members of their social networks about FGM. The research provided rich insights into attitudes and behaviours relating to FGM. Key findings included:

- FGM is not openly discussed, even within affected communities, and respondents across the country held widely different views. However, it is clear that some families still experience strong pressure to circumcise daughters.

- Girls may be circumcised against their parents' will, typically at the wish of their grandmother.
- Young women in their late teens are also vulnerable to FGM.
- Type 4 FGM, which includes pricking, piercing or incision, is more widely accepted in the UK than other 'more severe' forms. Often referred to as 'sunnah', type 4 is seen to have important religious and symbolic qualities, and is considered by many not to constitute a form of FGM (though by law, it does).
- Across the country, respondents drew a distinction between the views of older and younger people on the issue of FGM. Older generations were held almost universally responsible for ongoing support for FGM.
- Levels of awareness and perceptions of the UK law on FGM were varied: in some areas, few people knew about the law, whereas in others, knowledge of the law was widespread.
- Men were generally less supportive of FGM than women believe them to be, indicating a divide between what men really think, and what women believe them to think.

The report concluded with a summary of arguments heard both in favour of and against FGM in communities, and a list of recommendations for project strategies. See Annex B for a copy of the Summary Report.

The baseline report also contained an update of project activities and achievements during their first eight months, and an analysis of the challenges they faced. Projects also included a summary of the monitoring and evaluation data they had collected thus far, which provides a baseline against which their progress can be judged.

## **2. PROGRESS OF INITIATIVE AS A WHOLE**

### **2.1 Activities**

Each organisation is carrying out a range of activities to meet the initiative's aims. This section summarises the strategies employed by different projects.

Many of the projects have recruited, and in some cases trained, **volunteers** to help them deliver their projects. This has helped them to expand their scope and impact beyond what a part-time project worker could deliver individually.

Several groups have established or contributed towards **strengthened networks or partnerships** of organisations and individuals committed to working to prevent FGM. These include a Religious Leaders' Working Group, the Birmingham Against FGM group, and similar fora in Wales and London.

Many projects have made progress with engaging with **religious leaders**, which has required a great deal of persistence. There are now a number of religious leaders and scholars across the country who have contributed written materials, workshop sessions or presentations to try and persuade people that FGM is neither necessary nor desirable according to religious principles. These include Islamic, Jewish and Christian leaders, with the majority representing the Islamic faith, as the majority of communities that projects are working with are Muslim.

A number of projects offer **one to one support** to affected women and/or families. This ranges from accompanying them to health services to reduce the anxiety they feel; referring them to appropriate support services; or providing them with further information or simply an understanding ear.

Hosting **workshops, group discussions and conferences** is still a principle activity for a number of projects. These events aim to raise awareness about FGM, boost people's confidence to speak out about and reject FGM, and often simply provide a safe and sociable space for people to talk. Other workshops/groups (particularly those designed for young people) have focused on creative processes as a way to explore the subject of FGM: in these groups, leaflets, dramas, campaigns and exhibitions have been created. The challenge for all projects is to attract a wide range of participants to such events (e.g. to avoid attracting only people who are already opposed to FGM and confident to speak out about it) and to keep the content fresh and interesting (e.g. finding a variety of speakers and activities).

A large number of **printed materials** (posters, leaflets and information packs) have been distributed across the country, and one project has produced an informational DVD, translated into several languages.

A small number of projects have developed effective ways of conducting grassroots, **community-based prevention work**. This has involved taking the time to find out where people from affected communities spend time, and investing time in gaining their trust and setting up informal discussion groups. This process has led to the

identification of community advocates or groups of young people who spontaneously wish to take forward the FGM prevention agenda: the project worker or volunteer concerned has simply acted as a catalyst or enabler.

**Training** has also been provided through the initiative to health professionals, community members, young people and project workers. The content of training varies from generic information on FGM, to media training, to leadership and campaigning skills.

## **2.2 Outcomes**

Projects have monitored the impact that their workshops and group sessions are having on levels of **awareness and attitudes** to FGM by administering quizzes to participants, requesting feedback, and noting down remarks and opinions expressed. They have found that information on the health risks of FGM is readily absorbed and accepted, and the vast majority of people they engage with are opposed to FGM and recognise the harm it causes.

However, opinions on **less severe forms** of FGM, often referred to as 'sunnah' (implying that this practice is religiously prescribed), are harder to influence. The health risks of these forms of FGM are less obvious, and the perceived religious and cultural roots of the practice make older people in particular less willing to reject it. Levels of awareness about the UK law vary around the country, with further work required in all areas.

A number of interesting initiatives have emerged which allow the **voices** of affected women to emerge and speak out about FGM (discussed further in section 3). Over time, all projects working with women, men (including religious leaders) and young people have found that their **confidence** to speak out about FGM has increased.

The **capacity** of community organisations to work on this issue has grown, though it has done so unevenly. Some project workers' confidence has increased simply through their everyday work in the community, and through the positive feedback they have received after hosting successful events or building successful links. Other projects have invested time and/or resources in the formal professional development of project workers and have provided structured training to volunteers, alongside practical experience. The capacity of a number of projects to produce and report monitoring and evaluation (M&E) information has improved considerably, though some projects require further strengthening in this area.

As noted previously, **networking and coordination** has strengthened considerably. Across London in particular, groups within the initiative are well connected, and participate in a number of shared fora.

## **2.3 Challenges**

Projects face several common challenges. These include:

- Desire for more funding to fulfil their ambitions for their projects (e.g. providing more support for childcare, putting on drama performances, etc)

- Several projects report that the lack of a prosecution on FGM is a barrier to people taking the law seriously in their communities
- Cuts in statutory bodies or other community organisations have affected several projects' workloads; professional networks; and services that they may wish to refer people to
- Less severe forms of FGM (often referred to as 'sunnah') are still viewed as acceptable in certain sections of the community. Groups need to master new forms of arguments, for instance from a human rights perspective, to tackle these beliefs
- Groups need clarity on the law regarding the difference between surgery for cosmetic reasons and cultural ones
- Some groups need to review whether they have, within their project team, the minimum essential skills, resources and procedures for implementing a community-based FGM prevention project (for instance, adequate training procedures for volunteers; documented referral pathways)
- Some groups have found it difficult to engage with statutory bodies such as schools and parts of the health service, finding them unresponsive. A request has been made to the initiative's Advisory Group to prepare a letter supporting the projects, which they will be able to use when approaching these bodies

#### **2.4 Update on Initiative-wide Activities**

The funders, Advisory Group and knowledge sharing and networking components of the initiative have also added value during the last year, in the following areas:

1. Supporting the launch of the **Government's FGM guidelines** (through media training, etc).
2. Contributing additional funding to the **Faith Against Islam** event and a **conference for young people** in London (attended by people from around the UK).
3. The funders and Options UK have encouraged **networking**, and provided **advice** where needed (i.e. on child protection issues). They have also acted as a **referral point for many queries** coming from media organisations, journalists, etc.
4. Funders have proactively sought opportunities to discuss the special initiative with other **funders**.
5. They have also contributed to the Greater London Authority's **research** on Harmful Practices
6. Ongoing efforts are being made to help projects with **communications** (e.g. facilitating a discussion on campaign strategy; planning media training).

7. Options UK have organised bi-annual **learning events**, which have included an in-depth session on Child Protection issues, as well as networking and knowledge sharing opportunities.
8. Several London projects now work with each other on issues such as the Religious Leaders Working Group. The **network** built up through the Special Initiative may have contributed towards this.
9. Several important pieces of information (e.g. upcoming events, policy or personnel shifts) have been shared through the **Advisory Group**. Potential supportive roles for some of the members have been identified and over the next year, members will be asked to provide practical advice for projects.

During 2011, a list of suggested outcomes against which to judge the **success of the Initiative as a whole** (as opposed to the individual projects) was developed. These included:

- a) Increased awareness of FGM particularly amongst targeted policy-makers, statutory agencies, and affected communities in the UK
- b) Stronger community organisations and a better network of organisations tackling this issue with increased confidence and skill
- c) Increased understanding of what works in tackling this issue within affected communities in the UK
- d) Improved policy and practice as a result of learning from this initiative

There has been clear progress on the indicators for some of these outcomes, particularly (b) and (c). There is now a need to formalise these networks and document (or otherwise capture) the learning, to ensure that it is carried beyond the life of the Special Initiative, and so that it can benefit other organisations working in this field.

Outcome (a) has not yet been evaluated, and methods to do so need to be developed. Outcome (d) will be evaluated at the end of the initiative.



### **3. EMERGING LEARNING**

This section of the report highlights learning from the first 18 months of the Special Initiative, including promising strategies and ongoing challenges. It is hoped that this learning will be shared with both projects who are part of the initiative, and wider afield.

#### **3.1 Community-centred Approach**

Projects which have taken time to ground their activities in their local communities are showing promising results. This means getting to know where people from affected communities spend time (be it shops, or after school clubs); listening to what support or information they want; and adapting strategies to deliver this to them. There are several benefits to this approach:

- It allows projects to target their efforts on people who may have had limited contact with educational/community health initiatives and/or other formal services (e.g. new arrivals to the UK, people who do not speak English)
- It encourages projects to get to know their clients and be responsive to their demands for information or support, including learning what they really think and say about FGM

The community-centred approach can be more time-consuming than arranging workshops or more formal meetings. However, the overall aim of the Special Initiative must be kept in mind: community-based prevention of FGM. It is recommended that grassroots, community-based work – hanging out and talking to people in the places where they socialise and feel comfortable (e.g. shops and cafes), leading to the development of activities which suit their needs – be a core component of all Special Initiative projects.

#### **3.2 Helping Health Professionals to Talk About FGM**

Several projects have found that many health professionals lack confidence to talk to people from affected communities about FGM (e.g. if they have to question them during a clinical appointment) due to real or perceived sensitivities. Special Initiative projects are ideally placed to strengthen communications between affected communities and health professionals. BSWA, for instance, is starting to produce a publication for health professionals to tackle this issue. Women affected by FGM are producing a short publication representing their views (e.g. stressing that the majority of women from affected communities are against the practice).

It is recommended that these resources are shared widely across the Special Initiative and beyond, such that health professionals across the country can benefit from them.

#### **3.3 Successfully Working with Volunteers**

Most projects are now working with volunteers or community advocates to a greater or lesser degree. However, the projects vary in the level of responsibility and training

given to volunteers. The advantages of working with volunteers, and training them appropriately, are numerous. It builds confidence and skills within the community to tackle FGM, and widens the scope of projects.

All projects should also assess whether they are making optimal use of volunteers: one project worker can only perform a limited number of activities per week, but the addition of volunteers scales up the impact of the project considerably (while also generating management work in itself, which needs to be considered).

### **3.4 Referrals**

Overall, only a relatively small number of women and girls (11) have either been referred to Special Initiative projects from other organisations, or have been referred from Special Initiative projects on to other specialist organisations. Most of the referrals have been women affected by FGM, rather than girls at risk (of which there is only one reported case). It is unclear whether this is due to lack of demand for referral services, or lack of awareness in the community or among agencies that this service is available. It is recommended that those projects which aim to attract and make referrals ensure that this role is clearly publicised both to the community and relevant organisations, and that clear, written referral pathways are developed for the FGM prevention project.

Most referrals are women seeking support or information about health services. In Wales and the North East, projects have found that the majority of clients are seeking support with asylum applications related to risk of FGM. Projects need to be cautious about their involvement in such cases if they are not appropriately qualified, as there are restrictions on providing immigration advice which are regulated by Office of the Immigration Services Commissioner. Such cases may also distract from the ultimate aim of the project, which is FGM prevention.

### **3.5 The 'Sunnah' Issue**

As discussed extensively in the Baseline Report, one of the most challenging issues facing projects is the relatively widespread acceptance of 'less severe' forms of FGM, often referred to as 'sunnah' (implying that these forms have some religious backing). The Special Initiative will continue to monitor this issue. Upcoming learning events will discuss the topic further, and expert speakers will be sought to provide project workers with up-to-date information on legal, ethical and human rights aspects.

### **3.6 Working with Religious Leaders**

Since many people perceive there to be strong links between religion and FGM, several projects have prioritised working with religious leaders, as they are well placed to refute this belief and to reach hundreds of people with this message. Although this has not been an easy strategy to implement, there has been great progress in the first 18 months of the initiative. Some projects have also reached out to women who are influential at places of worship, as well as religious scholars.

The majority of this work has been with Islamic scholars and leaders, as most of the affected communities involved in the initiative are Muslim. However, projects have recognised that non-Muslim communities are also affected by FGM, and have thus engaged with Christian and Jewish leaders, though to a lesser extent.

The projects have met challenges, however. Certain religious leaders, while conceding that FGM is not mandatory according to their religion, will not go so far as condemning it outright. This results in a diluted and confusing message. Some religious leaders will simply not accept that FGM is an issue in their community, while others are just extremely busy and are working on a host of other social and spiritual issues.

For those projects who have either not yet made efforts to include religious leaders in their work, or who have struggled to find willing participants thus far, the successes of other projects should be encouraging. Projects who would like to do more work with religious leaders should contact one of the groups who have progressed in this area for advice and ideas.

### **3.7 Channelling ‘Voice’**

At the start of the Special Initiative, projects’ ideas about ‘strengthening voice’ were largely quite literal. ‘Speaking out’ about FGM was envisaged as occurring at workshops, on public platforms, at events or in group discussions. However, several projects have developed innovative ways for people to raise their voices, without having to put themselves in the spotlight. For example, BWHFS is undertaking an ‘FGM Stories’ project (asking clients to write their stories, and collating them); OSCA has developed a script/drama about FGM; SCA has had a radio phone-in; and FORWARD and SCA have developed social networking sites where people can share opinions and information.

In many ways, collective voice – drawn together from a group of people – is more powerful than individual voices. Projects who are still trying to find women who are willing to speak out in public may wish to consider working with these more indirect channels instead.

### **3.8 Key Elements of Successful Projects**

There is now a clearer picture on the basic skills and procedures that projects require to implement a community-based FGM prevention project. It is recommended that all projects work towards ensuring that they have:

- Clear, written referral pathways for children at risk and women seeking support for a variety of common problems (asylum advice, health referrals, etc). Volunteers as well as project workers should know how to use these referral pathways.
- Clear boundaries of responsibility for volunteers (e.g. a list of training requirements/skills needed before volunteers start work, particularly if it is unsupervised).

- Child protection issues adequately addressed
- Clear lists of skills/training required for project workers and volunteers according to the activities they are doing (e.g. if they are offering one-to-one support sessions, they should hold a counselling qualification).
- Provision of continuous professional development to project workers, encouraging them to share this learning with colleagues and volunteers.
- Established links with relevant statutory agencies, especially local Safeguarding Children boards and schools

#### **4. ISSUES FOR DISCUSSION**

The following issues have emerged over the last year, and merit further debate by the funders, advisory group and projects themselves:

##### **FGM-related/project issues**

1. Options UK recommends avoiding the term '**practising communities**'. This phrase assumes that people are still practising FGM, which can perpetuate stigma and may be wholly inaccurate. Rather, we suggest the term '**affected communities**'.
2. **Designer vagina/cosmetic genital surgery debate**: groups need greater support and resources to respond to this complex issue.
3. The issue of the **lack of prosecution on FGM** (often described by people as 'the law not having teeth'): many projects cite this as a barrier to people taking the law seriously in their communities. This topic may benefit from an expert speaker at a learning event.
4. The issue that **less severe forms of FGM** ('sunnah') are still supported in certain sections of the community is extremely difficult for advocates to address. Groups require further support in developing effective arguments against all forms of FGM.
5. How can projects who are not making optimal use of **volunteers** be encouraged and enabled to do so?
6. Several projects have recognised the importance of **alternative, indirect ways for communities and women to raise their voice about FGM**. Could the projects' skills and understanding in terms of working with 'voice' be strengthened further?
7. Projects should be encouraged to reach out to those who are not **in contact with mainstream services/projects**, and who may therefore be more isolated and less aware of the risks and legal implications of FGM.

##### **Additional support/resources requested**

8. Support is requested from the Advisory Group in terms of how to 'get their foot in the door' when working with statutory agencies, particularly in health. It is recommended that the Advisory Group provides an introductory letter to support the projects in this regard.
9. A summary of Advisory Group members should be circulated to all projects so that they know who to contact with various requests for technical advice and support.
10. Certain groups are facing barriers in accessing training for project workers and volunteers. The funders should consider setting up training opportunities to strengthen basic skills required in running community-based FGM projects.

## Future technical work

11. Potential **outputs** from the Special Initiative are now clearer. Certain groups are demonstrating effective strategies and have done some important learning that may help others embarking on this challenging journey. Possible outputs that will be useful for future community based work include:

- A guide for community-based FGM prevention, including basic step-by-step materials for the process. This may involve building on existing work (e.g. a similar resource recently produced by FORWARD)
- A register of expert speakers who are willing to give talks (and travel), including religious leaders (Options UK will ask the groups to compile this at the next learning event)
- Package of materials on frequently asked questions (e.g. religious positions on FGM, cosmetic vs. 'cultural' surgery). This could be developed during a future learning event.
- Materials for professionals which focus on the 'soft' skills around FGM – how to talk to people without offending or alarming them.

## **5. ANNEX A: INDIVIDUAL PROJECT SUMMARIES**

### **5.1 AFRICAN ADVOCACY FOUNDATION, NORTH BRIXTON ISLAMIC CULTURAL CENTRE, ISLAMIC AWARENESS FORUM UK & AFRICAN MUSLIM WELFARE TRUST**

#### **5.1.1 Project Achievements**

AFF continue to build a strong project with a wide reach across South London and beyond, and have made significant progress in the following areas:

- They now have over 75 women on their contact list
- They have one part time member of staff, their number of volunteers has increased to nine, and they have all undergone new in-depth training in various skills
- Four faith leaders are now committed to talking about FGM and its relation to Islam; child protection; and health and wellbeing
- Increased networking has lead to seven new groups requesting talks and support from AFF and an increase in attendance at events
- AFF have continued their 'whole family' approach, successfully reaching young people (85 have attended events) and offering them a chance to express their feelings through creative means. They now have 10 young 'community champions'
- They have received three FGM related referrals and 12 women have been helped on a one-to-one basis
- Other events include awareness building workshops, 'sister circle' meetings, group discussions, information leaflets and project leader attendance at naming ceremonies

#### **5.1.2 Successes and Challenges**

- Levels of awareness still appear to be low surrounding the law and linked health risks of FGM. However, by the end of sessions people have an increased awareness of health risks and more people understand that FGM is not a cultural or religious obligation
- At least half the women the project worker interacts with are confident to reject FGM
- An increased number of women are willing to speak out against the practice and to '*champion anti-FGM awareness*'
- Many women still feel that type one FGM is acceptable and it is proving hard to change opinions on this subject

- Young people they work with are confident to talk about FGM and are firmly against it
- Religious leaders are speaking out, but it is proving a challenge to change the opinion of some that FGM is '*discouraged but not expressly condemned*' by Islam
- Volunteers have built new skills and confidence through their work with AFF
- More men need to speak out on this issue and more male volunteers are wanted
- The size of the project and funding are limiting factors. Additional funds would help to employ another sessional worker and provide incentives to volunteers

## **5.2 BIRMINGHAM & SOLIHULL WOMEN'S AID**

### **5.2.1 Project Achievements**

The BSWA project has continued to develop over the last year and is making good progress. Notable successes have been:

- Supporting over 80 women at the Birmingham African Well Women's Clinic. The project worker talks to women about the law on FGM, health consequences and women's views on FGM
- BSWA have successfully conducted an in-depth piece of peer research on FGM in Birmingham, with the support of Options UK. The dissemination event was attended by over 70 people
- After the research, five enthusiastic peer researchers set up their own youth group. They have received training on leadership, facilitation, advocacy and campaigning, before organising a successful event in July
- A course on Women's Health and Leadership Skills has been offered to women in the community and groups, to increase their confidence in rejecting FGM
- Additional funding has been leveraged for the project, from the Lead Officer for Asylum Seekers and Refugees & Safer Birmingham
- A community development approach to contacting people from communities affected by FGM (to form groups to discuss FGM) has been adopted. This involves spending time in the places where women meet to socialise
- This approach has led to the formation of four women's groups, run on a monthly basis. They discuss FGM in terms of religion and the law
- BSWA is active in local multi-agency partnership and strategic work on FGM, particularly through the Birmingham Against FGM (BAFGM) group
- BSWA has delivered three FGM training sessions to local professionals



- The project plans to produce a leaflet, and organise an event, exploring how professionals can communicate sensitively around the subject of FGM

### **5.2.2 Successes and Challenges**

- There is still lack of awareness about the law on FGM, and women still feel anxious talking about FGM. However, a few women are willing to share their stories to convince others to stop the practice
- Many will not reject type 1 as unacceptable. Even the few who do object to it do not seem to be confident to reject it in a community setting
- A major challenge is maintaining attendance of women who have many obligations such as childcare, family etc.
- Pressures of cuts and changes in statutory bodies are affecting the project and its partners, such as the BAFGM group and the African Well Women's Clinic. There is a shortage of midwives in Birmingham: this, coupled with changes in the NHS, means that the future of the clinic is not assured
- The project is helping to build the capacity of statutory agencies to work with the issue of FGM more effectively
- Community engagement on FGM is problematic, as many community organisations prioritise everyday practical issues, e.g. jobs, welfare and training, rather than FGM. However, a more successful approach has been to engage with women directly. This had led to the identification of community advocates and groups of women who are willing to participate

## **5.3 BLACK ASSOCIATION OF WOMEN STEP OUT**

### **5.3.1 Project Achievements**

This project is progressing well, with activities at both grassroots and national levels:

- Ten people have been formally trained as FGM advocates. Training was provided by the University of Wales and Institute of Cardiff
- The project continues to collect comprehensive M&E information
- BAWSO produced and distributed 1000 flyers and 500 FGM raising awareness packages by March 2011
- BAWSO have received £2000 extra funding to produce a pack for health professionals on FGM
- An FGM forum has been established (met 10 times with 10 members) which the Welsh government are now involved in. The Welsh Assembly is now committed to supporting the FGM prevention and research agenda in the future

- BAWSO are working with four awareness raising groups who meet monthly with guest speakers. These have attracted 190 participants so far. The groups raise awareness and give women the opportunity to share experiences and concerns.
- There are two men involved in the project, a religions leader and a doctor. Both are fully committed to the cause. The first delivers talks and has written a paper about FGM, and the second raises awareness and provides support to women and their families
- BAWSO has also conducted partnership training on ‘honour based violence’ within the BME community; FGM; and gender based violence, working with the police and the Henna Foundation. To date the project has provided one-to-one support to eight women

### **5.3.2 Successes and Challenges**

- Participants have said they find the talks and events very beneficial as a platform for learning and sharing
- Young people have expressed their desire to continue to participate in meetings (the first of which has just been held)
- All the women who accessed the support groups found them invaluable
- Advocates have also benefited from the project, feeling that their capacity has been built and that they have been given an opportunity to develop their confidence
- Coordination between BAWSO and its partnering organisations is very strong, leading to joint events such as an FGM raising Awareness Seminar; production of an FGM Educational Booklet; and an FGM Strategic Planning Day

However the project has also faced challenges:

- Providing childcare is crucial, but has financial implications which BAWSO is having to address
- Connecting with men has been difficult, and they hope work with Imams in the future to improve this situation
- Currently, the project is restricted to working with over 16 year olds. They hope this can change in the future

## **5.4 BLACK WOMEN’S HEALTH AND FAMILY SUPPORT**

### **5.4.1 Project Achievements**

Project progress has accelerated rapidly in the last year. Key achievements include:

- The project worker's confidence and skills have been strengthened through attendance at appropriate training courses and gaining a wide range of experience in the community
- Twelve workshops have been held since July 2010. A total of 77 people attended
- In February 2011, the project worker trained several volunteers to help deliver workshops. Four volunteers have shown consistent commitment, two less so
- BWHFS have also produced awareness-raising materials: 500 handbooks and 500 leaflets have also been produced, about half of which have been distributed
- The project continues to produce comprehensive M&E data
- Eleven women have received one-to-one support. They were all Somali, Congolese or Sudanese, and were aged from 17 to 37
- Since January the project worker has delivered three Children Centres Workshops (one in each target borough) and has delivered four information sessions to other centres.
- The project has also organized or been involved in three community events: International Women's Day, Zero Tolerance Against FGM, and the East Ham Community Learning Event
- From May 2011, the project worker has started to facilitate informal coffee mornings for clients. The sessions allow regular meet-ups for clients/workshop participants to share their FGM-related experiences
- The project worker has also started an 'FGM Stories' project, and is in the process of collating pieces of writing from clients chronicling their individual journeys with FGM
- In June 2011, BWHFS established a link with Plashnet Girls' School in Newham. Parents at the school have proactively requested that the project works with mothers and daughters at the school, in a series of monthly learning events over the course of a year. They want to tackle some of the communication gaps that exist between generations.

#### **5.4.2 Successes and Challenges**

There have been many positive outcomes, along with several challenges:

- The vast majority of women are opposed to FGM and seem to have more confidence to speak out after the sessions. Many young women who were initially wary to speak out now have the confidence to do so, even to older members of the community
- Feedback on the 'gossip board' has also been very much against FGM

- Workshops are making a difference in terms of providing a safe space for communication, exchanges of opinion and challenging preconceptions
- In terms of capacity building, the project worker is now comprehensively trained in FGM and related issues and the volunteers are being trained to help deliver events and workshops. Events have also helped to inform staff at Children's Centres
- The biggest challenge the project worker has faced this year has been not being able to access schools to deliver workshops. BWHFS adapted their work plan to work with Children's Centres instead. This change has been very positive and the project worker has built good relationships with Children's Centres in all three target boroughs
- Another smaller challenge has been the fact that there is only one project worker. However, BWHFS has now recruited and trained six trainees, four of whom volunteer two or three hours per week to assist with workshop delivery and outreach. As result of this, the project is now progressing rapidly.

## **5.5 BOLTON SOLIDARITY COMMUNITY ASSOCIATION**

### **5.5.1 Project Achievements**

The Bolton project has accelerated during the last year in terms of the number of people reached, and the number of workshops held. Key achievements include:

- One hundred leaflets have been printed and distributed to GPs, Refugee Action Offices, the Asylum Team offices, Bolton Council, and others. Ninety information packs have also been distributed
- BSCA has hosted a variety of workshops about FGM: two with men (8-10 attendees), four with women (15-18 women attendees), one with five health service providers, and finally three workshops with young women (9-12 people attending). Topics covered were religious aspects of FGM, cultural aspects of FGM, health complications, and the law
- The FGM project worker holds drop-in sessions three times a week for anyone wanting information or advice about FGM. She has seen six men and 45 women. She has also provided telephone advice to four callers, all of whom were women
- The Steering Group continues to support the project, with the PCT, Refugee Action and the Asylum Team meeting with BSCA four times in the last year
- BSCA are also working with Bolton Council, and are in discussions with the PCT about ways in which health workers could become more aware of FGM, and how to support patients who have undergone FGM

## 5.5.2 Successes and Challenges

BSCA has experienced a mixture of successes and challenges over the last year:

- Of the twelve girls attending a workshop, five had spoken to a friend about FGM in the past month, indicating that almost half of them felt confident to talk to their friends about FGM
- All women who attended the workshops were opposed to 'pharaonic' FGM<sup>1</sup>. Most of them remember the pain and implications when giving birth. They therefore do not want their daughters to go through this experience
- However, the majority were in support of so-called 'sunnah' (seen to be a less severe form). This has proved to be the biggest challenge; people believe that it is a religious obligation. The project may benefit from engaging with religious leaders or other expert speakers to tackle this misconception
- The project worker would like to develop her professional skills (e.g. counselling skills) and aims to recruit more volunteers to help deliver the project, which could help to expand the project's reach considerably
- BSCA has been approached for advice by women making asylum claims on the basis of FGM. Projects need to be cautious about giving anything other than general information

## 5.6 BRITISH SOMALI COMMUNITY

### 5.6.1 Project Achievements

BSC continues to work closely with both their local community and service providers to raise awareness about FGM and strengthen coordination in the borough of Camden:

- The project has held three workshops with young people, and two with Somali women
- Another workshop was run by an Islamic scholar. It was attended by BSC members, community leaders, parents, young children, members of the Grandparents' Association, and the Camden Sexual Health Commissioner. There were over 40 attendees
- The project worker now has a number of strategies for encouraging attendance at workshops, having experienced some difficulties in attracting young people in the past
- BSC have used simple evaluation surveys with three or four questions to test participants' attitudes and knowledge after each event
- Volunteers support the project worker during sessions

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<sup>1</sup> This refers to the most severe forms of FGM (infibulation).

- Partnership working is an important part of BSC's work. They have collaborated with Camden PCT's Sexual Health and HIV project and Camden Voluntary Action, and the FGM Forum established by Manor Gardens. They are working to link with religious leaders
- Over forty toolkits have been printed, and have been shared with several other community groups. Leaflets have also been disseminated
- Steering Group members provide the project worker with useful contacts and information, and help to set the agenda for workshops

### **5.6.2 Successes and Challenges**

- In this community, everyone that the project has worked with has said that they are strongly against FGM and do not intend to circumcise their daughters. Results from mini-surveys at the end of workshops echo this
- Although some people (especially the young) report feeling confident to reject FGM, mothers who were born in Somali and emigrated to the UK do not have high levels of confidence to speak out to reject FGM. The project will therefore focus efforts on them
- Most members of the young women's group are not personally affected by FGM. However, these participants are nevertheless confident to voice their opinions on FGM
- Fewer young people believe that FGM is religiously or culturally prescribed; however, many parents believe that FGM has deep religious-cultural roots
- Attendance at workshops and seminars has improved and discussions at workshops are broadening

However there are still challenges:

- A wider debate is needed around the issue of 'sunnah' (less severe forms of FGM). Attendees at the Religion and FGM event were looking for clarity on this issue
- It was difficult at first to identify appropriate religious leaders to work with
- Most other London-based projects have encountered more support for FGM in their community-based work, yet BSC reports unanimous opposition to the practice among participants. In response to this challenge, BSC plans to extend their reach to other affected communities (Sudanese and Eritrean) and to conduct a community survey to identify any gaps in their project's reach

## **5.7 FORWARD**

### **5.7.1 Project Achievements**

FORWARD's youth oriented project continues to make good progress, with activities supporting youth-led advocacy groups in London, Bristol, Middlesbrough and Rochdale. These include:

- Several public awareness events, led both by FORWARD and other organisations. One was for the Zero Tolerance of FGM Day, another for International Women's Day
- A Youth Forum bringing together members from across the UK
- Training on FGM and campaign strategies, and on the World Café technique and mentoring
- FGM presentations in schools
- Workshops and planning sessions for an Intergenerational Dialogue event
- Skills building sessions for drama production
- An increase number of training of trainers events for partners
- Two notable events were organised in London by an intern. The first, 'Woman; whose Canvas?' was a digital art and photography exhibition. The second was a Youth Advocacy Café, an event to bring together advocates from human rights and women's organisations to share campaign strategies and discover new opportunities for action
- FORWARD has invited Special Initiatives colleagues to participate in their London Community Advisory Group
- Developing stronger relationships across the Youth programme in the form of joint projects and participating in each other's events and activities
- FORWARD were engaged to support a Birmingham Youth Conference and Summer Campaign on FGM with a group of young women recruited through BSWA
- Data on levels of awareness of FGM was generated by the Rochdale group, using an Awareness Questionnaire
- FORWARD's *Young People Speak Out* online presence on facebook continues to grow

### **5.7.2 Successes and Challenges**

- FORWARD's strategy of building capacity through internships has produced yet another skilled and confident 'graduate' in London
- In London there is a high level of knowledge on FGM as a result of sessions (in quizzes conducted among participants, respondents responded correctly to 90% of questions about FGM and gender based violence)



- Members' confidence has increased, and group dynamics and interpersonal relationships have strengthened and developed, leading to an increase in the group's size as well as increased participation in fortnightly sessions and events
- Workshops and related activities such as music, songs or acting, revealed that young people are more confident to express their emotions and start campaigning against FGM
- However, in Middlesbrough, awareness of FGM and related issues is quite low, though knowledge and confidence is improving. All of the young women and men participating reject the practice as unacceptable
- In Bristol, levels of awareness in the group have significantly increased. At the start, the young people were not aware of FGM, its impact and who was involved. Now they are informed and more confident to discuss FGM. However, they are not comfortable with the portrayal of FGM in the media. They feel that their culture and religious identity is under attack, which leads to them feeling stigmatised and ashamed of their culture
- The Annual Youth Forum Event proved a success in reducing the stigma and isolation young people felt about discussing FGM. By creating a sense of belonging to a wider movement of youth advocates, their confidence to reject the practice and campaign more publicly has increased
- Funding challenges have affected some partners
- All partners experienced the challenge of maintaining a sustained focus on FGM in the young people's groups and have developed a range of ways to creatively responding to this challenge
- The departure of Jenny Comery Youth Programme Coordinator on six month leave of absence until January 2012 is a potential challenge to the National Youth Advocacy Programme, as well as offering an opportunity for other members of the team to develop their roles
- The wider political environment has changed considerably with respect to the decision to cease the FGM Coordinator post after the end of March 2011, and the dissemination of multi-agency guidelines on FGM without significant training or promotion to key professionals and their managers

## **5.8 GRANBY SOMALI WOMEN'S GROUP**

### **5.8.1 Project Achievements**

The project in Granby has made considerable progress in the last year, which they summarise as follows:

- From July 2010, the project has hosted monthly group sessions on health for older women, with on average 20 women attending each time



- The project worker also meets women one on one basis. These monthly sessions have proven popular, with around 15 women attending per month during 2011
- The project has joined forces with another project at the GSWG, the Somali Heritage Project, to work with young women in monthly sessions. The girls have developed a leaflet and poster for the FGM project
- The project worker has attended a range of meetings and open days held in Liverpool connected to health and FGM (on average one a month). At these meetings she has promoted the FGM project and its messages
- The project worker has recruited 10 volunteers who support the logistics of project activities
- An Annual FGM event was held in January 2011. Many members of the community attended along with the local Councillor. Organisations including the Red Cross, Merseyside Police, John Moores University, Liverpool CVS, Liverpool City Council, community organisations and the Social Inclusion Team attended

### **5.8.2 Successes and Challenges**

- Women's understanding of FGM has increased through the group sessions, along with their confidence to give their opinion. However, some of the views expressed in sessions are deeply connected to culture and traditions. Some women believe that giving them up will lead to a loss of culture
- The project worker has successfully supported local women to overcome barriers in accessing health services related to FGM
- So far, the project has not been able to identify anybody who is willing to speak out in public against FGM. However, through creating a leaflet in the young women's group, their voice is being channelled
- Volunteers are not yet helping to lead or deliver groups sessions or workshops. The project could consider providing further training to them, to scale up the project's reach
- Many of the women attending GSWG do not speak English, thus delivering talks in English is not appropriate. However it has been difficult for the project to find a Somali speaking health professional
- The project also feels challenged in its ability to engage productively with local health services. Following the departure of a specialist midwife from the local hospital, they do not feel that they have strong links with local health services
- Many other local community organisations have had their funding cut, so GSWG is experiencing a higher caseload, which can put pressure on the project worker

## **5.9 MANOR GARDENS CENTRE**

### **5.9.1 Project Achievements**

- This project now works with 12 community advocates to deliver workshops and help organise events
- 124 people have attended the seven Child Protection and Women's Health workshops held so far
- 137 have attended the eight Safeguarding Children workshops delivered so far to professionals
- Advocates have held one to one support sessions with five different women, providing information and referrals (e.g. for gynaecology services, language classes and support for self-esteem and depression)
- The project set up a London-wide forum to discuss FGM in its early days. This has now developed to include a Religious Leaders' Working Group (RLWG)
- The project has also worked with women who do not hold formal positions within mosques, but who are nevertheless considered to be scholars on the Qur'an
- The Faith Against FGM conference proved extremely successful despite tremendous difficulties in convincing religious leaders to come forward and speak out against FGM. 75 people attended the conference and clips from the event on YouTube have been viewed nearly 400 times in a month.

### **5.9.2 Successes and Challenges**

- The level of participation varies hugely in different groups. The longer established groups, where trust has been built, have a higher degree of participation. Discussions within groups are having a positive effect, with some participants changing their views on FGM as a result
- Common issues arising in workshops are: the issue of religion and why leaders do not speak out; whether all types of FGM harmful; the views of men; health related queries; and child protection
- A poll found that the vast majority of attendees already disagree with FGM
- Another survey done with three Somali and six Kurdish respondents at a workshop revealed differences in opinion between people from different ethnic backgrounds, highlighting the need to tailor workshops and messages to each audience
- A short evaluation carried out after a workshop in a school found that young participants felt it had led to higher levels of knowledge about: UK law, health impacts of FGM, and which organisation to contact should they know of a child at risk of FGM

- There has been considerable progress in terms of training social workers, teachers, volunteers, and other professionals
- New advocates trained report heightened understanding of identifying children at risk, and human rights issues related to FGM
- The FGM Forum is now the largest non-statutory sector forum on FGM in London and has over 40 member organisations both from the voluntary and statutory sector
- The Forum has increased day-to-day collaboration between partners, with knowledge as well as resources shared across the partnership. Feedback has been consistently positive and membership continues to grow
- A key issue that has come out of workshops with professionals (social workers, teachers, health professionals) is a need for more training around informed questioning, without causing offence or concern about children being taken by social services
- The Faith Against FGM conference revealed that the belief that FGM is a religious obligation is very widespread: 55% of participants polled stated that their views were changed significantly as a result of the conference, with 86% saying they now felt more confident in speaking to communities about FGM. One of the Christian pastors in the panel revealed that he was also under the impression that FGM was an Islamic teaching. Comments from the evaluation suggested that more work is required in this field.
- Child Protection has been a challenging area: many people have been suspicious about the potential involvement of the State, or fearful of children being taken away

## **5.10 OCEAN SOMALI COMMUNITY ASSOCIATION**

### **5.10.1 Project Achievements**

The OSCA project has gained momentum and overcome some of its earlier challenges, one of which was recruiting volunteers:

- They now have 15 volunteers: 10 younger Somali women (aged 30-45), one young Italian-Somali woman, and four religious leaders
- The project has held four sessions with the religious leaders. This led to the religious leaders helping with the women's workshops, and one of them spoke at the Faith Against FGM conference on the 2<sup>nd</sup> July 2011. Importantly they are also speaking to their communities about FGM
- A drama script on FGM has been developed which the project worker hopes to transform into a performance

- Seven workshops and discussion groups have been held; there are ten regular participants (the volunteers) and another five who are either new attendees or do not attend regularly
- One event for older women (45+ years) has been held, and around thirty women participated
- A community information day was held in September 2010, which was attended by over fifty people. There were guest speakers followed by lively debate
- OSCA set up a stall in 'Somali week' to promote their organisation's work and provide information on FGM
- There has also been work in one primary school: six mothers attended a meeting
- In total, so far the project has reached over 150 people

### **5.10.2 Successes and Challenges**

The project worker has noted the following successes:

- *'After seven workshops with younger women (30-45) we feel that their understanding on FGM is growing: we have now 12 women who regularly come together to discuss the project as whole. All the women we recruited for the workshops speak now on FGM: all 12 have spoken out in different workshops and in their own group working on the drama development.'*
- People now call the project worker when they hear that a workshop about FGM is taking place, requesting to attend. She sees this as a great achievement as it shows that the word about the project is getting out, and that there is interest in the community.

Challenges reflect those experienced by many projects:

- The project worker is starting to feel that the project is benefiting older women more than young people
- There is a risk that fears (such as children being taken away) discourage people from talking honestly about FGM or seeking support/advice
- Gaining clarity among the religious leaders about the position of FGM in Islam has been a challenge. Although the religious leaders are happy to state that FGM is not a religious obligation in Islam, there has been some confusion amongst workshop participants who want to know which type of FGM is acceptable under Islam
- There has also been some confusion on the law and FGM among event participants: the project worker thinks that a policewoman speaking at events would be helpful

- The project worker has some ambitions that she has not been able to fulfil because of budgetary constraints

## **5.11 SOMALI DEVELOPMENT SERVICES**

### **5.11.1 Project Achievements**

- The project at SDS has now delivered ten awareness raising workshops. Topics have included STIs, the effects of FGM on women and where to get support, what men can do to protect their daughters, the UK law on FGM, and Q&A on health issues
- The workshops have also provided an opportunity for the project worker to give consultations and one-to-one support for women
- Thirteen informal discussions have been held with women about FGM. These discussions have also been held with the clients who come for drop-in sessions
- The project worker is linking up with a number of organizations in the area through regular meetings and forums. Many of them are willing to campaign against FGM, including the Senior Midwife, the Safeguarding Domestic Violence Forum and Leicestershire Children and Young People Forum among others
- There are now seven active volunteers in the project, doing outreach work, promoting the project, and raising awareness in the community
- The project has also been contributing towards the organization of a conference with all partners of the project. The aim of the conference is awareness-raising and education
- The project worker has been working through the Safeguarding Committee, helping them identify educational establishments with a high prevalence of children from affected communities, so that school nurses in these schools can be provided with information
- The project worker has also given advice/consultation to 12 women with sexual problems, and referred them to the gynaecologist who led one of their workshops

### **5.11.2 Successes and Challenges**

Key successes and challenges faced by the project are as follows:

- Feedback from the community has been very positive: people feel their awareness has grown as a result of sessions and there is a strong anti-FGM feeling. However there are still some objections from people who feel that type one is acceptable
- Three-quarters of workshop participants also reported that their confidence had increased as a result of the workshop

- A challenge to the effectiveness of the project may be that participants noted that until there are also changes 'back home', the practice will not stop.
- Many men have been confident to speak out about FGM during workshops, and have said that they fully support the campaign to stop FGM.
- The project may want to consider how their volunteers can be given a more structured role in the project such that its reach can be widened
- The project worker reports a need for more accessible information on FGM. She does not have short, simple materials on FGM to hand, such as referral guidelines
- The project worker also believes that the Special Initiative should support the promotion of a phone line for people to ring about FGM. Without an initiative such as this, she believes it will be difficult to take the Special Initiative to scale

## **5.12 SOUTHALL COMMUNITY ALLIANCE**

### **5.12.1 Project Achievements**

Highlights of SCA's activities include:

- Two staff members have now completed relevant training and are able to deliver the FGM project
- Eight workshops with parents and faith leaders, and thirteen workshops with men and women. Five workshops with CBOs and voluntary organisations in Southall, Ealing and Acton. About ten people attended each, most of whom were women. The project also delivered a talk on their work and FGM at a Safeguarding Children workshop
- 1000 copies of promotional materials have been produced and disseminated to raise awareness about the project
- Four young people have been certified to deliver media-based activities, and five people will be delivering radio shows
- Seventeen outreach volunteers have been trained, who between them have so far delivered ten outreach sessions. Four of these volunteers are very active and have been CRB checked
- A steering group for the project has been established, and four meetings have been held. Members come from Ealing Council, Acton Community Forum, and the African Well Women Centre
- A social networking site was established in March 2011, which so far has 29 followers
- Fourteen outreach sessions with CBOs and schools have been held. Organisations visited include: Acton High School, The Goya centre and Dormers Well School

- In addition, a conference/workshop was delivered for professionals in Ealing borough, with 35 to 40 participants
- The project team is meeting with a number of organizations/partnerships including the London FGM Forum, South Acton Network, PVE meeting, Community Forum, Africa Well Woman Clinic Steering group, Ealing Children and Young Peoples forum and Southall Black Sisters among others
- SCA has also been working with Ealing CVS who are responsible for updating and revising the Safeguarding Handbook. Extra material about FGM has been included in the new edition as well as contact numbers for further advice and referral. As a result of this involvement, SCA has been invited to represent the VCS on the Faith & Diversity Sub-group of the Ealing Safeguarding Board

### **5.12.2 Successes and Challenges**

- SCA are finding that issues around religion are the greatest challenge. Levels of awareness around type 1 appear to be low, as a lot of people still believe it is acceptable
- Participants now seem to be willing to show their views on FGM, with women (in their late 20s and 30s) more so than men. Most are against the practice but find it hard to talk out about such a sensitive subject.
- People have been willing to share their own stories and feelings with the project team and are speaking out against FGM
- More than 20 women have joined in discussions on the radio show and shared their experience about the FGM with the wider audience.
- Young Women aged 16-25 are the most active participants of the FGM Facebook project. These younger generations are the most likely to show positive attitudes towards challenging the practice of FGM
- The SCA project has taken the training of its project volunteers seriously. After training, volunteers' knowledge and confidence has increased
- One challenge was the delay in delivering the radio broadcasting element of the project; however this has now been overcome
- SCA have conducted a short survey to test knowledge and attitudes around FGM with 120 workshop participants/community members. They have obtained some interesting information and Options UK will work with them to validate and summarise the findings into a brief publication which will be shared by the next learning event

## **5.13 SOUTH SUDAN WOMEN'S SKILLS DEVELOPMENT (FORMERLY SUDANESE WOMEN'S ASSOCIATION)**

### **5.13.1 Project Achievements**

This project was funded for 18 months from October 2009 to March 2011. Key achievements, reported in the project's Close Out Report, include:

- Production of an informative leaflet with facts about FGM
- Design of a survey to establish baseline information on knowledge and attitudes on FGM
- Delivery of workshops to raise awareness and knowledge, with a particular focus on health. These were workshops on: legal awareness and the origins of FGM; as well as workshops delivered by a midwife, psychotherapist and psychologist. There was also a focus group discussion with men, a 'get together' to raise levels of awareness about FGM (with 34 attendants) and a Community Event to discuss issues related to FGM (with 65 participants)

### **5.13.2 Successes and Challenges**

- The participants acknowledged that the meetings were very helpful. Participants increased their knowledge on FGM related issues
- One of the outcomes of the project is a deeper awareness among project workers of what would be required to tackle FGM in the longer term. The project manager was able to reflect on their learning over the course of the project, and come up with many recommendations for future work
- The project team kept detailed notes of quotations from workshop participants that gave an insight into attitudes and knowledge. This, combined with the mini-survey carried out with participants at the start and towards the end of the project, showed some positive changes
- The project team were willing to source expertise from outside their immediate group when necessary, and made good use of volunteers, interns and the M&E advice from Options UK

## **5.14 WOMEN'S HEALTH AND CULTURAL ORGANISATION**

### **5.14.1 Project Achievements**

WHCO's FGM team, consisting of a sessional worker and two volunteers, have delivered some important outputs this year:

- They have visited 21 organisations in Teeside to inform them of the objectives of WHCO and its FGM project. The aim is to strengthen co-operation between WHCO and stakeholders
- The team has delivered training sessions at organizations in the health and education sectors and in other statutory agencies sector. Fifteen staff have



been trained in three schools, and 73 staff have been trained in PCTs and other organizations during 21 training sessions

- A DVD – filmed by the project team and translate into several languages – has been produced and 95 copies have been made. It is also available on YouTube.
- Eighteen outreach sessions have been provided to families
- Families have been referred to WHCO from organizations such as Justice First, who also work with Refugees and Asylum Seekers
- An Awareness Raising event was held in April 2011, with 90 professionals and people from interested stakeholder groups attending

#### **5.14.2 Successes and Challenges**

Feedback from the outreach visits:

- Most men condemned the practice of FGM. Women’s feedback also suggested that they no longer embraced FGM as the norm
- The project has one example of a woman speaking out against FGM: a young woman who spoke at the Awareness Raising event about her own experiences
- Women’s confidence to speak about FGM in group sessions is increasing
- In April 2011 the project was still experiencing uncertainty over future funding for their sessional worker, who has currently stopped work due to lack of salary
- Options UK will work with WHCO to ensure that M&E reports contain more descriptive detail of their outcomes in future
- WHCO is finding it difficult to make contact with health organisations and Local Authorities, who do not respond to letters offering to make presentations to them on FGM
- WHCO is also challenged by the large number of languages spoken by their clients, and the fact that they lack a private space in which they can offer one to one support to clients

**ANNEX C: Table 1. Summary of Activities by Group during period covered by mid-term report (n = number of participants; cells marked '-' mean data not available)**

Group	Volunteers	Relig leader s	Events	Referra ls	One to one support	Awareness workshops	Material s	Groups	Networks	Training
<b>AAF</b>	9 trained volunteers plus 10 young 'community champions'	Working with 4	Annual family event (incl. 85 young people)	3	12	5, n=20 at each	5000 leaflets	Monthly Sister Circles	Health, women's, student and faith groups	0
<b>BSWA</b>	No formal volunteers; 15 peer researchers; 2 women advocates	0	Launch of Peer Research (n=70)	-	80 (through Well Women Clinic)	0	0	Youth group (n=5); 4 monthly women's groups (n=3-15 in each group)	B'ham Against FGM Group; multi-agency working	Delivered 3 sessions to professionals (n=7-20 per session); course on leadership for women
<b>BAWSO</b>	10 formally trained advocates	1	Strategic planning day (with Welsh Assembly & FGM Forum members)	6	8	See 'groups'	1000 fliers; 500 awareness raising packs	4 awareness raising groups (10 meetings, n=19 each time); 1 youth group	FGM forum (10 member groups)	Partnership training on honour based violence
<b>BWHFS</b>	4-6 volunteers trained by project worker to deliver workshops	0	Delivered FGM info at 3 community events	-	11	12 (n=77 in total). 3 in Childrens' Centres & 4 to other centres.	500 handbooks & 500 leaflets	Informal coffee mornings	Links with other London Groups	Project worker received training

Group	Volunteers	Relig leader s	Events	Referra ls	One to one support	Awareness workshops	Material s	Groups	Networks	Training
<b>BSCA</b>	0	0	0	0	4 callers seeking asylum advice; drop in service for info/advice (45 women & 6 men)	10 (4 with women, 2 with men, 1 with health professionals, 3 with young women. N=9-18 in each)	100 leaflets, 90 info packs	0	Steering group (PCT, Refugee Action, Asylum Team)	0
<b>BSC</b>	6 helping deliver/organise workshops/events (no formal training)	1	Anniversary event (leading to press coverage about FGM),	2	0	3 with young people (n=10-15), 2 with older women, 1 run by Islamic scholar (n=32)	40 toolkits, leaflets	0	PCT, Camden Voluntary Action, FGM Forum, other African groups	0
<b>FORWARD</b>	1 intern (delivering many project activities)	0	Youth Forum, Int. Women's Day, Zero Tolerance of FGM, Art/photo exhibition, Youth Advocacy Café	0	0	2 presentations in schools, numerous workshops preparing for events/rehearsals	-	Youth advocacy groups in 4 cities; group discussions with young men; youth and facilitator meetings	Partner organisations in all project sites; London Community Advisory Group	Provided training on campaign strategies, Training of Trainers, World Café, supporting BSWA with training/conference

Group	Volunteers	Relig leader s	Events	Referra ls	One to one support	Awareness workshops	Material s	Groups	Networks	Training
<b>GSWG</b>	10 helping with project logistics (no formal training)	0	Annual FGM Event. Participated in several events/meetings: Mental Health Team, PCT engagement, Health Awareness days	-	Monthly drop in sessions (n=15 per month) & accompanying women to health services	See 'groups'	-	Monthly group sessions on health with women (n=20); monthly sessions with young women (n=16) linked with Somali Heritage Project	2 link workers from PCT, see also 'events'	0
<b>MG</b>	12 trained community advocates	Religio us Leaders Working Group; working with women influential in mosques	Faith Against FGM Conference	0	5 sessions held	7 on Child Protection & Women's Health (n=124); 8 on Safeguarding Children (n=137)	-	0	Established FGM forum (42 organisation s, n=25 each time)	Training to Community Advocates

Group	Volunteers	Religious leaders	Events	Referrals	One to one support	Awareness workshops	Materials	Groups	Networks	Training
<b>OSCA</b>	15 taking part in project (11 younger women, 4 religious leaders)	4	Event for older women (n=30); Community Information Day (50+ participants); Stall at 'Somali Week'	0	-	7 (10 regular participants) developing a drama; talk in primary school with 6 mothers	-	See 'workshops'	Links with other London Groups	0
<b>SDS</b>	7 promoting project (no formal training)	0	Participated in organising conference	0	Yes (Number not known) plus 13 informal discussions	10 (including 2 for men)	-	0	Links/meetings with many voluntary and health sector partners	0
<b>SCA</b>	17 trained outreach volunteers	0	Conference/workshops for professionals in Ealing (n=35-40)	0	0	8 (for parents and faith leaders); 13 (for women and men); 5 (with CBOs and voluntary organisations); 14 outreach sessions with CBOs and schools	1000 promotional materials	0	Steering group (Well Women Centre, Acton Community Forum, Ealing Council); links with voluntary sector and Safeguarding groups	4 young people certified to deliver media based activities; 2 staff members trained to deliver project

Group	Volunteers	Relig leader s	Events	Referra ls	One to one support	Awareness workshops	Material s	Groups	Networks	Training
SSWSD	2 supporting project admin	0	Awareness Raising and Community Events (n=34 and 65 respectively)	0	0	4 workshops (health, law, psychology, origins of FGM)	0	Group discussion with men	Contact made with many organisations (other London groups, schools, statutory agencies)	0
WHCO	2	0	Awareness Raising Event (mostly professionals, n=90)	Yes (number not known)	18 outreach sessions with families	0	95 educational DVDs produced and distributed	3 women's sessions (n=10-15 each time)	See 'training'	Visited 21 organisations (PCTs, CBOs, refugee/asylum groups); 15 staff in schools and 73 staff in PCTs trained

## **7. ANNEX C: SUMMARY OF PEER RESEARCH**

Qualitative peer research was used by projects funded as part of the initiative to gather insights into attitudes and behaviours relating to FGM. Members of the community were trained to conduct conversational interviews with others in their social network. In total, seventy peer researchers conducted interviews with one to three friends each, with 130 respondents in total. A large range of age groups and ethnic backgrounds was represented, as well as both men and women.

### **KEY FINDINGS**

- **FGM is not openly discussed even within practicing communities.** People are therefore limited in the degree to which they can accurately describe what others in their social network think and do regarding the practice. Respondents held widely differing and often contradictory views about the current prevalence of FGM, and levels of support for the practice. However, across the UK, many respondents reported that there is still strong pressure to circumcise daughters, and that at least some people still support and/or practice FGM.
- **Girls may be circumcised against their parents' will, typically at the wish of their grandmothers.** Stories were reported of girls being sent 'back home' to be circumcised, often following significant pressure from family and/or the wider community. Several respondents (both parents and young women fearing for themselves) were so concerned about pressure to circumcise that they avoided going 'back home'.
- **The age at which young women were vulnerable to circumcision was not just in the pre-teen period, but also in the late teens or as high as 21 years.**
- **Type 4 FGM (which includes pricking, piercing or incision) is more widely accepted in the UK than other forms of FGM.** This form(s) of circumcision is referred to as 'sunnah', and is said to comprise of a 'little cut' or prick (though it may include drawing blood and removing part of the clitoris). Some people are strongly opposed to more severe forms of FGM, but still want to practice 'sunnah' and do not see it as a form of FGM.
- **There was wide variation in attitudes to FGM by age, location, ethnicity, education, and place of birth.** With some important exceptions, the majority of respondents voiced opposition to FGM, and believed that most in their community also opposed it, especially more severe forms.
- **Some respondents demanded that more needed to be done to stop FGM, through more rigorous enforcement of the law or greater efforts to educate people.**
- **Men's perspectives of FGM are mixed** - Almost all stories concerning men described them as supportive of their wife/partner if she suffered from

complications relating to FGM. There were several examples of fathers who did not want their daughters to be circumcised. In spite of regular reports of men's opposition to FGM, many women believe that the majority of men support it. Others reported that men feel FGM is 'women's business' and do not really get involved. Because FGM is not discussed openly between men and women, there is a gap between the views of many men, and what women think men think, a divide which it would be beneficial to bridge.

- **Across the country, respondents drew a distinction between the views of younger and older people on the issue of FGM.** Older generations were held responsible for ongoing support or promotion of FGM. In spite of almost universal reporting of young people being opposed to FGM, several projects have reported challenges in engaging with young people, and young people have lower levels of knowledge about the health implications of FGM. Older women are more confident and able to talk openly about FGM.
- **It is difficult to generalise about levels of awareness and perceptions of the UK law on FGM.** Some were certain that everyone knows FGM is illegal; others in the same community felt that many were not aware of the law. Some believed that the UK law deters people from practicing FGM; others said people find a way around it. Several people who were sympathetic towards FGM stated that the law is a challenge to a whole community and way of life. They saw it as unfair to parents who believe they are doing something positive for their child.

The following table divides prevailing arguments around FGM – highlighted through the peer research - into those which are 'for' and 'against' the practice. In reality, people occupy a range of positions, from ambivalence and not even thinking about the issue, to being a passionate supporter of or campaigner against FGM. People can be opposed to FGM, but simultaneously feel compelled to carry it out, or unable to resist pressure. Others recognise the cultural significance and historical value of FGM whilst opposing its continuation.



## Arguments heard for and against FGM from respondents in Peer Research

Area of Argument	Against FGM	For FGM
Tradition, culture, and religion	There is no rational, logical or scientific basis for FGM	Continuity and identity: FGM as an element of culture/tradition that links people to previous generations and to their country/region of origin. All women have it done – so why be the odd one out? It's the natural way of doing things, and shouldn't be questioned.
Health	Negative health consequences: <ul style="list-style-type: none"> <li>• lack of sexual pleasure</li> <li>• psychological effects</li> <li>• heavy bleeding</li> <li>• problems in childbirth</li> <li>• urinary infections</li> <li>• trauma</li> </ul>	Some argue that it is not harmful, or that it is necessary and beneficial to women's health.
Religion	It is not advocated in Islam; quite the contrary: harming the human body is against Islam. (note – FGM is not advocated by any religion)	Female circumcision is a religious obligation, or 'sunnah' (i.e. in the Islamic context, 'optional but credit-worthy'), particularly the less severe forms of FGM, often called 'sunnah'.
Law	Afraid of legal repercussions.	It is a longstanding practice which is greater/more important than any recent law, which represents an interference in culture and custom.
Human rights	It's against human rights (mentioned by few people).	No human rights arguments were put forward by respondents.
Pain	The pain and suffering of children undergoing FGM has a lasting legacy on health and relationship with parents.	Many cultures value the qualities of endurance and stoicism, and it is fairly common for societies to expect young people to undergo a painful procedure as part of a rite of passage. The suffering is not seen as abnormal or avoidable as all women go through it.
Womanhood	Important part of body taken away or damaged; feel less of a woman.	FGM central to social construction of womanhood: represents cleanliness and purity, it's part of what makes a woman. Gets rid of the 'dirty clitoris' or 'dirty body parts'. Ensures a good, honourable, virgin bride.
Sexuality	Leads to problems with sexual relationships, sexuality and in particular, women's relationship with their husband. Does nothing to stop pre-marital sex.	Control/protection of female sexuality: protecting women from rape, making her safe, and calming her desires.

Arguments for FGM are voiced in a different paradigm from the arguments against:

Values associated with pro-FGM arguments:

- Religion, tradition and cultural identity (expressions of collective identity)
- Respecting the views of the older generations
- Acceptance of a certain level of risk and pain (stoicism, endurance)
- Protection/control of female sexuality
- High levels of social pressure to conform

Values associated with anti-FGM arguments:

- Individual rights and freedom of choice
- Logical/rational decision making
- Avoiding risk/pain where possible
- Recognising women's right to sexual pleasure/relationships

Arguments for FGM are just as compelling and valid to supporters of FGM as the arguments against FGM are to those who oppose it. They cannot be dispelled with purely 'logical' counter-debate. Prevention projects need to develop compelling arguments that engage with the emotional and collective elements of support for FGM, such as finding alternative ways of affirming identity and creating 'womanhood'.

## **ISSUES ARISING FROM THE PEER RESEARCH & RECOMMENDATIONS**

1. 'Sunnah' form of FGM: The powerful idea that 'sunnah' is OK, as it does not pose the same health risks as the more severe forms, is a significant barrier to eliminating FGM, as it weakens many of the health-related arguments against FGM. The implications are:
  - Health-related arguments against FGM do not apply as strongly when arguing against the less severe forms of FGM: 'a little nick' or 'sunnah'.
  - Projects must become more adept at dealing with FGM as a child protection, gender and human rights issue, rather than simply a health issue (though there are still health risks associated with 'sunnah').
  - Projects need to be careful to avoid using the term 'sunnah' to refer to Type 4 FGM, as the meaning of the word implies religious credit, which sends out confusing messages.
2. Wider age range: The age range during which women and girls are at risk may be wider than previously thought. Projects should take note of these findings and respond appropriately in their community-based prevention strategies.
3. Strategies for rejecting FGM need to include supporting children and young people, as well as older community members, to be aware of the risks and to become more assertive.

4. Creating new opportunities to talk openly about FGM: The research has reinforced the principle that creating safe spaces to talk openly about FGM is the first step towards changing attitudes.
5. Developing compelling arguments against FGM: Projects must recognise that the pro-FGM case is persuasive – and that culturally compelling arguments against FGM need to be constructed.

## 8. ANNEX D: ABOUT THE FUNDERS AND EVALUATORS

### Esmée Fairbairn Foundation

[www.esmeefairbairn.org.uk](http://www.esmeefairbairn.org.uk)

Esmée Fairbairn Foundation funds the charitable activities of organisations that have the ideas and ability to achieve change for the better. Its primary interests are in the UK's cultural life, education and learning, the natural environment and enabling disadvantaged people to participate more fully in society.

Kings Place, 90 York Way, London N1 9AG

t: +44 (0)20 7812 3700

e: [info@esmeefairbairn.org.uk](mailto:info@esmeefairbairn.org.uk)

Registered Charity No. 200051

### Rosa

[www.rosauk.org](http://www.rosauk.org)

Rosa is the first UK wide fund for projects working with women and girls. Rosa's vision is of equality and social justice for women and girls and a society in which they:

- are safe and free from fear and violence;
- achieve economic justice;
- enjoy good health and wellbeing;
- have an equal voice.

Rosa will achieve this by championing women and girls, raising and distributing new funds and influencing change.

Ground Floor East, 33-41 Dallington Street,

London EC1V 0BB.

t: +44 (0)20 7324 3044

e: [info@rosauk.org](mailto:info@rosauk.org)

Registered Charity No. 1124856

### Trust for London

[www.trustforlondon.org.uk](http://www.trustforlondon.org.uk)

Trust for London is one of the largest independent charitable foundations in London, providing grants to the voluntary and community sector of over £6 million per annum. It aims to enable and empower Londoners to tackle poverty and inequality, and their root causes. Established in 1891, it was formerly known as City Parochial Foundation.

6 Middle Street, London EC1A 7PH

t: +44 (0)20 7606 6145

e: [info@trustforlondon.org.uk](mailto:info@trustforlondon.org.uk)

Registered Charity No. 205629

### Options UK

[www.options.co.uk/uk](http://www.options.co.uk/uk)

Options UK is the UK programme of Options Consultancy Services Ltd, a leading international provider of technical assistance, consultancy and management services in the health and social sectors.

Options UK was launched in early 2006 to provide technical expertise to service providers, policy makers and commissioners in the UK. Working with the NHS, Local Authorities and Third Sector organisations, the multidisciplinary Options UK team provides fresh, innovative and practical advice, support and solutions to providers and commissioners of health and social care services.

Contact: Eleanor Brown

20–23 Greville Street, London EC1N 8SS

t: +44 (0)20 7430 1900

e: [e.brown@options.co.uk](mailto:e.brown@options.co.uk)