Female Genital Mutilation/Cutting (FGM/C) Research Dissemination Forum

'Towards Programs Informed by Evidence"

Analysis and Documentation of FGM/C Referral System and Pathways: Main Findings, Best Practices and Recommendations

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UKaid from the British people

World Health Organization

unicef

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Outline

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Background

- Assessment was commissioned and guided by UNICEF as part of SFFGC Programme (UK Aid, UNFPA, WHO and other government and civil society partners)
- Strengthening **community structures and empowering** them to accept ***Saleema*** as a new norm (many communities publically declared abandonment)
- Support for **legal reforms** at national and state level (Enactment of anti-FGMC laws in two states during 2018; many states drafted laws). Encourage **community monitoring, protection** and **PDs**.
- **Accelerating** and help **sustaining** change and transformation requires better **understanding** and stronger engagement at community level.
- **Documenting** and **assessing** FGM/C reporting and referral systems and structures is essential for broader and stronger protection and the acceleration and sustainability of change towards full abandonment of all forms of FGM/C

Aims and Objectives

- **Aim:** To study and **document** FGM/C referral pathways and identify **best practices** and lessons learnt in reporting cases.

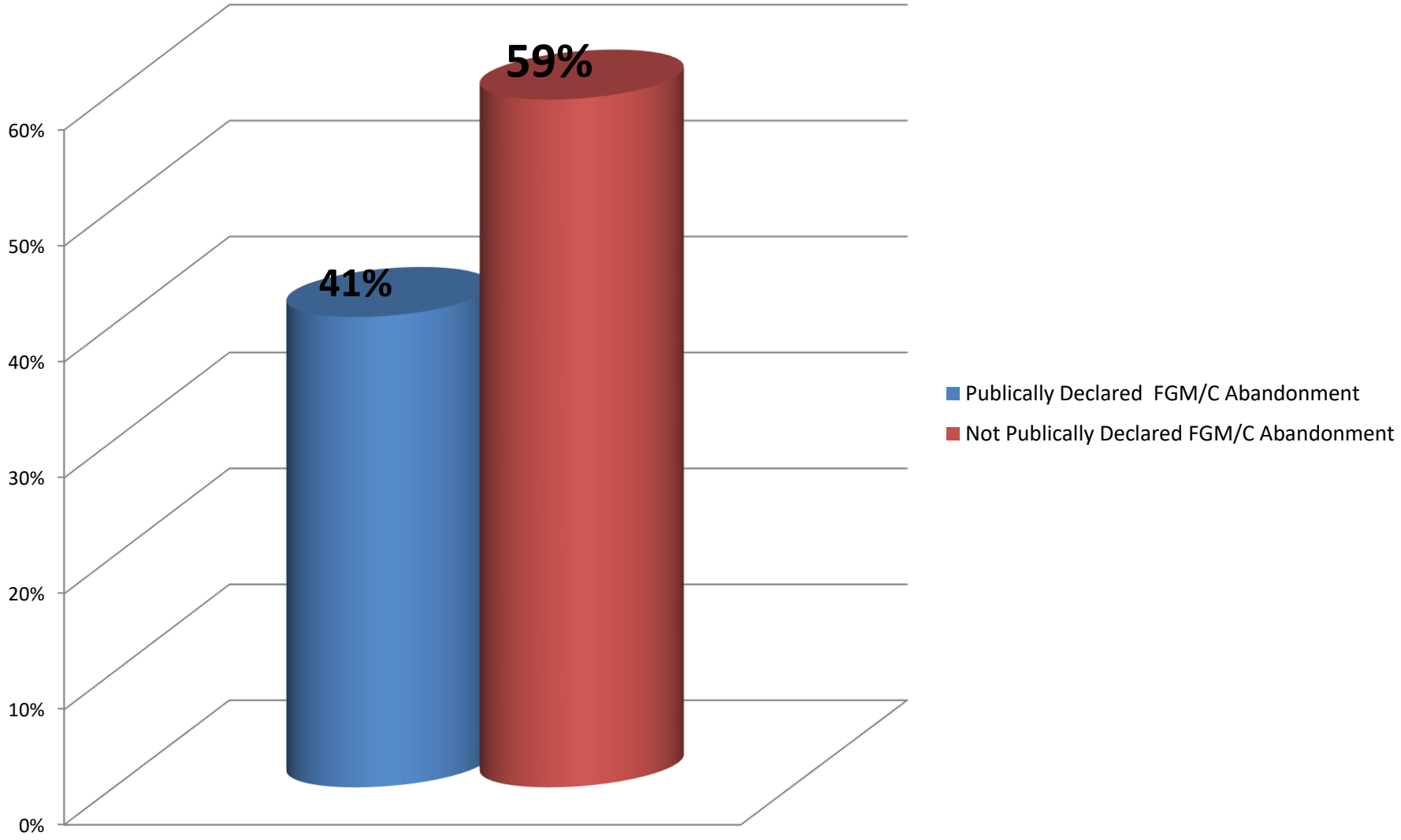
- **Objectives**:
  - To **document** the existing monitoring and reporting, and prevention mechanisms and structures
  - To find out **who** often reports/does not report cases of FGM/C, when, and **what steps** are taken in reporting
  - To find out whether **public declarations, legal ban** and ' **oath** prevent FGM/C
  - To assess the **most effective, reporting and referral pathways**

Methodology

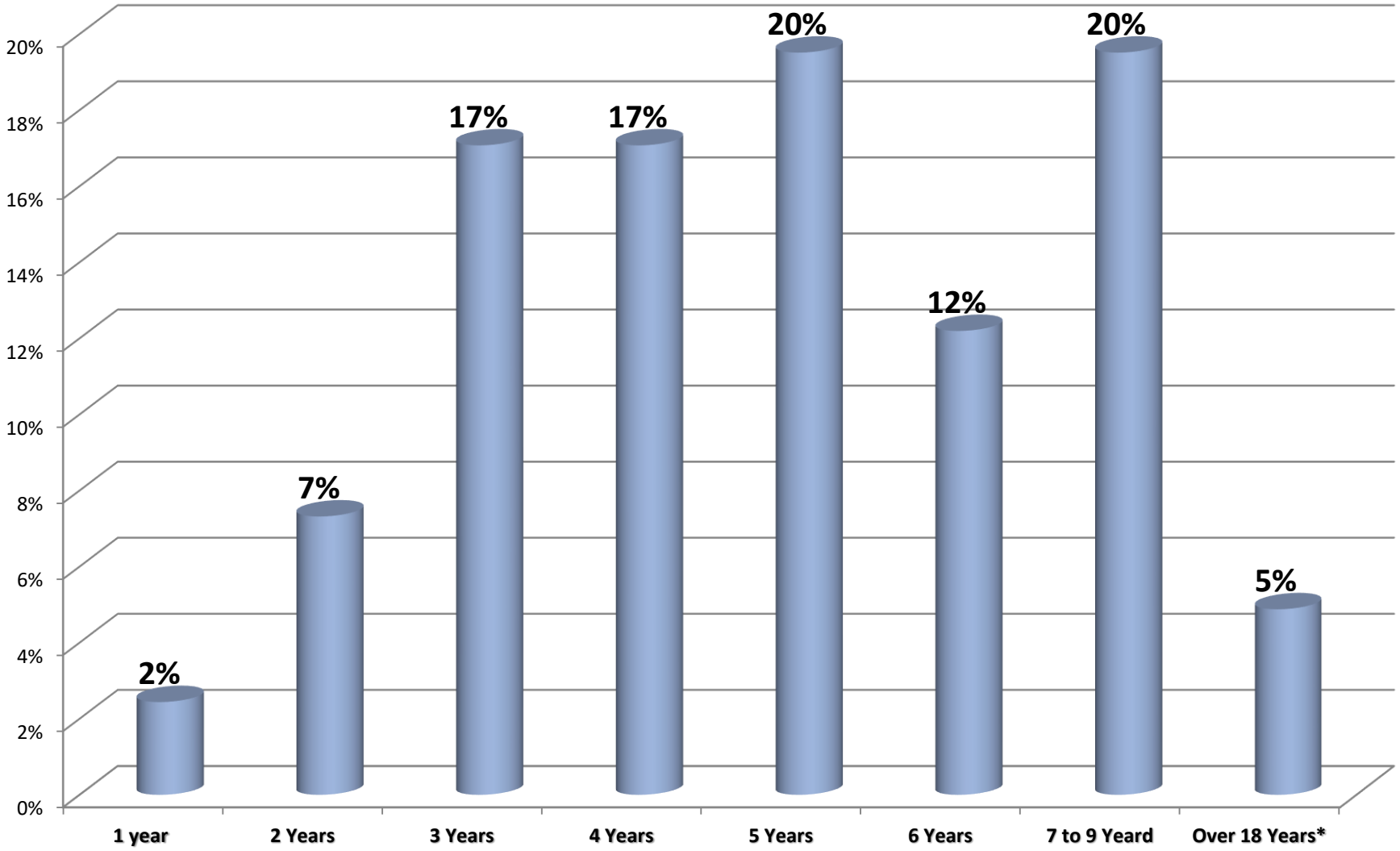
- Mixed qualitative and quantitative methods for data collection and analysis:
  - Desk review
  - In-depth interviews(IDIs)
  - Focused group discussion (FGDs)
  - Qualitative analysis of 32 reporting and referral cases from 9 states (Khartoum, North Kordufan, Gezira, Gadaref, Kassala, Northern State, Blue Nile, White Nile and North Darfur)
  - Sample considers States with and without legal ban and communities with and without PD.

Analysis of Reported Cases

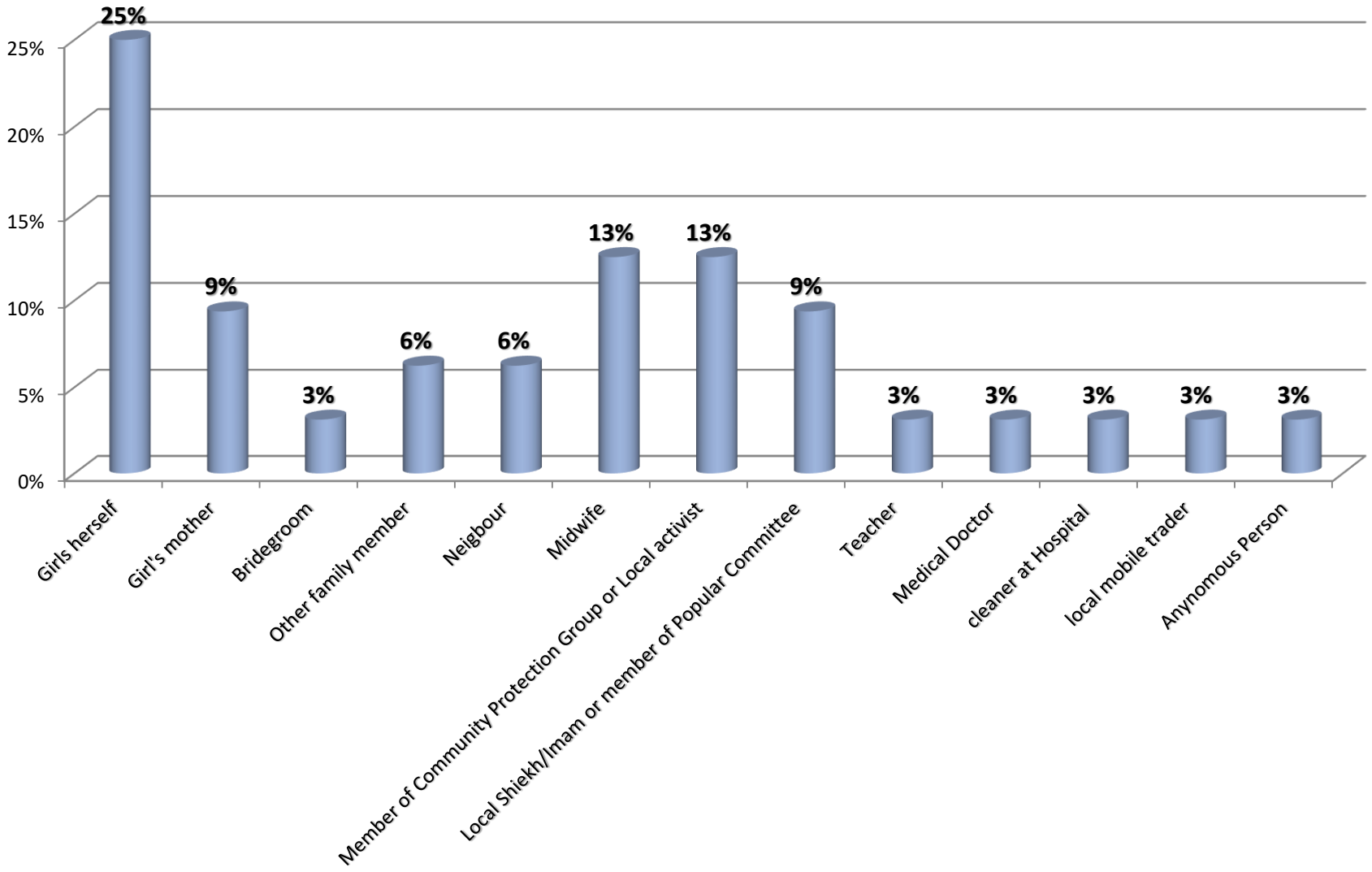
Public Declaration Status



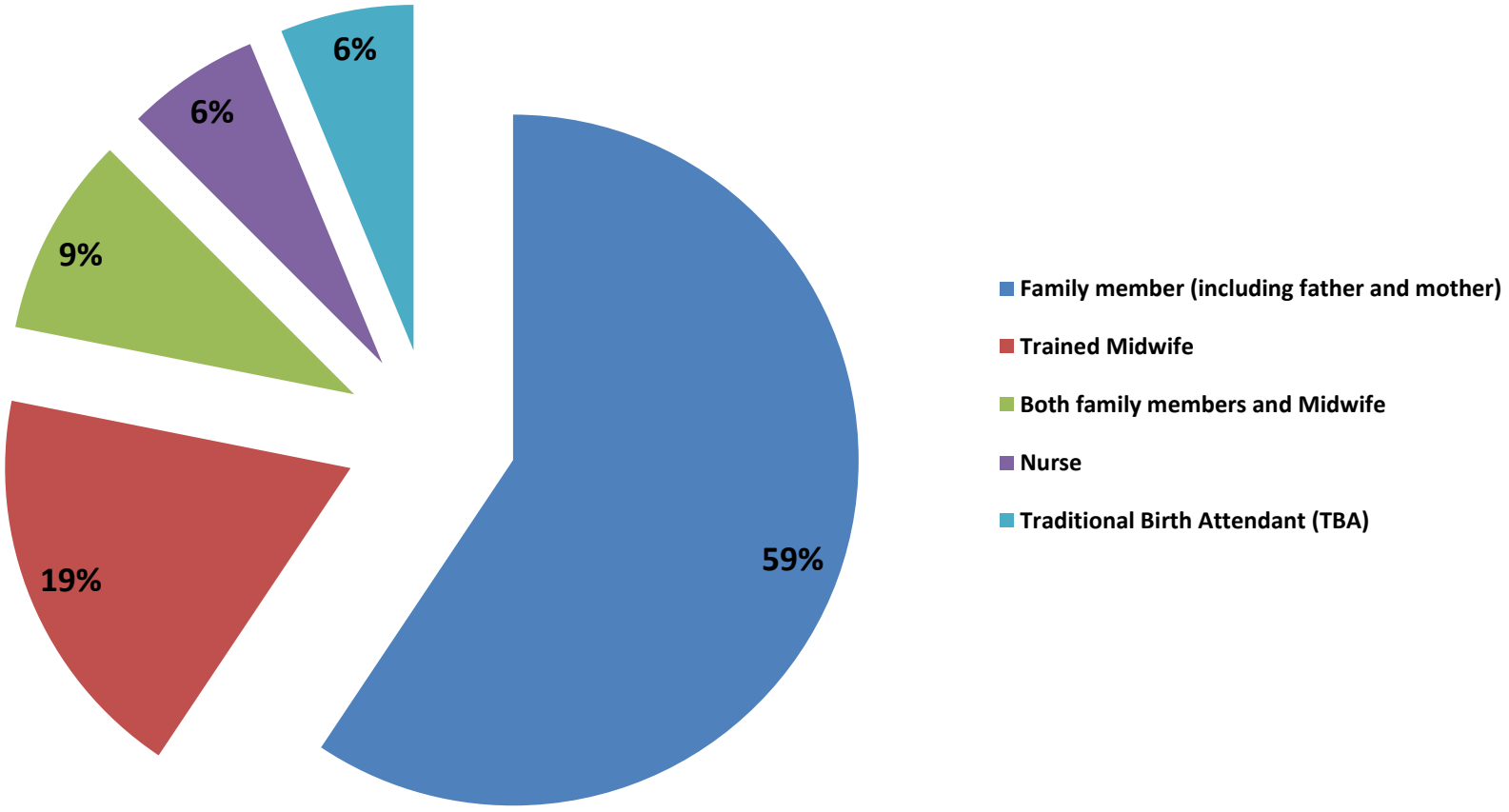
Girl's Age


20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
2%
7%
17%
17%
20%
12%
20%
5%
1 year
2 Years
3 Years
4 Years
5 Years
6 Years
7 to 9 Yeard
Over 18 Years*

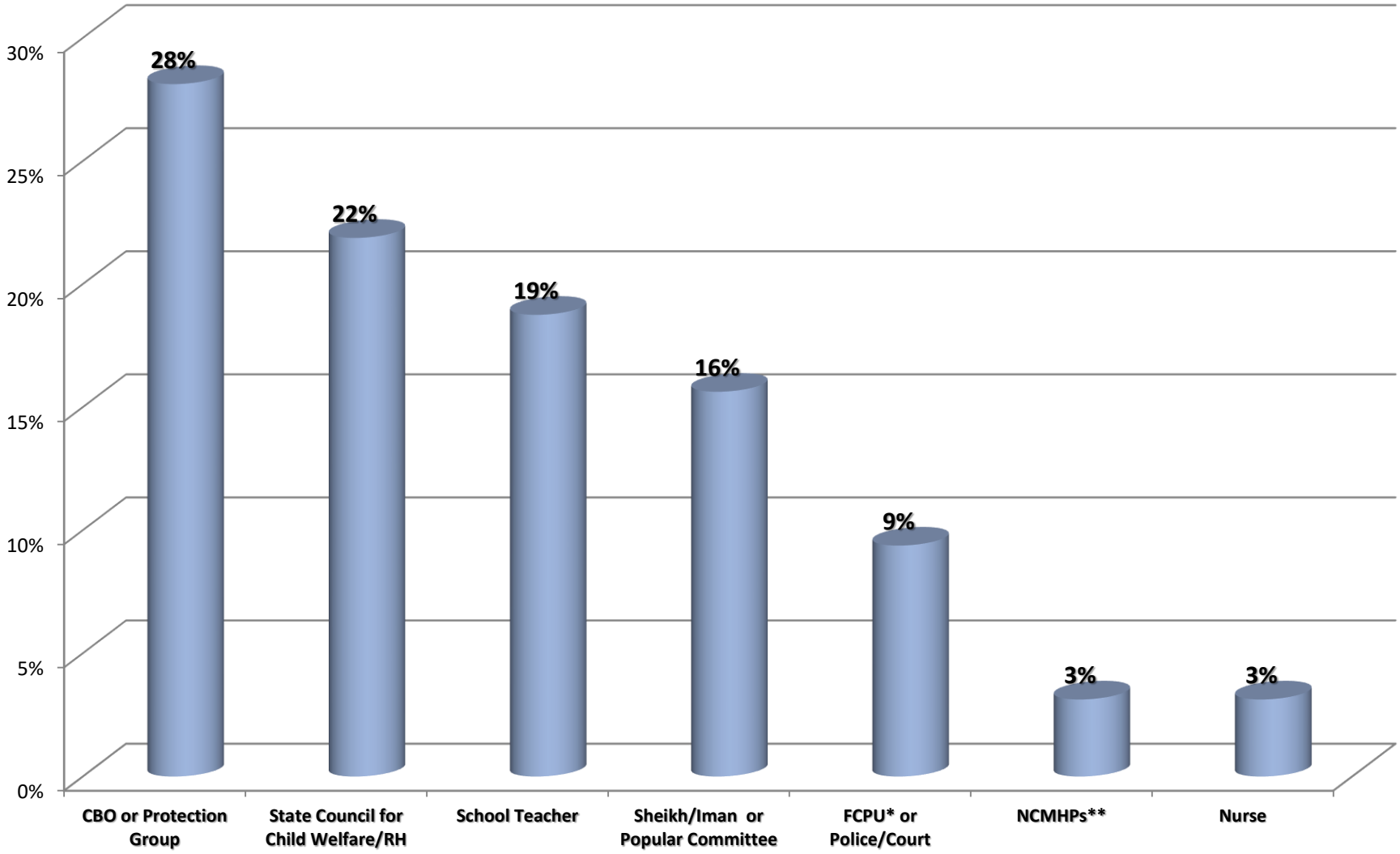
Person Who First Reported the Case



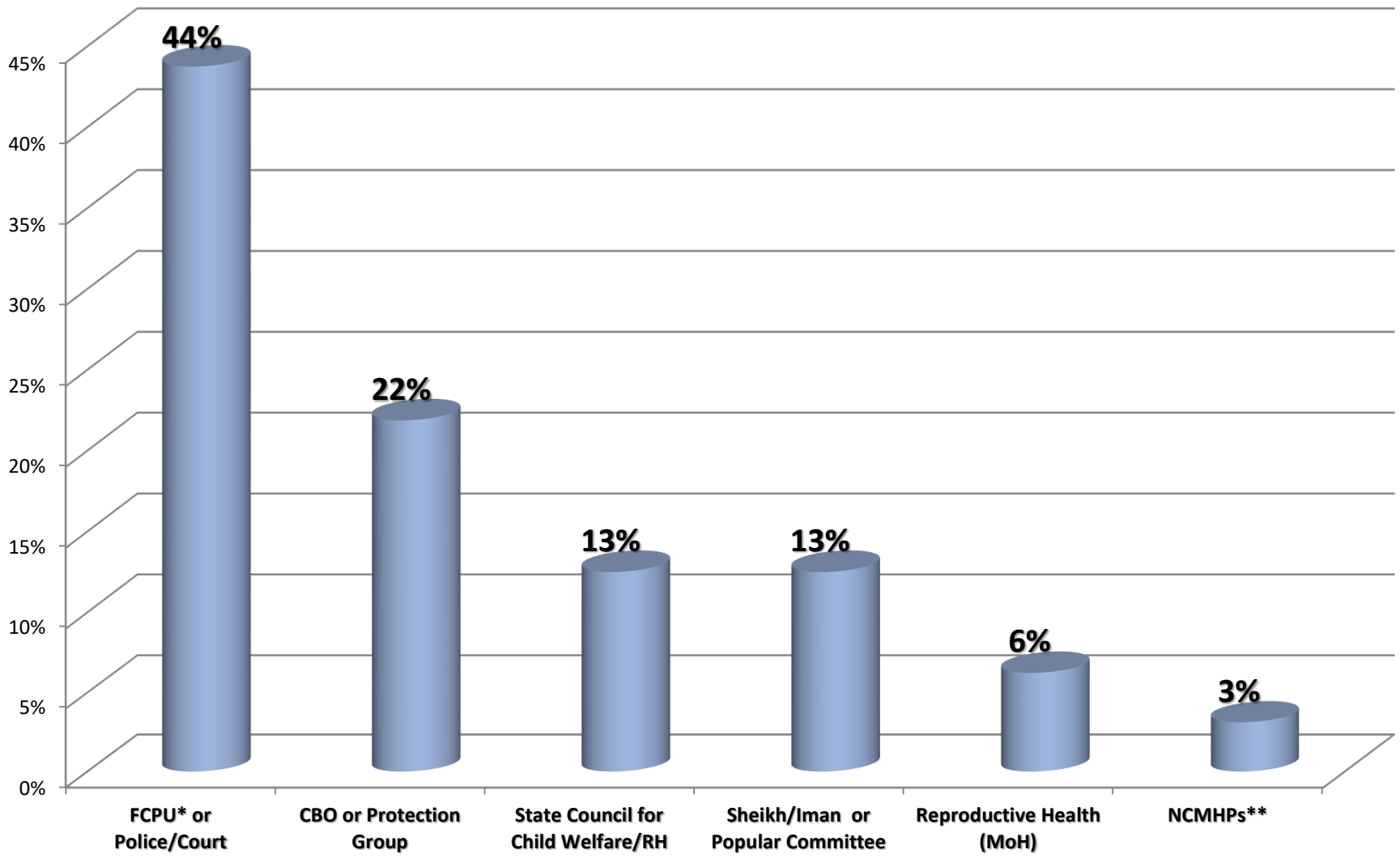
Who Has Been Reported



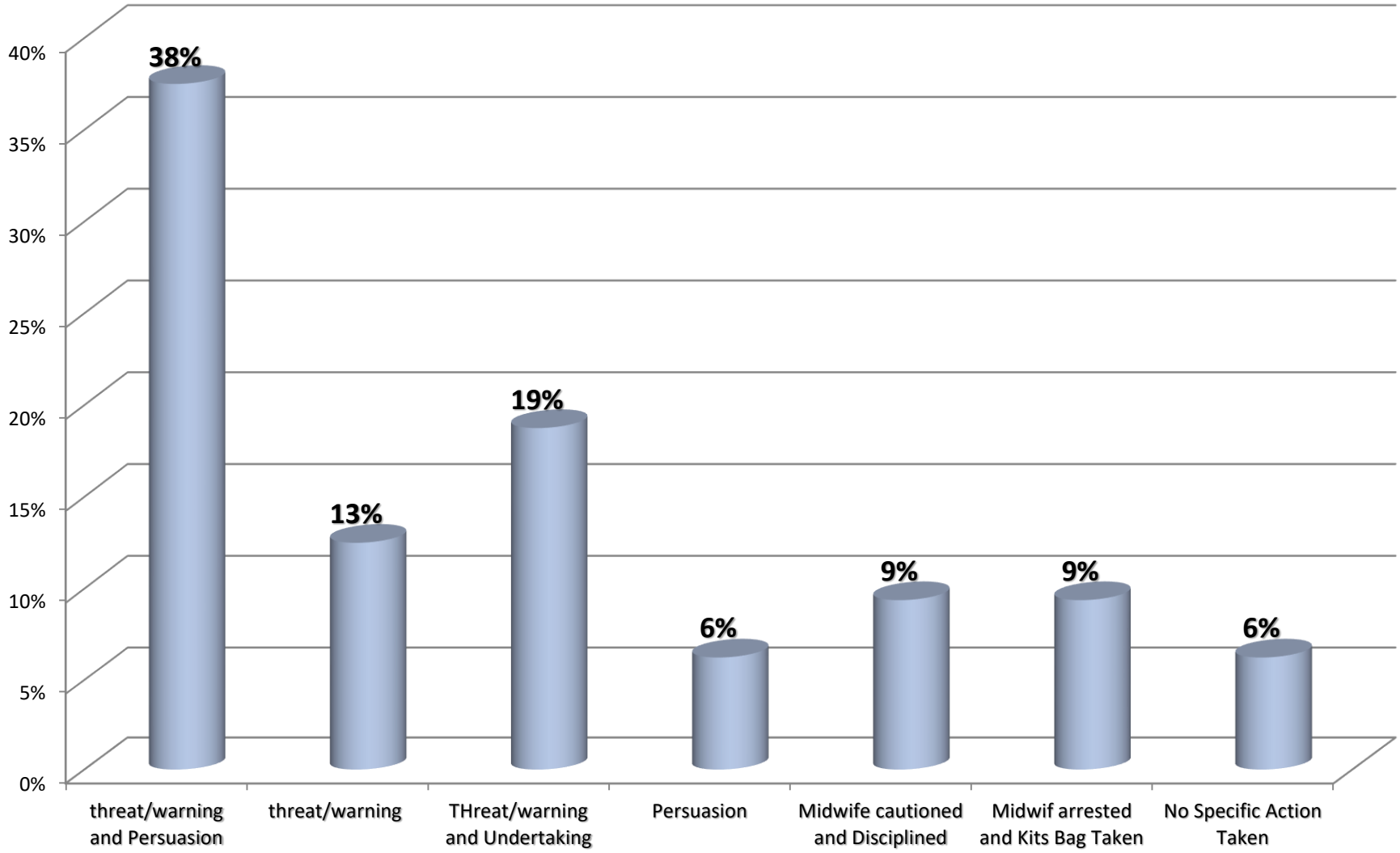
First Referral Point



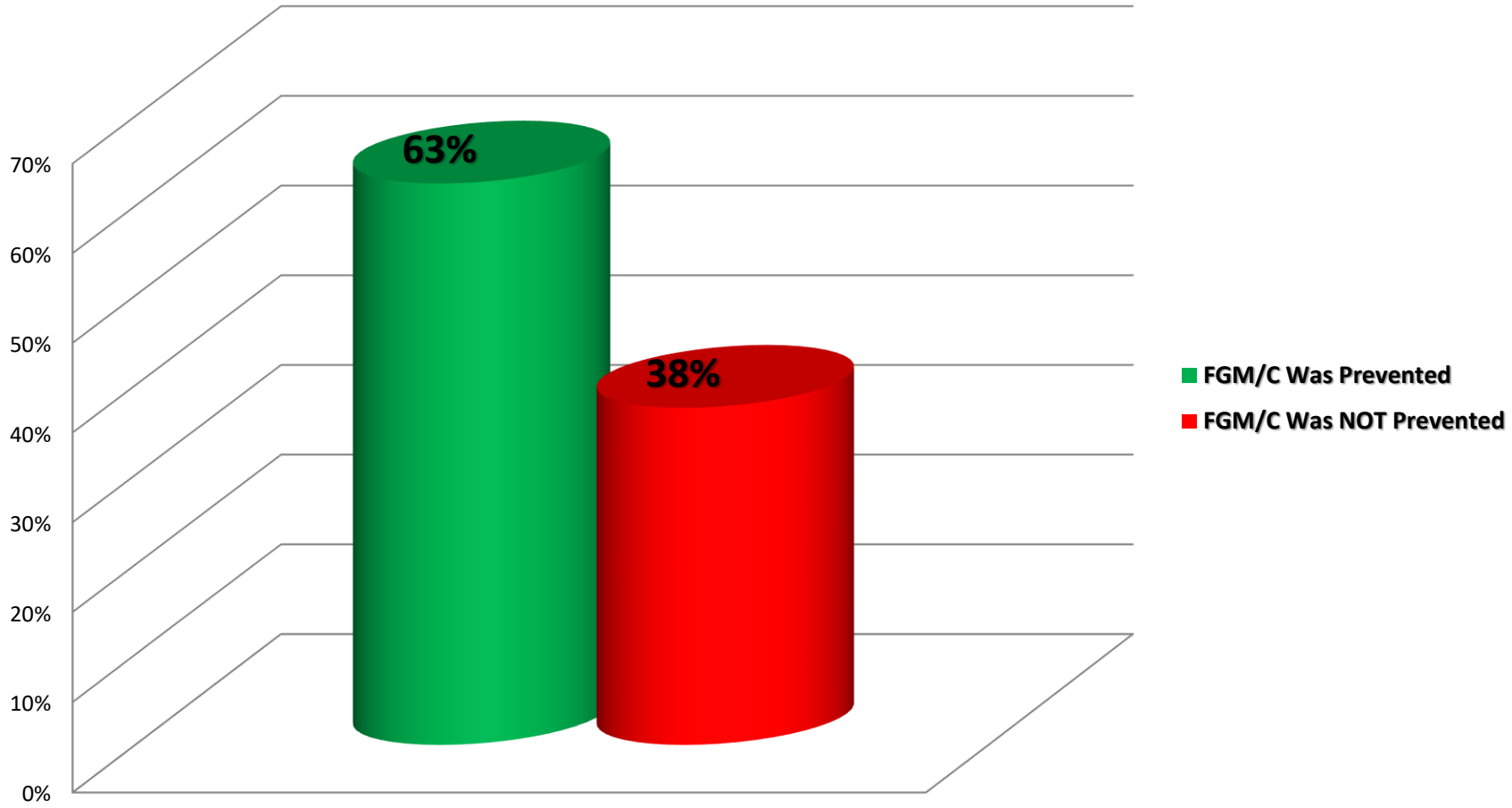
Last Step in the Referral System/Procedure



Action Taken Following a Case Reporting



Final Outcome of Reporting/Referral



Main Findings

- There is a widespread **sense of FGM/C as a wrong or illegal** practice even in states where there is no law against it. The majority of women and men feel a **duty to act to protect the girl/s involved and to report cases.**

- FGM/C **cases are reported by various individuals**, including family members, members of protection groups, midwives and other health workers, teachers and sometimes by the girl herself.

- Most of the **monitoring and protection work is done by community-based protection groups, but is not systematically recorded** and very little of it is **shared** with other partners and stakeholder outside the community. Protection groups and local religious and tribal leaders often prefer **dealing with FGM/C cases within their community and focus on preventing cases** more than punitive actions.

Main Findings

- Although close monitoring at community level occurs and many girls are protected; there is **no structured referral system or standardized procedures and practices for reporting and referral.**

- The reporting of FGM/C cases outside the community, go through either the **SCCW** or the **FCPU**; with midwives often reported to the **RH** office and the **Midwifery School**. The strong legal mandate of the NCMHPs, the presence of its state offices and the recently introduced **Accountability Framework is not well utilized by protection actors**.

- The **application of existing punishment and disciplinary measures are inadequate** in relation to midwives who practice FGM/C and are particularly weak in dealing with parents or other family members who intend to, or have already practiced FGM/C.

Main Findings

- There is also **stronger support** for application of FGM/C laws and **disciplinary measures of regulatory bodies such as RH and NCMHPs on midwives** compared to reporting parents to police and courts and prosecuting them.

- Referrals tend to be more **effective in saving girls from FGM/C when the case is detected at an earlier time or stage of planning and the initial report was passed to someone from the community protection structures.**

- The existence of a **legal ban of FGM/C at the state and/or public declaration by the community in question help to consolidate and legitimate the work of protection groups and creating an enabling environment**.

- **High level political support for FGM/C** monitoring, reporting and referral level work by senior officials enhances protection and encourages and facilitates referrals.

- The most common **final action** taken against families **is persuasion about the value of the *Saleema* girl and the physical and psychological harm associated with FGM/C; for practicing midwives, it is: suspension from work, confiscation of the kits bag, cautioning, and occasionally paying a fine, being returned to the midwifery school** for a few month's retraining, renewal of the Anti-FGM/C oath or detention by the Police.

Main Findings

- Analysis of cases show that in **70% of the cases** in which the reporting and referral process resulted in **preventing** FGM/C, the first report was made by either the **girls herself (25%)** a **CMW (20%)** or member of the **local protection group (15%).**

- In **55% of the successful cases**, the reported was made **against a 'family member only**, with reports against **midwife only account for 30%** and those against **both a family member and a midwife together accounting for 15%** of the total.

- With respect to cases where the girls was **not eventually** saved, **67%** of the cases were **reported by a family member** and a further **(25%) by a CMW/Nurse** and 8% by Traditional Birth Attendant (TBA).

- In **45%** of the cases where the **girls was saved** and FGM/C was prevented took place in communities that have already **publically declared** to abandon the practice; while in **25% of the cases** where reporting **did not result in the prevention** of FGM/C the community has made a public declaration.

In their Own Words

- *"**We have people, we have eyes in every block and every corner** of the village. If anything happens, it gets reported to us and we take action".*

- *"Telling people about the positive aspects of Saleema and bad things about performing FGM/C is not enough; **you also need a law so that those who are thinking about performing it know that they can pay a high price for that."***

- *'**Personal conviction is more important than the fear of the law.** In fact because of the **complexity of the social system**, I expect that very few parents will end up in Courts' .*

- *"If reporting and referral means **taking local women to prison**, then this something that we should avoid doing…. we have to **avoid offending** communities if we want to remain effective in our work and accepted by communities."*

In their Own Words

- *"It is important to **win the midwives to your side** and train them. This is what we have done here. Now the **three midwives in our village are among the best and most active members of our local protection group.** They raise awareness for women during deliveries and in all public events".*

- *"For us the **real and end solution is always local**…this where you succeed in the case in front of you without doing any harm that affect your success in other cases".*

- ***"We wanted to do any other thing in the village**, so that people will say this thing has been done by the child protection group. This will give us respect and make people take us more seriously."*

Best Practices and Initiatives

- The **legal reform campaign and processes** that have been successfully adopted to pass state laws that ban FGM/c in the Northern State and North Kordufan.

- The **structure** and the **inclusive representation** of community level protection networks in the case of Gadaref and Kassala; and the **integration of FGM/C protection work with wider child protection issues, broader community work and service delivery** in various community protection groups in Gadaref, Gezira, Kassala, North Kordufan and Northern State.

- The state and locality **child protection task forces and protection partnership modalities** in the Gezira, North Kordufan and the Northern state.

Best Practices and Initiatives

- The community and FGM/C **mapping** approach as a project management and monitoring and protection tool in the Gezira state.

- The **Girls' Club initiatives**, which work with students, teachers and mothers in the Gezira state and empowers girls to question, resist and report FGM/C.

- The introduction of the **Accountability Framework and the Code of Ethics** for midwives and the registration, licensing and regulation of the work of community midwives by the NCMHPs.

Main Recommendations

- The **development of a more structured FGM/C monitoring, reporting and referral system,** that is guided by the findings and recommendation of this study and build on the lessons learnt and best practices.

- Providing more systematic, structured and sustained **technical and financial support for community level protection groups and networks**.

- **Stronger political and financial support by senior government officials** for child protection work and FGM/C monitoring and referral system.

- Support for **legal reform campaigns** and efforts; **drafting and enactment of anti-FGM/C laws at national and state level**.

Main Recommendations

- Support for **wide-spectrum child protection partnerships at state level** that integrates FGM/C monitoring and reporting with wide child protection concerns.

- Support the utilization of **local artistic work and local media** such as community radio, TV channels, newspapers and social media in FGM/C protection work.

- Actors at all levels should **never overlook the existence and the impact of the pro-FGM/C persons**.

- Support the **establishment of an FGM/C Early Warning System** that adequately maps risks to detect cases and trigger reporting and referral processes.

Thank You

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