**Volunteerism and Community Mobilization for the Abolition of FGM: Lesson Learnt from the UNV Pilot Project in Sudan**

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## I. Introduction:

In many of the countries where female genital cutting is practiced and for many years several organizations at all levels have worked in a variety of campaigns with the common aim of abolishing this harmful practice. Experience over the past two to three decades has shown that there are no quick or easy methods that can bring change. However, lessons from previous projects show that for a programme to effectively produce results and create a change in the practice of FGM, there is a need for sustainable community-based interventions among youth of both genders. Experience also shows that NGOs have typically been the key actors in designing and implementing successful programmes (WHO, 2001). In different countries, the combination of a health-based approach and new behavioural change strategies, such as peer education, use of positive deviants and community conversation, were used to build the capacity of a targeted population to combat FGM.

In 2006, the United Nations Volunteers (UNV) programme, along with UNFPA and Ahfad University for Women in Sudan implemented an innovative program to encourage volunteerism and to mobilize local communities to combat female genital mutilation/cutting in Sudan. The project aimed to combat FGM by drawing on volunteerism and local community action. It has attempted to utilize a combination of new and existing approaches to bring about change in its target area, Abu Saeed in Omdurman, Sudan.

This paper will reflect on some of the lessons learnt from this pilot project. It will give a brief description of the situation of FGM in Sudan and the target area. Then it will reflect some of the major outputs, lessons and challenges that can be learnt from the pilot project.

**II. FGM status in Sudan**:

The 1990 Sudan Demographic and Health Survey, showed that 89% of ever-married women in the northern, eastern and western provinces had undergone either Type I or II (15%) or Type III (85%) FGM. According to the 1999 Sudan Safe Motherhood Survey, FGM has slightly increased during the period 1990 – 1999, from 89% to 90% for women aged 15 – 49 years. Over 99% of women in the Northern State have been subjected to FGM, compared to 52% in Western Darfur State. Over 60% of women have been subjected to type III FGM and 22% to Types I and II in Northern Sudan (SMS 1999). The most recent Sudan National Household Survey (2006) however showed a reduction in the FGM/C prevalence rate where the average one was 68.5% in the 15 Northern states, varying between 39.8% in West Darfur and 83.9% in River Nile state.

Most of the existing prevalence rates are based on self reports of respondents to surveys and many debate these figures and their ability to reflect the real situation on the ground. Evidence existing so far indicates a big discrepancy between types practiced and self reports by women and circumcisers. In two studies in Sudan, a recent study done by Lars Almroth, found that at least half of the women who stated they had type I & II FGM were actually subjected to Type III (Almroth et al, 2006). Another study that was done among midwives, who were asked to describe in details the operation done in type I, gave details similar to types II and III (Abdel -Mageed 2001).

The reasons for the practice in Sudan do not differ from those in neighbouring countries. Most respondents in social studies indicate reasons such as to maintain cleanliness, increase a girl's chances of marriage, protect her virginity, discourage "female promiscuity" thus preserving the family honour, improve fertility and prevent still birth.

It is also believed to give the husband greater sexual pressure thus giving the woman more power allowing her to sexually manipulate the man in order to obtain material advantages. In a study by the Sudan National Committee Against Traditional Practises (SNCTP) it was shown that there is a general belief that during childbirth, the clitoris is dangerous and 'if the baby's head touches it, it will lead to its death' and in some areas, it is believe that if FGM is not carried out, the clitoris will grow to dangle between the legs like a penis (www.snctp.org 2006). Moreover, Femininity is thought to be enhanced through the removal of "masculine" parts such as the clitoris, or in the case of infibulation, to achieve smoothness considered to be beautiful (www.soatsudan.org/reports 1999). Religious reasons are often mentioned and are sometimes misused by pro FGM groups to sustain the practice. A common statement on the stand of religious leaders in Sudan is still a missing link that is hindering the efforts for the abandonment of the practice.

Efforts against FGM practice started in Sudan in the early 1940s in a form of legislations banning the practice, but community awareness raising efforts started extensively in the 1970s by few non-governmental organizations. These efforts continued till present, where more groups joined in the campaigns including the government, UN agencies and other institutions including academic ones. A National Plan of Action on FGM, was endorsed by the Ministry of Health in 2001, which promotes the establishment of mechanisms at all levels to end FGM. A chapter on FGM was included in the recently developed Reproductive Health Strategy by the Federal Ministry of Health. Currently a review of the 2001 Plan of action and development of a National Strategy for the abandonment of all types of FGM is underway lead by the National Council for Child Welfare & Protection.

The current Constitution of 1998 does not protect women and girls from practices that threaten their physical integrity and health, nor does it provide for provisions that may be clearly interpreted to guarantee women and girls' protection from violations of their basic rights to health and protection from gender-based violence. Although Sudan was the first

country in the world to criminalize female genital mutilation in 1946, as stated above, yet, since the abolition of the section criminalizing unlawful FGM with the passage of the first Sharia Penal Code in 1983, it has remained unclear whether FGM can be prosecuted under the general sections of the current Penal Code 1991 covering physical injury, leaving the legal status of FGM uncertain under the existing Penal Code. Current efforts are underway however to advocate for the endorsement of a law that prohibits all types of FGM and not to allow for the acceptance of types I and II as they are believed in Sudan to have a religious foundation.

Media campaigns also do exist at federal, state levels, and community level using different radio programmes with key informants and leaders messages, songs and role plays to encourage abandonment of the practice. The overall scope of activities in Sudan can be summarized in the following awareness raising, advocacy (law and penalties for circumcisers), capacity building, research and integrated projects (Bedri & Badri 2006)

**III. Lessons based on all approaches for Sudan:**

Evaluation and assessment of the impact of the different campaign approaches to abandon FGM has revealed that all approaches have some element of success in either reducing the prevalence or changing the behaviour or knowledge of communities about FGM. The traditional medicalization approach has been the least effective while the alternative right of passage is more effective but the integrated approach is the most effective one so far. Campaigns against FGM takes long to yield results and has to be part of a larger process of social change. Also studies showed that change will not necessarily happen everywhere and where it does happen, it may bring some resistance and set backs with it. Therefore the existence of sustainable developmental programs and opportunities may make communities motivated to continue in the campaign for the abolishment of the practice beyond the life spans of mainstream projects and programs and to ensure they do not revert to their original practice. Sudan, however, as a diverse country, may require a mixture of approaches to create an effect. Irrespective of any other efforts existing, a social change or movement is necessary to maintain any change that takes place. This is the basis on which the current pilot project was based.

**IV. The pilot project: Mobilizing the community from passive receipts of messages to active partners in the campaign:**

The project mobilized community volunteers (manly young men and women ages from 18 to 25 years and from the target area), to influence their community towards the abandonment of the practice of FGM. The initial strategy was to examine previous efforts made by the government and different organizations working in the area of FGM in Sudan and other countries. Based on this analysis, an alternative approach was developed that involves the inclusion of all concerned in the local community (men, women, youth, etc) through volunteerism and local community action. The project is based on three pillars;

1. Volunteering through peer and formal education. Volunteerism has not yet been capitalized on as an instrument for community mobilization or as a participatory means for development.
2. Sexual education. Prior efforts fighting FGM confirm that solely speaking against the practice of FGM does not convince people to abolish it.
3. Inclusion of males and youth among target groups. Previous initiatives were focused on older women, mothers and midwives, relegating this issue exclusively to the female sphere.

In the first stages of entering the community, and throughout all phases of the project, an important key to success was partnership with existing NGOs where its members from the target area already had access to the community and were known, trusted and respected. Also essential was the development of key partnerships with others within the community. The lack of basic information about the community, as well as problems of coordination among local authorities led to a delay in the completion of the first phase of entering the community. However, NGOs members and partners in the Ministry of Health helped in overcoming this initial reserve. Also the project staff identified local leaders who have the authority and respect to facilitate entry into the area. The project capitalized on the existing structures such as the female friends of school committees' members, the local popular committee(s) and existing in-school associations to gain entry

and to identify positive deviants. But a major access point into the community was schools (targeting two girls and one boys primary schools), making engagement of school associations and staff essential.

In order to base the activities on existing knowledge, attitude sand practices of the community, a baseline survey was carried out at the beginning which revealed the following main results:

**Table 2: Main results from the baseline survey**

| **Women Findings:** | **Men Findings:** |
|---|---|
| 38% in the age group 21-30 yrs old; 28% in the age group 15-20; 34% in the age group 31-50.<br>52% married; 47% are unmarried.<br>43% graduated from secondary school; 40% are university graduates.<br>33% married to university graduates; 30% married to graduates from secondary school.<br>42% are house-wives; 30% are still students. | 48% in the age group 21-30 yrs old; 27% in the age group 31-40; 23% in the age group 31-50.<br>32% graduated from secondary school; 39% are university graduates.<br><br>65% of married men said they preferred to be married to an uncircumcised woman; 27% said they preferred a circumcised woman. The same results apply to unmarried respondents. |
| 94% are circumcised; 6% are not.<br>51% have type III; 43% type I.<br>45% were circumcised 4-6 years old; 39% 7-9 years old. | |
| All (100%) know about FGM.<br>36% know about FGM from radio; 52% from TV. | Almost all (95%) know about FGM.<br>59% know about FGM from radio; 52% from TV. |
| 80% said FGM should not continue; only 20% said it should continue.<br>47% wants it to continue for socio-cultural reasons; 40% for health; 13% for religious reasons. | 79% said FGM should not continue; only 21% said it should continue.<br>29% wants it to continue for socio-cultural reasons; 49% for health and religious reasons. |
| 93% know the different health consequences of FGM. | 83% know the different health consequences of FGM. |
| 63% said their husbands do not encourage FGM; 22% do encourage FGM. | 62% said their wives do not encourage FGM; 26% do encourage FGM. |
| 70% said FGM does not inhibit girls from premarital sex; 23% said it does. | 76% said FGM does not inhibit girls from premarital sex; 11% said it does. |
| 60% said there is no relation between FGM and Islam; 30% said there is. | 33% said there is no relation between FGM and Islam; 41% said there is. |
| 65% said FGM does decrease the sexual need of females; 17% disagreed with that. | 69% said FGM does decrease the sexual need of females; 16% disagreed with that.<br>64% said FGM affects their sexual enjoyment with their wives; 15% said no; 20% do not know. |
| 61% did circumcise their daughters; 39% did not. | |
| 77% will not circumcise their daughters; 18% said they will. | 73% will not circumcise their daughters; 20% said they will. |
| 90% said there are no activities for combating FGM in the area. | 84% said there are no activities for combating FGM in the area. |

**Survey Results that Invite Comment:**

**Marriageability***: 65% of married males said they preferred to be married to uncircumcised woman. The same results apply to unmarried respondents.*

**Continuation***: 80% of the women and 79% of the men said FGM should not continue. While 61% of females have already circumcised their daughters, 77% of females and 73% of males said they will not circumcise their daughters in the future.*

**Health Consequences***: 93% of women and 83% of men knew some of the health consequences of FGM.*

**Religious Aspects***: 60% of women, but only 33% of men, said there is no relation between Islam and FGM.*

**Approaches used by project:**

**1. Recruiting & Training the Community Volunteer Associates**

The first phase of the project involved recruitment and training of 30 volunteers (called community volunteer associates). These 30 volunteer associates were trained in:

- FGM issues.
- Community mobilization.
- Community conversation approach.
- Communication, facilitation and advocacy skills.
- Monitoring and evaluation of outreach activities.

**2. Nurturing Partnerships:**

As the project entered its second phase, partnerships developed within the community were vital to the success of the various activities. Community associates, with the help of local NGOs members, developed key partnerships with members of the popular committees in the area and with school administration. They also canvassed the target

area to find positive deviants who were willing to be involved in the project. They invited the ongoing and active participation of these partners by including them on the project's Technical Advisory Committee. It is clear that the progress achieved in the implementation of the activities was the result of effective coordination between the community associates, school administration, popular committees, national UNV volunteers and other partners.

**3. Production and Distribution of Innovative IEC Materials**

Information alone is insufficient to achieve behaviour change. Nevertheless, information is necessary, and communication campaigns can certainly raise awareness and change attitudes. FGM activities in the past have often focused narrowly on the production of Information, Education and Communication (IEC) materials such as posters and pamphlets. One of the innovative approaches of this pilot project was to produce IEC materials that were unusual and more appealing to children and young people, such as school supplies, bags and flash cards, with messages that inspire behavioural change.

Most of the existing IEC materials were collected and then tested by the community volunteers, adapted according to their community culture and their comments were incorporated into the development of new, culturally sensitive IEC materials which were printed during the project. Furthermore, when developing the new IEC materials, project staff addressed gaps in knowledge found within the community during the baseline survey.

**4. Using the Schools**

A key strategy of this pilot project was the inclusion of males and youth in the target group. Knowing that young people are generally the most open to changing attitudes and behaviours, one of the innovative approaches used was to enter the community through the schools, reaching a generation of future decision-makers. By reaching out to the students, associates were also able to make sure that information reached into the homes in the community as students took IEC materials and lessons learned back to their

families, allowing the information for mobilization to reach a maximum of community members.

The project used the schools in the target area as a base for three types of activities:

1. In-school sessions.
2. Public Lectures.
3. Open Days.
4. Theatric days and events
5. Mobile radio announcements and messages
6. Sports events
7.

With the assistance of two to four teachers and helpful facilitation by the headmaster, community associates entered the schools and conducted sessions using the following means:

- General lectures.
- Brainstorming.
- Drama and role-play.
- Discussions groups, allowing students to ask questions or share personal stories.

**V. Lessons learnt from the project:**

***What did the project do to mobilize community & create ownership:***

1. Moving community from passive receipt to an active partner.
2. Produce messages that are community sensitive and based on reality rather than on outside ideas.
3. Moving community from problem based to a practical appropriate action (of positive deviants).
4. Mobilized community to arrive at community driven solutions and interventions.

**Who are the voice less that the project gave voice to:**

1. Youth (Males & Females) through the involvement of volunteer associates.

2. Children (Males & Females) via focus schools
3. Men - being deliberately isolated by community were targeted by project activities as partners and audience
4. Leaders (who were not involved) were included through the local popular committee (local governmental body)
5. Women through the mobilization of women groups, teachers, and women who suffered from FGM
6. Positive deviants were identified and provided with supporting environment and empowered to be part of the campaign
7. Deviated circumcisers were empowered to come forward in public and join as members of volunteer associates.
8. Ethnic minorities, example southern women, who do not have the practice as part for their culture, were mobilized to be part of the campaign for future need of such campaigns in their original areas when internally displaced (who picked the practice) return from Northern parts to the South of Sudan..

**Creating community dialogue rather than delivering of messages through:**

1. Community conversation
2. In school sessions and discussions between volunteer associates & school children
3. Use of IEC materials to initiate disucssion
4. Targeting all family members at different levels.
5. Use of focus group discussion through home visits by volunteer associates and using existing groups and meeting points.
6. Integration of activities within existing structure and channels (literacy classes, Khawla)

**Partnership with local authorities, government and non-governmental bodies to create partnership and support by:**

1. Targeting and aligning heads of popular committee in target area

2. Involving officials from Ministries of Education, Health, Social Welfare, International Cooperation, National council of Child Welfare & protection, UNICEF, UNDP, UNFPA, local partner NGOs in project technical advisory committee
3. Religious leader in and outside target area

**Creating supporting groups among volunteer associates, women and positive deviants through the mobilization of:**

1. Teachers
2. Local popular committee
3. Existing women's groups
4. Existing in-school associations
5. FGM networks
6. Key partner NGOs

**Creating community ownership through:**

1. Encouraging and involving volunteer associates, positive deviants and women groups in design of project plans of action
2. Assisting these groups to put the monitoring and evaluation system developed by the project in action
3. Empowering youth (volunteer associates) as agents for change through assisting them to formulate their own NGO
4. Creating a mechanism for community accountability on FGM
5. Strengthening associates ability to carry out situation analysis and social mapping

**Harmonizing FGM within a human rights and integrated approach through**

1. Wide range of topics covered in in-school session
2. Public lectures on human rights, violence against women and the Convention for the Rights of the Child
3. Publications on FGM as a human rights issue

4. Mobilizing volunteer associates, women and men to formulate future plan of action to integrate these reissue in camping

**Challenges**

In looking to future implementation of this and other similar projects the challenges that the project encountered need to be considered.

The project faced the following challenges:

- Identification of interested community volunteers to work on a completely voluntary basis. Most of the young people were unemployed and looking for paid opportunities rather than voluntary ones.
- Lack of incentives for community associates, leading to high drop–out rates.
- Identification of male volunteers to work in combating FGM at the community level.
- Cultural diversity in an area mixed with different Sudanese tribes.
- High illiteracy rates.

**Lessons Learned**

Following are some noteworthy lessons learned that contributed to the success of the project thus far:

- Involvement of the project partners in the implementation of activities at different levels was essential.
- Cooperation with the community leaders was necessary for the success of any project dealing with the grassroots.
- Cooperation between the project's team members and the community workers was necessary for effective management of the activities being implemented.
- Selection of Ahfad University for Women as an academic institution for hosting and providing technical assistance to the project has helped not only in the achievement of the stated objectives but also in the improvement of the quality of work.
- Building the capacities of community associates was one of the major steps towards achieving success.

- Learning more about the community and cultural barriers to a behavioural communication change programme was very essential for making an impact.
- The International Conference, attended in the second quarter, and the study tour in Egypt helped project staff to learn from 13 Egyptian NGOs working to combat FGM and from work happening in six other countries as well.
- Introduction of the latest strategies for building capacity of identified change agents (such as community conversation, peer education and positive deviants) ensured effectiveness and efficiency of community–based intervention.
- Identified and trained positive deviants as change agents aided sustainability. The participation of positive deviants from the target population was very effective.
- Involvement of youth and men, who were overlooked in previous community–based activities to combat FGM, invited their positive commitment against FGM and also strengthened overall success.
- Regular assessment of training needs ensured the preparedness of the volunteers for every step of the campaign.
- Formulation of an FGM association of school students, under the supervision of the trained community associates and school teachers, will assist sustainability.
- Diversity of project activities was important in reaching different target age groups in the community.

**VI. Conclusion:**

This project had at its outset a goal of creating sustainable efforts to combat FGM. With the creation of an NGO in the target area, efforts begun by the project will continue. The project is also believed to be easily replicable in other areas. Training materials, a project database, and a website were created to help address gaps in efforts to combat FGM and to demonstrate successful approaches. These are made available for use in other target areas and by others combating FGM. Although the life span is only eighteen months, some outcomes were identified were several success stories of girls, youth and women managing to stop the circumcision of girls in their families. Almost 30% of the targeted

female school, children returned uncircumcised after the summer vacation where most of the FGM takes place. Such cases are now being documented by the project.

The project had many unique strengths based on its innovative strategies:

- The project successfully integrated new strategies for combating FGM that included sexual education, community mobilization through volunteerism and including males and youth in the target group.
- A significant strength of this pilot project was the holistic approach it took to reaching the community. A combination of innovative IEC materials, entry into the community through schools, then reaching the families of the students through public events led to a greater number of people being reached and meant that families were impacted on many levels.
- Using volunteers from within the community led to greater openness to consider and discuss highly sensitive topics and gave weight to the message to abandon a traditional practice.
- The creative use of audio-visual materials was highly effective.

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