

Opening the Door to Stop FGM in Goolina and Teeru, Afar Region, Ethiopia

Presented to

Afar Friends, Sweden

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Aim: Begin the process whereby the community led by their leadership will decide to stop FGM (female genital mutilation)

1. Need

Afar pastoralist women are highly inhibited from participating in development: repressed through tradition that, without awareness and education, remains unchallenged. This project seeks to gain one of the most basic elements to forward community development in the Afar pastoralist society: that of improved health and wellbeing for pastoralist women and girls through stopping traditional practices harming them especially FGM. Afar Pastoralist Development Association (APDA) has been successful in gaining significant reduction in the practice of female genital mutilation (FGM) in other districts of the Afar Region to the extent that the practice is reduced to what is known as the '*sunni*' practice or 'lesser' practice of just removing part of the clitoris rather than removing the vulva area and then sewing up the vaginal opening until it is a mere hair-pin opening. This has happened in most of the communities the program is working in through rigorously campaigning that FGM is opposed by the teaching of Islam and also relating it to the practice of forcing the girl/ woman to marry – another practice diametrically opposed by Islam and affecting the psychological health and well-being of the female. The organization has now worked deliberately on campaigning against FGM and forced marriage since 2001. The campaign has reached just south of this proposed project area and APDA is aware it is essential for the community to move it on into Teeru and Goolina. Currently in these two districts, the practice of FGM would be in the range of 80 to 90% of female births since the community is not actively policing it.

The project uses the overall strategies of

- a) Arguing and demonstrating that the harmful practice of FGM and that of forcing girls/ women into marriage against their consent are against Islamic teaching. These two harmful practices link, as argued by Afar pastoralist women who meet with APDA annually to discuss the issues that negatively affect their well-being. They argue that both practices lead the Afar female to being a prisoner of fear and pain all her life and they demand to be free of both.¹
- b) Seeing these harmful practices holistically and aiming through the project to empower women to overcome them through literacy, improved health and wellbeing including reproductive health as well as fully participating in the campaign to stop the practices as girls, mothers, traditional birth attendants and FGM practitioners.

As is obvious, the maternal health and well-being is extremely negatively affected by these harmful practices. This project therefore greatly contributes to securing an improved maternal health as well as enhancing and empowering the ability of Afar females to participate in their own community development. Therefore the project directly supports the securing of MDGs

¹ Since 2001, APDA has held annual Afar Pastoralist Women's Conferences bringing together women from each of the organization's program districts to identify what it is that inhibits them from participating in development and how APDA and the government should tackle these issues.

as well as facilitating the local government plans to implement development in the pastoralist society.

2. Background

Afar Region has a homogenous population of 1.5 million people living in one of the most difficult terrains in the world. Their home, the lowlands of Eastern Ethiopia has a rainfall of 100 to 300 mm per year and reaches over 40 degrees for 7 months of the year. The people have devised a frugal pastoralist existence and thereby move periodically with their herds in search of water and pasture. Their cultures are ancient dating back to pre-Islamic times and, in the case of FGM and others, influenced by that of the Pharonic Dynasty. Until the intervention of their first – ever community NGO, APDA, there was no education or health access in the pastoralist society and hence the issue of FGM has not been dealt with until now.

Relevant government and sector policies

The Government of the Federal Republic of Ethiopia is signatory to various international conventions on the elimination of discrimination against women and children. Its constitution provides for the fundamental rights and liberties of the people, and explicitly of women. The population and health policies as well as the national policy underpin these rights for Ethiopian women. They aim to raise the social and economic status of women, inter alia by eliminating all legal and customary practices, such as FGM, which hinder women's equal participation in society and undermine their social status. In 2004 laws against Female Genital Mutilation/Cutting (FGM/C) were introduced with a penalty of three years in prison if someone causes an injury whilst performing FGM/C. However the practice is still widespread (74% of women had undergone some form of FGM/C in 2005²)

The National Committee on Traditional Practices in Ethiopia (NCTPE) was established in 1987 to help overcome traditional practices harmful to women's and children's health, while promoting those with a positive effect on society. It provides information on the dangers posed by harmful practices, and makes religious and traditional leaders aware of the need to eradicate FGM. Work focuses on media and poster campaigns as well as education and sensitization measures for young people and multipliers, who work in schools, at health centres and within the communities. The NCTPE is a member of the Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children.³

The project is established to enhance development at all levels (regional, national and local) as it seeks to resolve the fact that Afar pastoralist women are not involved in development and cannot be if they are subject to harmful practices that reduce them to mere child – producers and raisers devoid of involvement in decision –making. Again, that women in the community are left handicapped with poor health and all the vulnerabilities of being largely illiterate.

² Demographic and Health Survey 2005

³ While APDA does not have current any direct relation with NCTPE, now that the organization has gone some distance to stopping HPs against women, APDA is now seeking to foster this relationship to gain from the federal approach.

The project plans to contribute to removing the harmful practices that inhibit female development participation through poor health, low social esteem as well living in perpetual vulnerability.

Adding to the above Federal position, in February 2009, the Afar Regional State passed a law forbidding FGM, offenders and collaborators (parents) to be punished with 6 months prison or payment of 5,000 ETB.

3. APDA's experience in campaigning against FGM in other districts of the region

The overall strategy APDA uses to work among pastoralist women toward behavior change is to train women from that community to be women extension workers. APDA first trialed this in 1999 with 20 women and since it was so empowering to them and the community as a whole, the organization now has 151 such women. The women themselves are pastoralists. They are literate or taught literacy by APDA. Then they are trained using a curriculum written out in teaching modules in Afar so that they can

- a) Teach on health, sanitation, hygiene, good nutrition
- b) Safe motherhood
- c) Stopping harmful practices

This they do within the framework of the daily issues/ problems they find in the community as they go house to house in their own community. As literate women and as people making a constant monitoring, they are extra-ordinarily affective.

Then within the campaign to stop harmful practices APDA uses the following approaches

- a) Showing the community a film made in Afar of FGM and of a mother who refuses FGM for her child, a second on the Islamic Head in Afar Region stating that it is forbidden and a third on a girl who runs away from forced marriage
- b) From the community, forming committee that will monitor the stopping of FGM and harmful practices
- c) Training Islamic leaders within the community to actively advocate to stop FGM and give rights for women in marriage
- d) Identifying the women who do perform FGM and getting them to give it up through the leadership of Islamic prayer
- e) Publicizing activities on the radio

In the 18 woredas that APDA has been activating this campaign, most of them are now reduced to what is known as the 'sunna' or 'lesser' practice. Some have completed the process to actually stopping FGM. It takes time since this is a time –imbedded ancient custom. However, the road is clear: if the process is started, the community will give up the practice.

4. Duration

The project needs full support for 3 years.

5. Beneficiaries

Pastoralist women and girls are targeted. Teeru has 35,700 females and Goolina 13,600 females. Under the care of the 30 project women extension workers, 39,600 women will be assisted annually for 3 years to overcome their difficulties, make behavior changes.

6. Strategies

The following strategies will be used:

- With 30 trained community women, keep a constant awareness and monitoring in the community
- Link to health, safe motherhood and education for women through program teachers, health workers and within the skills of women extension workers
- Train TBAs from these communities so that they do not perform practices harming women in childbirth especially FGM
- Link directly with the Islamic and clan leadership that they address the problem and lead the people to change
- Make the community monitors of their own behavior
- Involve the youth so that they become fully active in their own marriage choice and future
- Publicize the gains of the project so that the community feels encouraged

7. Objectives

Short – term objective:

- a) Establish awareness in the project districts that FGM and forced marriage is not accepted and currently forbidden by law through activities of youth, local leadership and women extension workers
- b) During the project cycle, 50% of women actively support stopping FGM
- c) 50% of the project households improve hygiene, nutrition and birthing practices

Long -term objective:

- d) Contribute to the means whereby FGM and forced marriage will stop in Goolina and Teeru

8. Activities

8.1 Local leaders and youth activated to mobilize the community

Project orientation meeting

At the outset of the project, 30 people in each of the two project woredas will meet with APDA to discuss their expectations, the project objectives, project plan, project strategies. These people will include Heads of health, education, women's affairs, Islam and youth at the woreda level; the clan elder who is advisor to the woreda council and 2 persons from each kebele: a leading man and a leading woman. The meeting in each woreda will take 2 days aiming to gain a clear plan of action.

At this meeting, a project committee will be formed consisting of Islamic leader, Women's Affairs Head, Woreda Cabinet Head; Education Head, Health Head, Leading clan elder, 3 APDA coordinators, 1 person from APDA HPs awareness coordination team.

Youth training

The project will train 3 youth per kebele as voluntary women's rights activists. They will be given training in awareness – raising, leadership and reporting. During the training they will analyze what practices are harmful, where and to what extent. Through this means, they will establish a plan to begin in the community.

Youth activities

The youth will plan to spend a minimum of 10 days per month in their community, mobilizing and teaching the people. They will hold meetings, attend community workshops (see below), speak in social gatherings and monitor the extent of the harmful practices.

They will record their achievements on a project – prepared format that will be presented at the quarterly meeting below.

Youth activity monitoring meetings:

Monitoring meetings will be held each quarter in each woreda. Those attending will include one of the three trained youth from each kebele + woreda – level committee of 10 (Islamic leader, Women's Affairs Head, Woreda Cabinet Head; Education Head, Health Head, Leading clan elder, 3 APDA coordinators, 1 person from APDA HPs awareness coordination group). The youth will report their progress and challenges. The project committee will then act to assist those challenges as far as possible.

8.2 50% of community women convinced to act to stop FGM

Islamic leaders' training

Two people from each of the project 22 kebeles (a clan elder and the khadi) will attend 3 days training along with the project committee. They address all issues of traditional practice harming women in terms of how Islam views this and how they must address this to the community. These training courses will agree together on what community punishment is appropriate for the person going outside of the agreed principles of the Koran that protect the

interest of women. APDA harmful practices awareness coordinators will conduct the training since they have taken a ToT training from the Islamic Council. Each trained local leader will be given a copy of the Islamic teachings on the issue of FGM, women's rights in marriage and respect of women in the community as translated into Afar. Once the project begins to make impact, the kebele representatives will report on achievements and challenges and exchange views with each other.

Harmful practices awareness workshops

Each project year, 11 workshops will be held attended by 70 people for 3 days. All sectors of the community will be invited including TBAs and FGM practitioners. In the daytime they will hold discussions based on the films shown to them at night. Films, as mentioned above cover all issues of harmful practices including FGM, forced marriage, the position of the Koran and finally, the danger women are in due to hard work in the household.

In conclusion of these workshops, the community will decide on its action plan and select a monitoring committee. That committee will contain a minimum of 2 women and 3 men: the khadi (Islamic leader), a clan elder, TBAs and so on. This committee will be tasked to check on the circumstance of marriages and follow-up the birth of girls.

Community committee training

Representatives of the community committees will gather for training and exchange of views: as one meeting in Goolina and as 2 separate meetings in Teeru. A total of 20 people will meet together for 5 days. The harmful practices coordination team will conduct the training opening up discussion so that there can be exchange of information and lessons learnt from their activity. Accordingly, APDA will be better aware of their progress and how to assist in the future.

FGM practitioners' conference

Fifty identified FGM practitioners will meet in each of the two woredas for 3 days each year. They will be addressed by the harmful practices coordination team and their local Islamic leadership. The Head of Women's Affairs will be central in this activity. They will be shown films and discuss the issue themselves. As is APDA's experience in other woredas, it is expected the women will declare through Islam that they stop the practice.

Incentive for ex-FGM practitioners

From those who swear to stop, 44 women will be chosen to act as monitors (2 per kebele). For this, they will be given the incentive of a goat. They will be linked with women extension workers in their respective kebele and these women extension workers will send their reports to the women extension supervisor on a monthly basis.

8.3 Improved hygiene, nutrition and birthing practices

Women extension selection and training

A total of 32 women: 12 covering Goolina and 18 covering Teeru will be selected through the assistance of the Islamic leader, local teacher and local government. One woman from each woreda will eventually be selected as the activity coordinator for her specific woreda hence

there are 32 being selected. Each of the women must be literate before she begins work so literacy is a top priority.

They will be trained by the organization Gender Officer for 60 days using the training manual for women extension workers, tested, equipped and returned to their respective areas.

This training will be repeated annually as refresher training for 1 month.

Women extension activities

Before activities begin in the field, APDA will conduct a baseline assessment using the organization behavioral change household survey. This then will be repeated each 6 months.

Once in their home area, the women will be expected to assist a minimum of 120 women per month by going house to house or holding meetings and so on. They will record all activities in a workbook that will be transcribed to a monthly report sheet.

Their responsibilities include

- Daily house to house teaching on health and acceptable social practices,
- Assist the formation of women associations and in their activities,
- Provide advocacy support for individual women as needed and advocating against the use of HTPs,
- Providing refresher training and follow for TBAs and assisting them in antenatal and postnatal checking,
- Teaching literacy to females and children.

In the process of their work, women extension workers will search out any women who perform FGM and register them so that they can have the opportunity of gaining awareness to stop the practice. This register will be known to the local Sheik whose job it will be to facilitate her to give up the practice through 'swearing on the Koran'.

Wherever possible, community health workers and women extension workers will collaborate to give the household the best possible care.

TBA activities and training

A total of 110 traditional birth attendants (TBAs) will be selected: 5 from each of the 22 kebeles. They will be selected on the basis of their popularity with delivering mothers so that the project can assist the most active TBAs.

Once selected, they will be trained for 10 days in

- Hygiene and sanitation
- The basics of a healthy pregnancy and antenatal checking
- Safe delivery and the most common problems
- How to use project – provided birthing sets
- Reporting on their activities

Once trained, they will receive refresher training in the 2nd and 3rd project year.

TBA activities include antenatal checking, deliveries using supplied individual delivery set, referral to health workers as needed, post natal checking and reporting. Since TBAs are the frontline actors in stopping FGM practice, they will be strategically involved as exemplary in the annual FGM practitioners' conferences. Again, they will be interviewed for radio broadcast to demonstrate to the community their importance in leading the mainstream thinking to leave FGM. In all aspects of their activities, they will be linked with women extension workers.

9. Project management and monitoring

The harmful practices awareness sector of APDA will oversee this project assisted by the organization gender officer and the program coordinator. APDA will make 6th monthly monitoring review visits to the field sites.

The project will be reported in the organization quarterly review and planning meeting thereby APDA will be well aware of the project progress and challenges. The women extension supervisors will attend the quarterly meetings to provide both quarterly written reports as calculated from women extension workers' monthly reports and oral report. Together with APDA, they will then decide on the next quarter's plan.

10. Sustainability

While it is not expected that FGM will stop in these 2 woredas in 3 years, a start must be made. Once the start is made, this also has ongoing effect. APDA will evaluate the situation after 3 years, planning to assure that the gains are not lost through finding support for a second phase,.