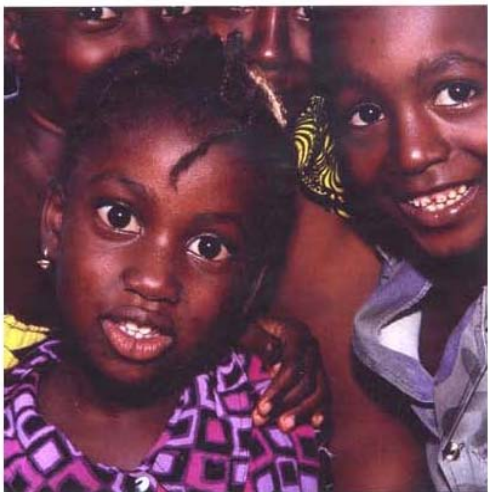
Female Genital Mutilation (FGM)

Save the Children Activities in West Africa and at the Global Level



Save the Children

Save the Children fights for children's rights.
We deliver immediate and lasting improvements to children's lives worldwide.

Save the Children works for
A world which respects and values each child
A world which listens to children and learns
A world were all children have hope and opportunity

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Three stories

Story of Guindo

Guindo Ogotimbé is a 6-year-old Dogon girl from Bandiagara. When she was three years old she underwent female circumcision or Female Genital Mutilation. The operation was carried out by an old and almost blind woman who was carrying out the practice as a profession. Guindo lost several parts of her sexual organs, not only the clitoris but also the outer and inner labia. Two hours after the operation she had a violent bleeding. Her mother was afraid and did not know where she could ask for help. Not until three days later she brought the girl to the local health centre. She was received by Doctor Raphaël who is leading a branch of the Centre Djoliba and is experienced in the treatment of FGM victims. When the girl arrived her symptoms were serious. She had cramps because of the loss of blood and a big clot of blood blocked the vagina. Her mother confirmed that the girl had not been able to urinate since she was mutilated. When the doctor removed the clot of blood, the girl was hurting so much that she told her mother this :

– Mum, let us go home now, I am feeling too much pain. We must hurry up, because it is dark and I'm going to die. I can't take more of this.

Fortunately, Guindo recovered after being treated for three days. She would have died if she had not met Doctor Raphaël who was a specialist in treating FGM victims. After treating Guindo, Doctor Raphaël sensitized the mother on the harmful consequences of FGM.

Story of Elisabeth

Elisabeth Kone is 16 years old and has not been circumcised. This is her own story of how she escaped.
– The fact that I have not been mutilated is due to my paternal aunt who works for Centre Djoliba, fighting Female Genital Mutilation. The first time I came to the village I was four years old. I had only been there for two days when my grandmother decided that I should undergo female circumcision together with the other girls in the village.

– One Sunday all the girls of my age were gathered in a courtyard where the woman who is carrying out these operations was waiting for them. My grandmother came to bring me to that place. But on our way we met one of my aunts who had been sensitized by one of the animators from Centre Djoliba and she had learned about the harmful consequences of FGM. She asked my grandmother where we were going. Grandma explained that I should have undergone female circumcision long ago but it was not done so she was taking me to the practitioner to be done. The word used for female circumcision or FGM in my local language is "cut away" and I could imagine what they were going to cut away.

– My aunt knew that it would be difficult to convince my grandmother right away about the harmful consequences and decided to lie to her, saying that I suffered from anaemia and that I could die from the operation. Grandma changed her mind immediately and we returned home. Later on my aunt sensitized my grandmother and other villagers on the harmful consequences of FGM and her message saved six other girls who are my cousins. I wish that this message about FGM could be spread everywhere.

Story of Mariam

Mariam is a 16-year-old girl of the Peul or Fulani tribe. They are an often nomadic minority in most West African countries. Mariam suffers from the effects of a Female Genital Mutilation she was subjected to when she was 10 years old. This is her story about what happened.

– One month ahead my mother told me about a coming event in the family. At a great festivity I should be initiated together with all the other girls of my age, and we should receive a lot of beautiful gifts. I was eagerly looking forward to that day. The evening before the initiation my mother took me to a large compound and we sat there all night with all the other girls and their mums. We were all full of expectation and watched our mothers dance to the drums. Early in the morning, just before six o'clock, my aunt took hold of my arms and held me tight. She said: "Don't cry. If you honour your family I shall cover you with gifts." With such encouragement she took me to a courtyard behind the house. Two women held me, one of them locking my legs and the other my arms. I was terrified. In the next moment I felt an intense pain. I saw blood running from between my legs and I lost conscience.

– Later, when I woke up again, the pain was still there and I kept bleeding. My parents were afraid and did not know what to do. The women were running to and fro and finally brought some black powder that they put on the wound. But I kept bleeding the whole day. From time to time they put more powder on the wound. I was afraid to pee because it hurt so much. I was sick for more than 40 days. I'll never forget the shock I had when they made that operation on me. I was very angry with my mother for not telling me the whole truth.

– Two years later, when I was 12 years old, studying in the fifth grade, my mother died. I was taken care of by my grandmother. One day a friend told me that I had been promised to a man, in other words I was engaged. One year later I left school and got married. My grandmother told me that school was not important for a young girl.

On the wedding night, when the marriage was to be consumed, there was a lot of trouble because I had been sewn up (infibulated) like all other Fulani girls. Two elderly women came in the evening and took the stitches away without any anaesthesia, before handing me to my husband for him to accomplish his duty. That night I felt again the same pain and the trauma from when I was mutilated. For a week I could not stand or walk upright, and I could not sit down because of the pain. I hated my husband after that night. Furthermore, I became pregnant after my first sexual experience. I went through another pain, trauma and torment

during child birth. Due to the complications the baby died at birth and I suffered from fistula.

Two years later I had my first contact with an organisation working against Female Genital Mutilation, called Centre Djoliba. There I met people I could trust and who could help me. Centre Djoliba put me in contact with other women suffering from FGM consequences. They helped me with a treatment so I could control my urine, and I have found a new husband. We now have a daughter. I am prepared to fight for her right so that she will not victim of mutilation like I have been.

Facts about Female Genital Mutilation

Africa is full of traditions, some are good and some are harmful. The most harmful of the traditions is female genital mutilation (FGM). The World Health Organisation estimates about 100/130 million women and girls throughout the world who have been subjected to mutilation and approximately two million girls are at risk every year.

What is FGM ?

FGM comprises all procedures that involve the partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reasons. The World Health Organization has divided FGM into four types:

Type I: circumcision, consisting in removal of the prepuce with or without excision of part or the entire clitoris (clitoridectomy).

Type II: excision, consisting in removal of the prepuce and the clitoris along with partial or total excision of the labia minora.

Type III: infibulation,the form of FGM common in the countries of the Horn of Africa, consisting of the partial or total removal of the external genitalia. The two sides of the vulva are then sewn with a suture or thorns, reducing the size of the vuval opening and leaving only a small hole for the passage of urine and menses.

Type IV: includes various practices of manipulation of the female genital organs - piercing or incision of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of the vaginal opening or cutting of the vagina; introduction of corrosive substances in the vagina to cause bleeding or introduction of herbs with the aims of narrowing the vagina.

In West Africa the most common type is excision. However some ethnic tribes also practice Type I and III. Type III is mainly prevalent in some of the Eastern countries.

In most cases, these operations are carried out in unhygienic and unsanitary conditions with unsterilised knives or blades (or any sharp instruments) without any anaesthesia. No tablets are given to sooth the immediate pain.

Female Genital Mutilation is sometimes referred to as Female Circumcision linking it to male circumcision which is widely practised in Africa for as a religious recommendation but also for therapeutic reasons. FGM cannot in any case be compared to male circumcision which is believed to increase the sexual libido of men whilst FGM is to reduce the sexual desires of women.

Prevalence rate

FGM is prevalent in 28 countries in Africa. Out of the 28 countries 15 are from West Africa. These are Benin (50%), Burkina Faso (66-43%), Côte d'Ivoire (60%), Gambia (60-90%), Ghana (1530%), Guinea (70-90%), Guinea-Bissau (50%), Liberia (50-60%), Mali (90-94%), Mauritania (25% average); Niger (20%), Nigeria (50%), Senegal (20%) , Sierra Leone (80-90%).

The other countries in Africa are Cameroon (20%), Central African Republic (50%), Chad (60%), Democratic republic of Congo (5%), Djibouti (90-98%), Egypt (97%), Eritrea (90%), Ethiopia (90%), Kenya (50%), Somalia (98%), Sudan (89 % of women from Northern Sudan), Tanzania (10%) and Uganda (5%).

FGM is also prevalent among immigrants from the above mentioned in Europe, USA and the Middle East.

It is important to note the prevalence rate in some countries have reduced with the sensitisation campaigns of various actors.

Depending on the ethnic tribe, FGM is practiced either at birth, during childhood, adolescence, just before marriage or after the birth of the first child. In some countries, like Guinea-Bissau and The Gambia, FGM is practised mainly by Moslems. In other countries, like Mali, it is practised by all religious groups (Moslems, Christians, Animists). In some countries it is practised as a rite of passage accompanied by ceremonious activities.

Causes

In most cases the causes for the practice of FGM are linked to deeply rooted traditions and some religious and cultural beliefs. Some of these beliefs are :

- FGM maintains girls virgin till their wedding and prevent them from immoral behaviours (prostitution, adultery, etc)
- FGM protects men from dying during sexual intercourse
- FGM prevents prenatal deaths
- FGM is a religious precept (especially among Moslems)

The real reason is to control girls and women sexuality.

Consequences

The consequence of FGM depends on the type of operation performed (infibulation clearly has more serious consequences), the ability and experience of the woman performing the operation, the hygienic conditions under which it is performed, and the girl's health at the time of the operation. It is important to note that parents are often ignorant of these harmful consequences. They carry out the practice on their daughter believing that it is in their best interest. Sometimes, when the girl dies during the operation, it is attributed to some evil spirits. It is only when people are sensitized that they link the following consequences to FGM.

Immediate consequences

Shock, due not only to the severe pain caused by an operation performed without anesthesia but also to the loss of blood which can continue for several days even when moderate, or to sepsis.

Hemorrhage, the most common and almost inevitable consequence, given that amputation of the clitoris can also involve resection of the dorsal artery. Moreover, even amputation of the labia can cause damage to veins and arteries. Prolonged hemorrhage can cause a girl's death or lead to long term anemia.

Infections, due to unsanitary conditions, use of unsterilized instruments and the fact that urination and defecation take place over the wound in girls that are bound. In the case of infibulation, an internal explosion of the infection can occur that can affect organs such as the uterus, the fallopian tube and the ovaries, causing chronic pelvic infections and infertility.

Urinary retention lasting eight to ten days. These girls find urination extremely painful due to inflammation of the wound on the vulva. This complication can cause infections of the urinary tract.

Lesions of adjoining tissue such as the urethra, vagina, and perineum. This is also due to the use of unsterilized instruments, the lack of proper illumination during the operation, the lack of anatomic knowledge in the practitioners and the struggling of the patient. More frequent are lesions of the anal and rectal opening with cutting of the anal sphincter and residual incontinence.

Tetanus can be contracted through use of unsterilized equipment. HIV/AIDS virus can be transmitted by using the same instruments for many operations (often the same instrument is used for all operations).

Long-term consequences

Loss of blood: can take place when the procedure is carried out on an infected wound, for example in the case of repeated infibulations and of re-infibulation after childbirth.

Difficulty in urinating: due to obstruction of the urinary opening and damage to the urinary tube. Urination can be painful and lead to urinary retention, frequent urge to urinate, incontinence and infections of the urinary tract.

Frequent infections of the urinary tract: often due to damage to the lower urinary tract produced by mutilation. Frequent infections of this type are common, especially in infibulated women.

Incontinence: can be caused by damage to the urethra during the operation. Incontinence cause lead to a woman's being segregated from society.

Chronic pelvic infections: common to infibulated women: The FGM and partial occlusion of the vagina and the urethra increase the probably of infection.

Infertility: due to the infections that can cause irreparable damage to the reproductive organs.

Keloids: thickened, fibrous skin tissue resulting from chronic inflammatory stimulation. These formations often diminish the size of the vaginal opening with serious consequences.

Dermoid cysts: cysts caused by inclusion of a fragment of skin that can develop into a tumour.

Fear of sexual intercourse may lead to divorce

Complications at child birth which often leads to the death of the new-born baby

Accumulation of menstrual blood in the vagina.

Laws

With the sensitization and advocacy campaigns all over the world against FGM, some countries like Burkina Faso, Senegal, Côte d'Ivoire, Ghana, Djibouti, Guinea, Togo Tanzania, Kenya, Central African Republic have adopted national laws to prohibit FGM. Some countries like Sudan, Egypt and Ethiopia have also included FGM as a crime in their Penal Code. In Europe, some countries like Sweden, United Kingdom, Norway, Belgium also have adopted specific laws. Others have included FGM as a crime in their Penal Code and Child Protection laws.

Populations often migrate from countries where FGM is prohibited to other countries where it is not to carry out the operation. Networking at regional and international levels is therefore very important to bring the practice to an end.

Other harmful traditional practices

There are other harmful traditional practices affecting the health of children in Africa and the most common are :

- Early and childhood marriages
- Nutritional taboos
- Killing of orphans
- Excessive feeding
- Scarification
- Abductions

Some of the partners that we support also address these issues in the communities.

What is Save the Children Sweden ?

Save the Children Sweden (SCS) is an International Non Governmental Organisation created in 1919 with the objective to fight for the respect of the rights of the child. It is an organisation which is politically and religiously unaffiliated, founded on the principle of voluntary and individual membership. Save the Children Sweden is an active member of the International Save the Children Alliance, a global movement of children's rights.

Save the Children Sweden is guided by the fundamental values expressed in the UN Declaration on Human Rights and the UN Convention on the Rights of the Child (CRC) and is founded on the conviction that :

- All children and adults are of equal value
- Children have special rights
- Everyone has the responsibility to respect and promote the rights of the child but the State has particular obligations.

Save the Children Sweden has its headquarters in Stockholm. It has 8 regional offices throughout the world. There are 3 regional offices in Africa, namely West Africa, Southern Africa and East and Central Africa regional offices. The regional office for West Africa is based in Dakar, Senegal, since 2002. It was previously based in Guinea Bissau in the 80's and was transferred in Abidjan, Côte d'Ivoire, toward the end of 1999 to break language barriers. However due to the political crisis in Abidjan, it was transferred to Dakar, Senegal.

How does Save the Children Sweden work?

Save the Children Sweden works mainly in partnership with non governmental organisations and community groups to achieve its objectives. These partners are the main players in their own arena and have full and independent responsibility for their work. Save the Children also collaborates with governments and other international organisations and development agencies in order to achieve change and to influence the policies and development efforts of these agencies. At global and regional level, we act primarily within the framework of the International Save the Children Alliance and seek to influence policy and development efforts at UN agencies, regional bodies and other international organisations so they become more focused on children's rights.

To achieve sustainable improvements in children's lives and to encourage societies, in which we operate to respect, protect and realise the rights of the child, Save the Children Sweden uses a combination of four working methods, namely :

- Research and analysis
- Direct support
- Knowledge dissemination and capacity building
- Advocacy and awareness raising.

Save the Children Sweden's work against FGM

Save the Children Sweden (Rädda Barnen) considers female genital mutilation (FGM) first of all as a violation of the rights of the girl child enshrined in the Convention on the Rights of the Child and the African Charter for the Rights and Wellbeing of the Child.

Save the Children Sweden has been working on the issue of FGM since the 80's. Save the Children Sweden believes that FGM is first of all a violation of the fundamental rights of girls. It contributed to the creation of the Inter African Committee (IAC) against harmful traditional practices and has been supporting local NGOs at national and regional level. The major projects of Save the Children Sweden regarding FGM take place in West and Eastern Africa, and for that reason, West Africa regional Office was appointed by the Headquarters to be FGM Global focal in 2004, given the fact that significant knowledge has been built up in the region. The global work focuses on the coordination of SCS activities in Sweden, East and West Africa and, if relevant, the Middle East.

In West Africa SCS works specifically with partners in Mali, Guinea-Bissau, the Gambia, Senegal and Burkina Faso. In the past SCS supported the sub-regional network against FGM which gathered NGOs from 8 countries in the sub-region. Due to lack of concrete activities SCS stopped its funding. If funds are available, SCS intends to support NGOs in other countries like Sierra Leone, Mauritania and Liberia, where the prevalence rates are also very high. Given the movement of populations it is important that Save the Children Sweden covers most countries in the region.

Save the Children Sweden has gradually shifted its approach from health approach to right-based approach over the past five years. It believes that the right-based approach is a holistic approach which takes into consideration all aspects and all target groups. It brings out the commitments of States taken at the international level by ratifying the international Conventions and treaties, identifies the role of the civil society and raises the awareness of the population on the rights of children at the grassroots level.

Save the Children Sweden has succeeded in creating clear links between the *Convention on the Rights of the Child* and the *African Charter on the Rights and Welfare of Children* as well as all other human rights protecting the rights of girls and boys in general. It has been noticed that most partners on the field are ignorant of the international legal instruments that legally binds their States and that is the reason why Save the Children Sweden has been providing trainings for its partners to raise their awareness on the content of those international conventions, their role to put pressure on the government for the respect of their commitments and how they can sensitize the communities at grassroots levels on the respect of the rights of children.

Strategies of partners have therefore been reviewed to take this into consideration, and the outcome has been very tremendous. The rights approach enables families, communities and States to look upon the girl child and children in general as rights holders who deserve to be consulted on matters concerning them, and their best interest will be taken into consideration. SCS therefore

equips partners with the necessary skills on how to raise the awareness of the populations at the grassroots level and to make advocacy at the national and international level based on the international legal instruments.

In child rights approach all groups must be targeted, including children themselves who are often forgotten in sensitization campaigns. Save the Children Sweden's partners therefore train strategic groups such as :

- Parliamentarians
- Teachers
- Religious leaders
- Community leaders
- Children and youth
- Women's groups
- Practitioners
- Health workers
- Ministries personnel
- The media personnel, etc.

Save the Children Sweden's work in Mali

In Mali FGM is practised on girls at a very early age and at puberty. It is not linked to any initiation rite. The prevalence is about 91% in the latest demographic survey carried out in collaboration with the Ministry of health in Mali. FGM cuts across almost all regions, ethnic groups and religious denominations. Half of the FGM cases in Mali would be classified by the World Health Organisation as Type I, the other half as Type II, and less than 1 % as infibulation (Type III).

The main partner of SCS in Mali is Centre Djoliba. The collaboration between the two institutions is about 23 years old. Centre Djoliba has progressively changed its approach from health approach to rights-based approach which has lead to tremendous results over the past 4 years. It is important to note that the rights-based approach provides no alternative to the practice, whilst with the health approach people are tempted to recur to the medicalisation (performing the operation in the health centres). Centre Djoliba also used to work only at grassroot level without creating a linkage with the national level. With the rights-based approach, they have achieved great results with the training of the parliamentarians who are now considering adopting a law against FGM.

After 20 years of sensitization, one can notice that FGM is no more a taboo in Mali. People openly talk about the issue and a lot of NGOs are now working on the issue, which was not the case some years ago. The issue which was in the beginning considered as a women issue is now beginning to concern more and more men. Many men are joining the fight, as a result turning the issue into an issue for the family and the whole society.
Some achievements of Centre Djoliba :

- After receiving a training on FGM and the rights of children about 30 practitioners abandoned the practice out of conviction and

organised themselves into a theatre group sensitizing populations throughout the country. As they go about sensitizing, other practitioners also join them.

- About 40 representatives of teachers from catholic schools from all over the nation also received a training on FGM and the rights of the child and decided to sensitize children in their schools, resulting in the creation of students anti-FGM clubs. In some villages, it is those children clubs that go about sensitizing their communities.
- About 40 parliamentarians also were trained and as a result they are now so convinced that they are talking seriously about a law. A lot of them are also sensitizing their communities and other parliamentarians.
- About 30 villages have abandoned the practice after sensitization programmes.
- Religious leaders and community leaders were also trained and some religious leaders are dedicatedly working with Centre Djoliba sensitizing communities that FGM has no religious ground.
- The strategy of Centre Djoliba is to have relays who continues the sensitization work on the ground at the community level in order to ensure the sustainability of their work.
- With the advocacy and sensitization campaigns, the government of Mali is now showing clearly its will to eradicate FGM in the country. Public media report on FGM issues and show specific sensitization programmes on national television and in newspapers.
- Save the Children Sweden also supports a network of NGOs in Mali, co-ordinated by Centre Djoliba. This network constitutes a platform for co-ordinating actions and formulating a common message, thereby increasing the effects of the efforts.

What is Save the Children doing against FGM in Guinea-Bissau?

In Guinea-Bissau FGM is practised as an initiation rite to mark the transition from childhood to womanhood. The operation is commonly performed on girls between 12 and 14 years old. The prevalence rate is about 50%. In Guinea-Bissau FGM is mostly practised among Muslims. The unstable political situation in the country makes it sometimes very difficult to work in the country. Circumcisers often give economic reasons for continuing the practice. Save the Children Sweden cooperates with three partner organisations which complement each other. The collaboration with these NGOs started in the 80's.

Simim Mira Nasseque works for an alternative ceremony in which they have preserved the educational elements but have left out the FGM. This approach is efficient where FGM is part of an initiation rite. Many families and communities have now accepted the alternative rite of passage as a compromise. Many circumcisers have also abandoned the practice but require some assistance to start a new profession. About 400 girls from 2002-2004 have undergone the Alternative rite of passage. If funds are available this aproach will be replicated at the national level.

Al Ansars is an Islamic NGO which concentrates on religious leaders to convince them that FGM has no support in Islam. Many leading representatives of the Muslim community have now accepted this and support the efforts to abolish FGM.

The NGO Forum is a local network whose task has been to coordinate actions and to make a lot of advocacy at the governmental level for the adoption of a law against FGM. Due to the political situation, the law has not yet been adopted, however, SCS intends to continue the advocacy work for the adoption of the law.

What is Save the Children doing against FGM in The Gambia?

FGM prevalence rate in the Gambia is about 80%. It is carried out mostly by Moslems, either at a very early age or at the beginning of puberty. No ceremony is attached. In the Gambia Save the Children Sweden works mainly with an NGO called GAMCOTRAP (Gambian Committee against Traditional Practices) which is a local branch of the Inter African Committee. The collaboration with GAMCOTRAP started in 2003. In the Gambia, the political support is almost non-existent. The work of Gamcotrap up to recently was concentrated at sensitization at the grassroots level.

One interesting fact is the involvement of children and the youth. Children organise themselves into youth advocacy groups and carry out sensitization campaigns against FGM in rural and urban areas. They involve children with disabilities in their awareness raising campaign and even boys are now actively taking part in sensitization campaigns.

In February 2005, with the support of Save the Children Sweden, parliamentarians were trained on FGM and the rights of children and many of them got convinced and committed themselves to sensitize their families and constituencies. They also decided to review some of the national laws in order to harmonise them with international legal instruments. Before the training, the Parliament of the Gambia had ratified the African Protocol on women issues, with reservations on FGM, but at the end of the training they promised to take away the reservations because they are now convinced that FGM is a harmful traditional practice. In the Gambia no law has yet been adopted against FGM. SCS will continue the advocacy work as well as the sensitization campaigns at the grassroots level in order to see FGM eradicated in the Gambia.

What is Save the Children doing against FGM in Senegal?

The prevalence rate in Senegal is about 20%. The regional office of Save the Children Sweden is based in Dakar, Senegal. Senegal has adopted a law against FGM but no mechanism is in place to implement the law. Members of certain ethnic groups often move to the neighbouring countries where there are no laws against performing the operation.

Save the Children Sweden works with two NGOs: a local NGO called Ofaad Nafoorée and a national NGO called FAWE. Ofaad Nafooré works at the grassroots level sensitizing parents, religious leaders, children, community leaders, local authorities, teachers and families on the rights of children and the harmful consequences of FGM. They involve children in the campaigns. FAWE works specifically at including FGM in the school curricula and at involving children in the campaign by carrying out peer education. They work with the Ministry of Education to facilitate the process.

In the future SCS will work for the implementation of the law in Senegal and continue the sensitization campaigns at the grassroots level. Children participation will be strengthen because of their great potential to bring about change among their present and future generation.

What is Save the Children doing against FGM in Burkina Faso?

Burkina Faso is the only country in West Africa who has put a good mechanism in place to implement the law. The prevalence rate has been reduced from 60 to about 40%. Save the Children Sweden does not support financially any specific partner but collaborates with key actors in order to learn from their rich experiences and share it with other actors in the region.

What is Save the Children doing at the global level ?
The global work, which focuses on SCS activities in Sweden, East and West Africa and, if relevant, the Middle East, includes among other things the following tasks :

- To keep and overview of ongoing SCS projects in West Africa; East Africa and Sweden.
- To keep abreast with international policy debate and key international advocacy initiatives
- To enhance sharing of experiences and learning within SCS
- To assess the opportunities and capacities within SCS to combat gender discrimination through addressing FGM

The task started with an assessment of the situation regarding FGM in Sweden and East and West Africa. The assessment revealed that SCS is supporting many actions in different parts of the world which have not been capitalized so far. There is little exchange among the different SCS staff and partners at the global level although it has been noted that the fight against FGM needs a concerted effort.

Based on the outcome of the assessment, the regional office for West Africa organized a Global Seminar on Female Genital Mutilations in February 2005 in order to give an opportunity to all SCS staff and partners from Sweden, East and West Africa to develop a global action for the future work. The meeting was held in Mali due to its high FGM prevalence rate and also given the fact that one of the SCS partners is carrying out interesting activities on the field. A draft of the global action plan was elaborated and will be finalized by June 2005. It will then be submitted to potential donors in order to raise more funds for the work..

What does Save the Children intend to do in the future?

Even though much has been achieved, there is still a lot to do. As part of the regional and global work Save the Children Sweden will focus on various levels to achieve the objective of contributing to the eradication of FGM all over the world. The different activities will include:

- Support partners to carry out sensitization campaigns at grassroots level. Many people still don't have the information and all they need is someone to come and tell them.
- Lobby some of the governments that have not yet adopted laws against FGM, mainly Mali, Guinea-Bissau, the Gambia and possibly Mauritania. Keep FGM on the regional political agenda. Lobby for the implementation of the laws. This will be done in collaboration with other international and national actors.
- Provide partners and other actors with capacity building on the legal standards protecting children, methods on children participation, organisational development, gender, documentation of best practices and other relevant issues.
- Provide partners with technical, financial and institutional support
- Carry out some evaluation and analysis for lessons learnt and review of strategies
- Capacity building of some strategic groups
- Encourage networking at national, regional and global level
- Make children's participation effective and real
- Organize an exchange programme for children in Sweden and Africa.

Funding

At the moment, the budget allocated for the work against FGM at the regional and global level is quite insufficient given the magnitude of the problem. Save the Children Sweden is therefore in need of additional funds in order to achieve its objectives. Many partners need institutional support to carry out effectively their work. Many of SCS's partners often cover thousands of kilometres in order to reach remote villages with their message. They need cars to reach those remote areas, otherwise the laws will be adopted but the practice will continue and life of little girls will still be at risk, because no one informed people in those villages.

When describing international aid we often talk about hundred thousands of victims. That gives a survey but not always a true insight. In the far periphery there are individuals. They may be called Guindo, Elisabeth and Miriam, but in the end it is always these individuals who matter, together with hundred thousands of others with a similar fate.

In these folders we move from individual cases to the general activities. At the same time we try to show how the general and structural problems affect the individual child. The stories are not fictitious. These children exist, but their names have been changed. In our times distances are not so great that we could otherwise avoid that they should feel they were exploited. On the other hand,

their life conditions are so different that without a concrete story their situation may be hard to grasp for an average European child of the same age.

Save the Children is active in many regions. Here we deal with West Africa. Presently it is an area with many great problems: poverty, desert expansion, armed conflicts. Almost all of them have serious consequences for children and youth. We hope that the stories about these children may help you understand what aid to West Africa is about, and why it is needed, and how it may lead to a decisive change for those who are struggling for a better life in the future.

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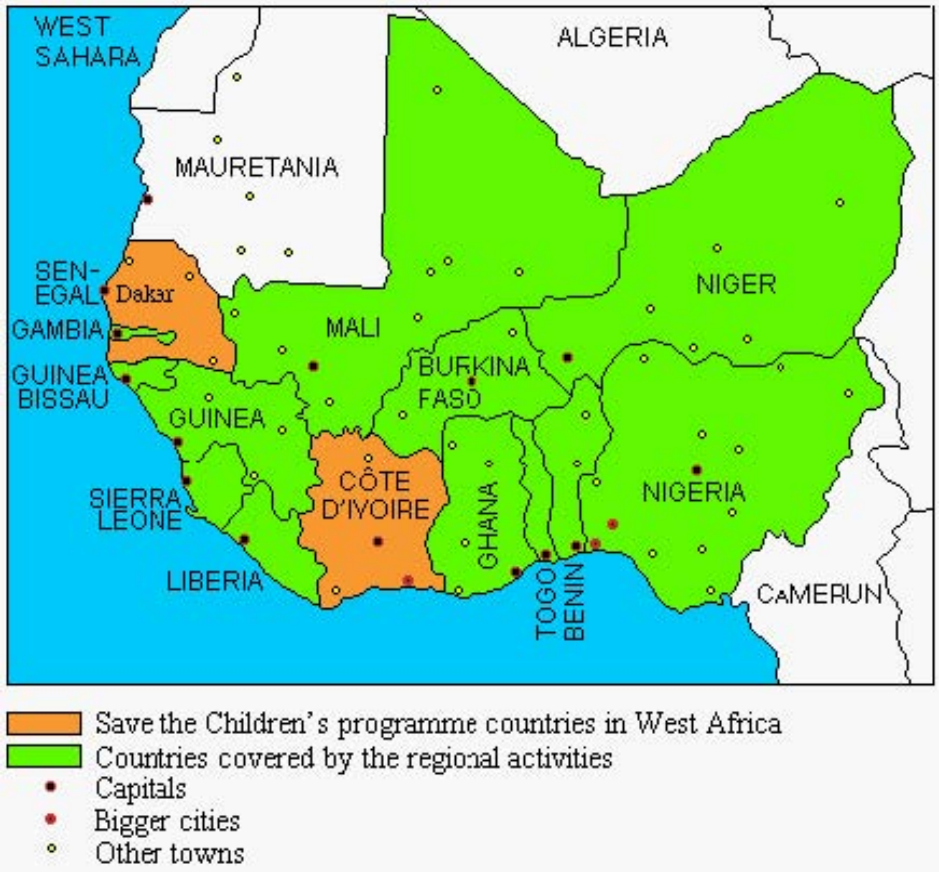
Map of West Africa Region



*Mauritania is now included in the programme of Save the Children Sweden

Some facts about Mali

Mali is a landlocked country, situated in the centre of West Africa, a quarter of which comprises Sahara Desert. About 10 per cent of the population of around ten mittion is nomadic, and som 80 per cent of the labour force is engaged in farming and fishing. Almost half of the population is younger than 15 years of age; average life expectancy lies at 46 years. The total fertility rate is 6.7. Seven per cent of women aged between 15 and 49 use some method of contraception. The median age of marriage for girls is 16 years. A mere 23 per cent of women and a third of the overall adult population are literate, and women constitute 15 per cent of the adult work force.

Prevalence

In Mali 91.6 per cent of women aged between 15 and 49 years have been genitally mutilated, cutting across almost all regions, ethnic groups and religious denominations. Only two ethnic groups express substantially lower levels of support, the Sonrai (4 per cent) and the Tamachek (14 per cent), who live in the North. Half of the FGM cases in Mali would be classified by the World Health Organisation as Type I, the other half as Type II and less than 1 per cent as infibulation (Type III).

Ethnic Structure

Roughly one in three persons has access to safe water and health services. The predominant ethnic groups are the Bambara (32%), Fulani/Peul (14%), Senufo (12%), Soninke (9%), and the Tuareg (7%). The vast majority of the people are Muslim.

Age and type

Age at mutilation varies from one ethnic group to another between a few days to 20 years, also in accordance with the meaning attached to the practice. For instance among the Dyalaï-Khasso of Kayes Region, girls are circumcised during puberty, when old enough to be initiated into womanhood and handed over to their husbands at the same time. Other than preparing a girl for marriage, women and men justify the practice as a means of continuing cultural traditions, fulfilling religious obligations, and controlling female sexuality. Often, where the majority of women are circumcised, social sanctions pressure individuals to perpetuate the customary practice.

Reason

The decision to circumcise a girl used to be a group process, with religious leaders and village chiefs, the heads of family groups and grandmothers as major decision makers. Today, however, the procedure is more individual, and tends to be a women's affair. The circumcisers are usually women from the blacksmith caste, and sometimes midwives, but a small yet increasing number of parens especially in urban areas now request the operation to be performed by health personnel.

Such medicalisation might reduce the immediate risk of infection, but it does not prevent long-term problems and mental trauma. Unfortunately, one in three professional health care providers is unaware of any health risks if FGM is performed in hygienic condisions. Not surprisingly, the majority of the population does not know of the hazards of FGM either or associates them with evil spirits. In actual fact, FGM represents a danger to women's health and a violation of their rights. Almost eight out of ten women in Mali would like to see genital cutting continue, most of them out of respect for tradition.

Younger women tend to express about the same level of support as older women, suggesting little attitudinal variation between the generations. Although more likely to be opposed to the perpetuation of FGM than their less educated and rural counterparts, 80 per cent of urban and better educated mothers report that their eldest daughter has been cut already or will be skortly, which implies that a less favorable attitude does not necessarily translate into lower occurrence levels.

Actions

The Government of Mali first addressed the issue of FGM in the early 1960s, and has engaged in increasingly serious efforts to fight the practice since the mid 1980's. 1997 saw the creation of the National Committee to Fight Traditional Practices Harmful to Women's and Children's Health, consisting among others of the Ministry of Gender and the Ministry of Health, as well as various non-governmental organisations (NGOs).

The Committee elaborated the «National Action Plan to Fight FGM 1998-2005», which aims at reducing the practice of FGM by 40%. Areas of intervention include the perceived link of FGM with religion, the split opinions on the practice among women, the absence of coordination among NGOs and women's groups, and strategies to convince circumcisers of giving up the practice. Mali has ratified most relevant international treaties and conventions on the rights of women and children, and is currently looking into possibilities of passing a specific law to criminalize FGM, like its neighbouring countries Burkina Faso and Senegal.

Currently, some thirty women's groups and NGOs are working on the elimination of genital mutilation. The initial focus of many of them on population subgroups, particularly the conversion of circumcisers, has given way to a variety of approaches.

Among the pioneers in Mali regarding work against FGM is the Centre Djoliba, a resource centre in Bamako. Its areas of intervention include sensitization campaigns, research and documentation, development of Information, Education and Communication material, and seminars or training of community and health workers. Moreover, the Centre coordinates a network of 28 NGOs working to eliminate FGM.

The regional sector project Promotion of initiatives to end FGM of the German Technical Cooperation (GTZ) is financed by the Federal Ministry of Economic Cooperation and Development (BMZ). In Mali, it supports the Centre Djoliba in

the expansion of its data bank on FGM, in publishing quarterly studies and in disseminating the material among a network of people and organisations. In 2000 28 Islamic leaders held a national forum on FGM, in order to discuss the role of religious authorities in the fight of the people's confusion of Muslim circumcision with FGM. The participants agreed that the Koran does not demand FGM. Instead various passages could be cited as an argument against the practice. For example, the text rejects anything that is degrading, or anything that endangers an individua1s health. The Muslim leaders promised to cooperate in an attempt to responsibly pass on their religious knowledge with regard to FGM to the communities.

Comparisons between Sweden and some West African Countries

	Sweden	**Burkina Faso**	**Ivory coast**	**Guinea Bissau**	**Mali**
Land area in km²	410 934	274 200	322 460	36 125	1 240 192
Million inhabitants	8,9	12,2	16,7	1,3	12,0
Children under 15 years (%)	18,2	48,7	42,1	43,5	46,1
Capital	Stockholm	Ouagadougou	Abidjan	Bissau	Bamako
Million inhabitants[1]	1,20	0,84	3,10	0,29	1,30
The capitals average temperature					
in January	-2,8	+25,0	+27,0	+24,0	+24,0
in July	+17,2	+32,0 (April)	+24,0	+27,0	+27,0
Religions (%)					
Lutherans	87				
Animists		50	35	50	12
Muslims	1,0	35	40	40	80
Catholics	1,8				
Christians		15	25	10	8
Orthodox	1,1				
Official language	Swedish	French	Portuguese	French	
Majority language		Moré	Ashanti	Crioulo	Bambara
Minority language	Five smaller languages	Several smaller languages	Some 60 smaller languages	Several smaller languages	Several smaller languages
Natural population growth/year	0,0 %	2,5 %	2,0 %	2,0 %	2,5 %
Life expectancy at birth (men/women)	76 / 82	43 / 44	45 / 46	47 / 51	46 / 48
Compulsory school	9 years	6 yrs[2]	6 yrs[2]	7 yrs[2]	9 yrs[2]
Literacy (men/women)	99 / 99 %	35 / 15 %	54 / 39 %	54 / 23 %	49 / 34 %
GNP per inhabitant	27 382 US$	239 US$	698 US$	172 US$	278 US$
PPP GNP[3] per inhabitant	24 277 US$	976 US$	1 630 US$	755 US$	797 US$
Infant mortality rate[4]	3	105	102	132	142
Under five mortality rate[4]	4	198	173	215	233
Annual electricity consumption (kwh/inhab)	14 138	27	196	47	37
No. of telephones per 1000 inhab[5]	682	4	18	9	3
Annual fresh water consumption per inhab(m³)	310	39	66	17	164
Daily calorie consumption/ing	3 194	2 121	2 610	2 430	2 029

Sources: Utrikespolitiska Institutet, UN Human Development Report, Statistisk årsbok

[1] Including suburbs
[2] Many children never show up or don't finish school
[3] Adjusted to Purchase Power
[4] Per 1000 live births
[5] Cell phones not included