



Our vision to end FGM/C by 2030





The challenge

The World Health Organization defines Female Genital Mutilation (FGM), also known as Female Genital Cutting (FGC), as the 'partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons'. Globally, more than 200 million girls and women in 30 countries have undergone FGM/C according to a statistical report published ahead of the United Nations' 2016 International Day of Zero Tolerance for Female Genital Mutilation¹. If the current trend continues, the number of girls and women subjected to FGM/C will increase significantly over the next 15 years.

The international community has resolved not to let this happen. Sustainable Development Goal number 5 (SDG5), 'Achieve gender equality and empower all women and girls' includes a target to 'eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation by 2030'. Meeting this SDG target will be a crucial global achievement because, according to Amref Health Africa, FGM/C causes serious medical complications, such as extreme pain, excessive bleeding, wound infection, maternal and newborn complications, and sometimes death. FGM/C also leads to major setbacks for women in society – girls drop out of school and are forced into early marriage, often with much older men, cutting short their enormous potential.

At the same time, in some communities in Africa, FGM/C is regarded as an important tradition, a rite of passage from girlhood to womanhood. The tradition can be seen as a

marker for strength and honor for instance, or as a religious obligation. In some communities, female circumcision is linked to marriageability, as is the case with the Maasai and the Samburu communities in Kenya and Tanzania.

For Amref Health Africa, there is no 'less harmful form of FGM/C' – there is simply NO FGM/C

No matter the intentions behind FGM/C, the practice is internationally recognized as a violation of human rights. Amref Health Africa views FGM/C as a gross violation and subjugation of women and girls that enforces violence, early marriage as well as underage pregnancies and denies young girls the right to achieve their full potential.





Amref Health Africa began in 1957 as the Flying Doctors of East Africa to provide critical medical assistance to remote communities in East Africa. Today, Amref Health Africa has expanded to become the leading African health organization, partnering with and empowering communities, and strengthening health systems in more than 30 African countries. With over half a century of experience in delivering healthcare and building health systems in Africa, we partner with those at the heart of communities, particularly women and children, to bring about lasting health change.

Our vision – the future we want


- Amref Health Africa is committed to a future without FGM/C, since FGM/C is a significant barrier to the rights and empowerment of girls, improved women's health and gender equality.
- We believe in community-led and community-driven cultural alternatives to FGM/C – without any form of a 'cut' – that enables young girls to continue their education, and avoid becoming child brides.
- We want to support a pan-African movement to end FGM/C, with Amref Health Africa as a leader. This includes a vibrant community movement against FGM/C, by empowering communities (and community-level Civil Society Organizations) to take up and own the work of ending FGM/C. This pan-African movement will involve several sub-Saharan African countries, adapted to local traditions and contexts and will always be carried out in partnership with communities affected by FGM/C and aligned with existing initiatives.

Our mission – our ambitions & ideals

Amref Health Africa wants to eradicate FGM/C in sub-Saharan Africa by 2030, in support of Sustainable Development Goal 5 and specifically target 5.3. Our efforts to fight FGM/C will have direct positive effects on issues related to FGM/C that are currently violating the rights of girls and women, including:

- **Ending child marriage:** Many cultural traditions view FGM/C as the last step in preparing a girl for marriage, the majority of whom are under the age of 18. 
- **Promotion of Sexual and Reproductive Health and Rights (SRHR):** Our approach will incorporate a strong SRHR element to increase girls' knowledge and understanding of their rights, particularly their right to protection against harmful practices. Young people (both boys and girls) will be given the information, knowledge and skills to make informed and meaningful decisions regarding their reproductive health. 
- **Education for all:** Many girls drop out of school after undergoing FGM/C because they are forced to marry. Having to abandon education at a young age undermines girls' life choices and opportunities, and can trap them in a cycle of poverty. 
- **Maternal health:** The majority of girls and women who undergo FGM/C face difficulties during pregnancy and delivery, contributing to 

high maternal and newborn morbidity and mortality, including obstetric fistula.

- **Promotion of gender equality:** By empowering communities to value the girl child, our anti-FGM/C work will positively affect the social position of girls and women and their influence in decision-making processes. 

Our fight against FGM/C, therefore, also has direct linkages to the achievements of SDG 1 on eliminating poverty, SDG 3, which aims to promote good health, SDG4, which seeks to promote quality education and SDG 5 on promoting gender equality.

Amref Health Africa has almost 10 years of experience in addressing harmful traditional practices that affect girls and has proven the success of its anti-FGM/C work through the Alternative Rites of Passage (ARP) model. To date, more than 14,000 girls in Kenya and Tanzania have undergone an Alternative Rite of Passage, which maintains all of the cultural celebrations surrounding a girl's transition to womanhood but without FGM/C. Listening to the demand from governments, African Diaspora in Europe and North America, FGM/C-practicing communities in Africa and affected girls, Amref Health Africa seeks to broaden the scope of our current ARP-projects.



norms are changing, we will bring the community closer to one another by providing psychosocial support to all affected.

No 'less harmful form of FGM/C'

Amref Health Africa is against the medicalization of FGM/C – the perspective put forward by some that a surgical 'nick' performed by a trained health worker is the best solution to avoiding the harmful effects of FGM/C – because it fails to recognize the fundamental fact that FGM/C in any form is a violation of human rights, as outlined by the UN. Those who support medicalization also fail to recognize the severe shortage of health workers in many African countries. Amref Health Africa does not believe that limited funds for Human Resources for Health should be diverted to training health care workers to carry out any form of FGM/C, particularly when thousands of women die daily in these same communities because of lack of access to skilled care during pregnancy and delivery.

The right of the child

Children have rights. The 1995 Convention of the Rights

of the Child calls for the protection of children from all forms of mental and physical violence and freedom from torture or cruel, inhumane or degrading treatment. FGM/C inflicts physical and emotional pain on children and as such, undermines their right to protection.

Our niche

- Expert knowledge of FGM/C as a rite of passage to womanhood.
- Distinctive position of promoting lasting health change by working primarily through women and girls to achieve change in communities and our established strengths in sexual reproductive health and rights and maternal, newborn, adolescent and child health.
- Experience creating community partnerships through community systems strengthening and social mobilization, with a special focus on involving boys and men who hold significant power.
- Strengthening the health workforce.

Key values – our norms & niche

In order to eradicate FGM/C by 2030, Amref Health Africa believes that we need to focus on the entire ecosystem in which FGM/C thrives. This means understanding and respecting the traditional values that communities attach to FGM/C, providing alternatives to FGM/C, helping girls cope with the stigma of not being circumcised, and introducing prevention approaches. Amref Health Africa, therefore, supports a holistic, integrated approach, combining elements of:

- Legal environment (laws, policies and their implementation);
- Community systems and traditional practices;
- Education;
- Health systems;
- Psychosocial support;
- Data and research.

Community leadership

From our experience partnering with Maasai and Samburu communities in Kenya and Tanzania to end the practice of FGM/C, Amref Health Africa has learned that combating FGM/C is complex and multifaceted. Legislation against FGM/C is not enough to establish the needed change in behavior, beliefs and attitudes. Our approach, therefore, is founded on the understanding that lasting and sustainable change in the eradication of FGM/C must first and foremost come from and be led by the communities themselves. We believe in patiently and respectfully engaging and partnering with communities to change these harmful

cultural norms. This is a slow and challenging process. It is the reason that a UN interagency statement² indicates that any anti-FGM/C campaign must be sustained for long periods of time to be successful and that it must be community-owned and multi-sectoral in nature.

Amref Health Africa's cultural prevention approach is founded on a deep and genuine understanding about the traditional and cultural basis of FGM/C – the value it is accorded in society. Our cultural prevention approach aims at retaining the cultural lessons and blessings as well as the pomp and beauty during the transition to womanhood, while removing the cut (for example through our Alternative Rites of Passage ceremonies).

Psychosocial support

The psychosocial implications of not undergoing circumcision can be very grave, including stigma. FGM/C is often tied to rules of community membership, and to the very notion of being a woman. Girls who don't undergo FGM/C can be excluded from marriage and denied the right to call themselves women. Often these girls and women have to deal with stigma, in the form of public shaming, derision and belittling. At the same time, those who have undergone FGM/C have to deal with trauma, shaming and stigmatization. Former circumcisers or the elders who have to accept the implications of their past decisions, may also experience shame and guilt. Recognizing the sensitivities of an environment in which social

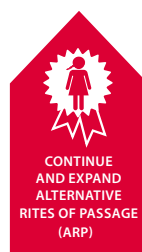
Through Amref Health Africa's
ARP programs, over 14,000 girls have
been saved from FGM/C



Our strategy – how to end FGM/C by 2030

Alternative Rites of Passage (ARP)

ARP is a community-led and community-driven cultural alternative to FGM/C that seeks to retain the harmless cultural rituals and celebrations around womanhood while removing the harmful cut for girls. In Kenya in 2009, Amref Health Africa started working side-by-side with the Maasai community who proposed the alternative to FGM/C themselves to roll out ARP. ARP offers training that sensitizes local communities to the dangers of FGM/C, promotes a collective decision to abandon it and embrace ARP. The new ritual combines the traditional ceremony with sexual and reproductive health education and the promotion of girls' education.



The cost efficiency of ARP

Based on our experience in Kajiado countries in Kenya, we can state that the ARP model becomes more and more cost efficient over time. From day one, having one girl go through ARP will cost 50 USD. This includes the sensitization, the commitment from the communities, the training of the girls and the actual ceremony. However, as communities are used to raising contributions within their community for circumcision celebrations, Amref Health Africa will support them through the ARP programme to direct these resources to alternative ceremonies. As a result, more and more the community will take the lead and contribute more – they are able to raise 30USD per girl. Therefore, the initial investments made will go down over time while continuing to reach more girls.

Amref Health Africa envisions a continent free of FGM/C, where girls are empowered to continue their education, and become the women of their dreams

Capacity building and awareness raising

Capacity building of and sub-granting to community-level CSOs who are the key change agents is an important intervention in escalating and expediting community level anti-FGM/C campaigns and behavior change. Amref Health Africa's experience shows that by increasing the number of CSOs who take up the anti-FGM/C campaigns within their communities the number of girls who escape FGM/C increases substantially.



Advocacy in Africa

Amref Health Africa is well positioned to address the issue of FGM/C from a policy perspective. Key to our work is the close cooperation that we have established with local governments. As a result we have good relationships with important policy makers, at local, regional and national levels. It is key that these politicians include issues related to FGM/C on their political agenda, especially when it comes to local politicians who often have close relationships to communities where FGM/C is practiced. Furthermore, we work closely with for instance the Anti-FGM Board in Kenya and are well connected to the global platform Girls Not Brides. We will keep political and law enforcement authorities accountable in discharging their duties in protecting and enforcing the law. Part of our strategy will be to identify relevant existing initiatives on anti-FGM/C and seek opportunities to align and mutually enforce each other's work.



Advocacy beyond Africa

FGM/C is a global human rights violation which exists also in Europe and in the Northern Countries. If we consider Europe only, each year 180,000 girls and women are estimated to be at risk of FGM/C and Europe is home to an estimated 500,000 women and girls living the consequences of FGM/C. Amref, with its strong expertise in Africa, can play a relevant role in advocating for placing FGM/C high on the European and international agenda and to gain the attention of decision and policy makers, thus working towards a global movement against FGM/C. Becoming 'the African voice on issues of FGM/C' will open up new avenues for fundraising and partnerships. Important to note here is that for advocacy and awareness raising initiatives we will make use of both the FGM/C- and FGM-term, using FGM/C as predominant, yet not exclusive, as for instance the 2030 SDG Agenda makes reference to FGM. To ensure alignment with all existing initiatives we will use the term for FGM/C that is most fit in that specific context.

Education and curriculum development

As an example, in early 2016, Amref Health Africa successfully advocated with the Kenya Anti-FGM Board, Ministry of Public Service, Youth and Gender Affairs, Ministry of Education, and the Kenya Institute of Curriculum Development (KICD) to incorporate anti-FGM/C and early marriage content in the new national education curriculum that is currently being developed, and which will be launched in 2017.



Technology

Nowadays, more households in developing countries own a mobile phone than have access to electricity or clean water. The number of internet users has more than tripled in a decade – from 1 billion in 2005 to an estimated 3.2 billion at the end of 2015. These rapid technological advancements provide excellent opportunities to bring about change, including:



- its use as a platform to stop FGM/C through the creation of public awareness on the FGM/C issues,
- sending out behaviour change communication messages directly to the targeted communities,
- training gate keepers and focal persons at the community and health facility levels to equip them with the right information and skills to tackle FGM/C,
- help coordinate the effort and track progress with our FGM/C campaign.

To reach real scale and significantly impact the goal to eradicate FGM/C, the use of ICTs will therefore be entrenched in Amref Health Africa's FGM/C eradication strategy.

Join the movement!

Strategic partnerships and alliances with relevant organizations working in the human rights and gender equality fields are fundamental if we want to succeed in our mission to eradicate FGM/C by 2030. Amref Health Africa will therefore expand on existing partnerships and seek new partnerships with relevant stakeholders on community, national and international level, who are also committed to end FGM/C by 2030.

We all have a role to play to end FGM/C by 2030. Interested to join the movement? Please get in touch with us and see how to get involved.



