



**GENDER TRANSFORMATIVE
APPROACHES TO ENDING
FEMALE GENITAL MUTILATION**

**RESULTS FROM THE VIRTUAL INTERNATIONAL
STAKEHOLDER DIALOGUE (ISD) 2021**

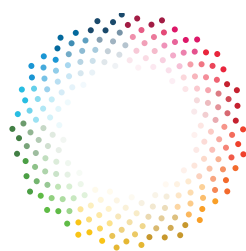
December 2021



BUILDING BRIDGES TO END FGM



This report was produced in the framework of the “Building Bridges between Africa and Europe. Phase 3” project, supported by the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation and the Spotlight Initiative to eliminate violence against women, coordinated by AIDOS – Associazione Italiana Donne per lo Sviluppo (Italy) in partnership with GAMS Belgium, Action Solidarité Développement (ASD, Republic of Guinea), Actions (Mauritania), Association Malienne pour le Suivi et l’Orientation des Pratiques Traditionnelles (AMSOPT, Mali), Jeunesse et Développement (JED, Senegal), Mwangaza Action (Burkina Faso).



Spotlight Initiative

*To eliminate violence
against women and girls*



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EXECUTIVE summary



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This report is based on the discussions held within the framework of the virtual **International Stakeholder Dialogue (ISD)** organised by AIDOS, GAMS Belgium and the End FGM European Network in October-November 2021. The discussions gathered 53 stakeholders from the public sector, civil society organisations and the UN system, representing 33 organizations from 21 countries across Africa, Europe and North America working towards the elimination Female Genital Mutilation (FGM).

The main objective of the ISD is to support the **development of practical and promising gender transformative approaches to ending FGM** through mutual learning, identification of best practices and collectively set recommendations for key international stakeholders. The ISD further aims to build on and provide suggestions for the implementation of the Generation Equality Forum (GEF) Action Coalitions 1 and 3.

The ISD discussions recognised that FGM is closely tied to unequal power relations between men and women and is a form of gender-based violence (GBV). As a manifestation of gender inequality, it needs to be addressed through approaches that aim not solely to eradicate the practice in and of itself, but to also transform the gendered and social norms and power relations which have produced and maintained it as a practice. The concept of the **gender equality continuum**, which describes the different approaches to gender equality that can be taken to assess the potential of programming and policy to address harmful gendered norms and power relations, is central to developing a gender transformative approach (GTA) to ending FGM. To achieve long-lasting change,

multi-sectoral interventions which cut across the **socio-ecological model** and intervene at different levels of social, political and legal structures are needed.

While applying gender transformative approaches is increasingly popular among international donors, the ISD discussions brought to light the considerations which need to be made when applying this approach to ending FGM. The **lack of common understanding** and skills on GTA among civil society working to end FGM requires investment in capacity building and peer-to-peer knowledge transfer. The **significant scope and considerable time frame** needed for the full application of a gender transformative programme are barriers for smaller organisations, which are often active only at the level of their local communities and dependent on short-term funding. Additional concerns exist about designing programmes which are only likely to bring **results in the long-term** (as gender transformative approaches are) to situations which may appear to require an immediate intervention – this underlines the importance of raising awareness of the continuum of violence faced by women and girls, of which FGM is only one manifestation. Gender transformative approaches additionally require a broad focus that goes **beyond the traditional risk groups of FGM** – i.e., women and girls, who often hold the least power in societies – and for equal attention to be paid to those who do hold the most power, particularly men but also senior women who need to take part in a gender transformative process as well.

Considering these limitations, **few good practices of gender transformative approaches could be reported** in the field of ending FGM and most of the evidence collected relates to **gaps and challenges**. To address these, ISD participants developed a series of **recommendations**, aligned with the objectives of the GEF Action Coalitions 1 and 3. The recommendations for **funders and donors** focus on how they can support their grantees in developing more complex and increasingly more gender transformative approaches, increase grantees' capacities and skills and develop networks and collaborations which can jointly deliver gender transformative approaches. The recommendations for **policy makers and governments** provide suggestions for how to adopt a gender transformative approach in their own policy making, better include women and girls in decision making and ensure the eradication of harmful gender norms in policies. The recommendations for **civil society** promote knowledge exchange between organisations, developing novel approaches to donor reporting to demonstrate impacts of gender transformative approaches, ensuring that their organisational culture is gender transformative and, where possible, working more closely with governments to promote gender transformative policy change.

1 ABOUT this report



This report is based on the discussions held within the framework of the virtual International Stakeholder Dialogue (ISD) organised by AIDOS, GAMS Belgium and the End FGM European Network. The ISD is supported by the **UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation** and **Spotlight Initiative** to eliminate violence against women and girls funded-project 'Building bridges between Africa and Europe to tackle FGM. Phase 3'.

The main objective of the ISD is to support the development of practical and promising gender transformative approaches (GTAs) to ending Female Genital Mutilation (FGM) through mutual learning, identification of best practices and collectively set recommendations for key international stakeholders, including at the Donor Working Group on FGM (DWG). Its outcomes will also be taken forward in the future work of the **Community of practice on FGM (CoP FGM)**, which provides virtual spaces for collective discussion, ideas and information-sharing on FGM, whilst applying a Building Bridges perspective among professionals from different geographical areas, working in various sectors.

Generation Equality Forum: putting the Actions into practice ■

The ISD aimed to build on the action points of the Generation Equality Forum, which took place in Paris in June 2021. This report is designed to provide practical suggestions on how to implement the GEF Action Coalition 1 on gender-based violence (GBV) and Action Coalition 3 on bodily autonomy and sexual and reproductive health and rights (SRHR) in the field, with regards to the elimination of FGM. Both Action Coalitions include indicators which are relevant to accelerating progress on reaching target 5.3 set by the Sustainable Development Goals (SDGs) to end FGM by 2030. Action Coalition 1, focusing on eliminating GBV, contains a specific target on FGM, setting the goal of legally banning and introducing policy measures against FGM in three quarters of countries where FGM is known to be practiced, by 2026.

As FGM is at once a form of gender-based violence and an infringement on women and girls' bodily autonomy and their ability to enjoy their SRHR, there are numerous overlaps in between GEF Action Coalitions 1 and 3 when it comes to ending FGM. Consequently, many of the practices and approaches described in this report can be applied to make progress on either or both of these actions simultaneously. Within the recommendations section, alignment with the objectives of the GEF Action Coalitions is highlighted alongside relevant recommendations.

Methodology ■

The ISD was organised between October and November 2021. It gathered 53 stakeholders from the public sector and civil society, representing 33 organizations from 21 countries (nine in Africa, ten in Europe and two in North America) working towards the elimination of FGM.¹

The dialogue was structured around two online working groups, one holding discussions in English and the other in French. Each working group met three times, with the facilitation of two expert moderators. Each session had specific objectives and was structured around common guiding questions:

- **Session 1** (6-7 October 2021) focused on building a shared definition and comprehension of gender transformative approaches. The discussion centred on the question of whether participants' existing approaches are gender transformative and, more specifically, *how*.
- **Session 2** (20-21 October 2021) focused on identifying the main challenges arising when implementing gender transformative approaches in anti-FGM programming.
- **Session 3** (3-4 November 2021) looked at the challenges and needs identified in session 2 with the goal of proposing possible solutions and promising practices to address them.

¹ _ AIDOS, GAMS Belgium and the End FGM EU Network strived to secure a diversity of participants at the ISD. Invitations to participate were shared on various platforms, including through the CoP FGM.



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A gender transformative approach to ending FGM

The discussions within the ISD started by building a shared understanding of key definitions and approaches, which were used to base the conversations and develop the recommendations contained within this report.

The first point of common understanding was that **FGM is closely tied to unequal power relations between men and women and is a form of Gender Based Violence (GBV)**. As a manifestation of gender inequality, it needs to be addressed through approaches that aim not solely to eradicate the practice in and of itself, but to also transform the gendered and social norms and power relations which have produced and maintained it as a practice.

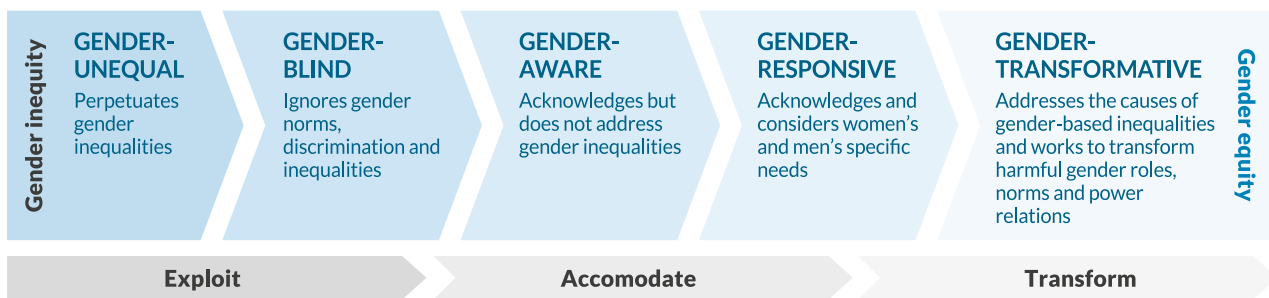
The **gender equality continuum** describes the different approaches to gender equality that can be taken in order to assess the potential of programming and policy to address harmful gendered norms and power relations. The continuum describes the extent to which specific approaches can contribute to transforming gendered power relations in society, with a **gender transformative approach** considered most likely to do so. This concept was central to the discussions at the ISD. A **gender transformative approach**, as proposed by the UNFPA, UNICEF and UN Women:

“[A]ctively examines, questions and changes rigid gender norms and imbalances of power that advantage boys and men over girls and women. It aspires to tackle the root causes of gender inequality and reshape unequal power relations; it moves beyond individual self-improvement among girls and women towards redressing the power dynamics and structures that serve to reinforce gendered inequalities. A gender transformative approach addresses the causes of gender-based inequalities and works to transform harmful gender roles, norms and power relations.”²

2 _ UNICEF, UNFPA, UN Women, 2020, [Technical note on gender-transformative approaches in the global programme to end child marriage, Phase II: a summary for practitioners](#).

Adopting a gender transformative approach requires therefore to go beyond simply including women as participants, promoting self-improvement for girls and women or simply involving men in a programme. It requires creating opportunities for individuals to actively challenge gender norms, promoting positions of social and political influence for women in communities, addressing power inequalities between people of different genders, addressing the root causes of gender inequality, redressing the power dynamics and structures that serve to reinforce gender inequalities, engaging men and women, girls and boys and challenging harmful gendered norms and practices such as FGM.

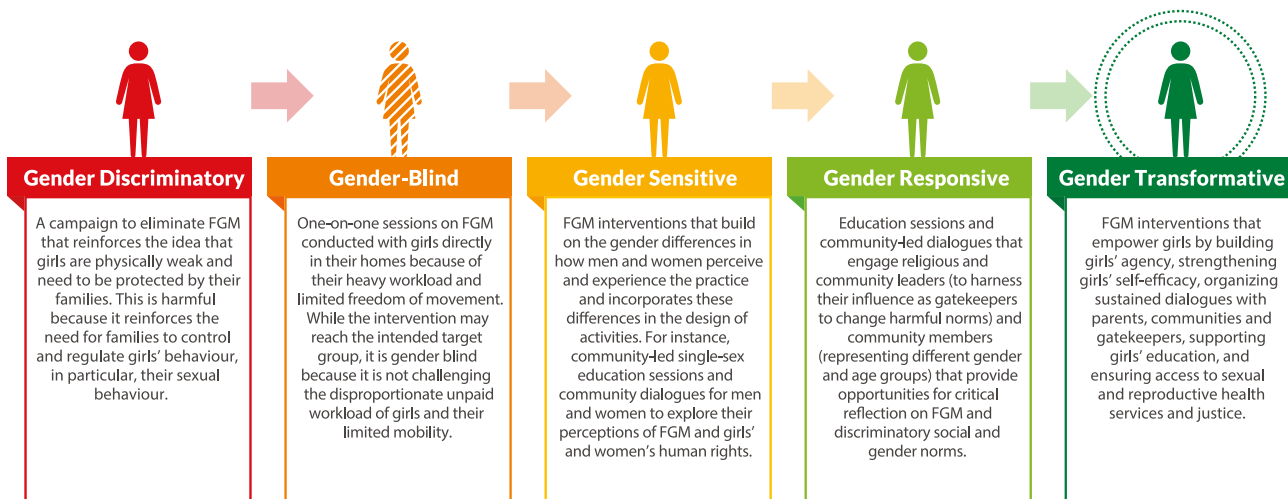
FIGURE 1 The Gender Equity Continuum.



Source: UNICEF, UNFPA, UN Women 2020, *Technical note on gender-transformative approaches in the global programme to end child marriage, Phase II: a summary for practitioners.*

A gender transformative approach to ending FGM should challenge gender roles and gendered power dynamics, encourage critical awareness of gender roles and norms and question the costs of the harmful and inequitable gender norms of FGM, making the advantages of changing it explicit. When applied to eradicating FGM, the gender equality continuum may look as in the graph below.

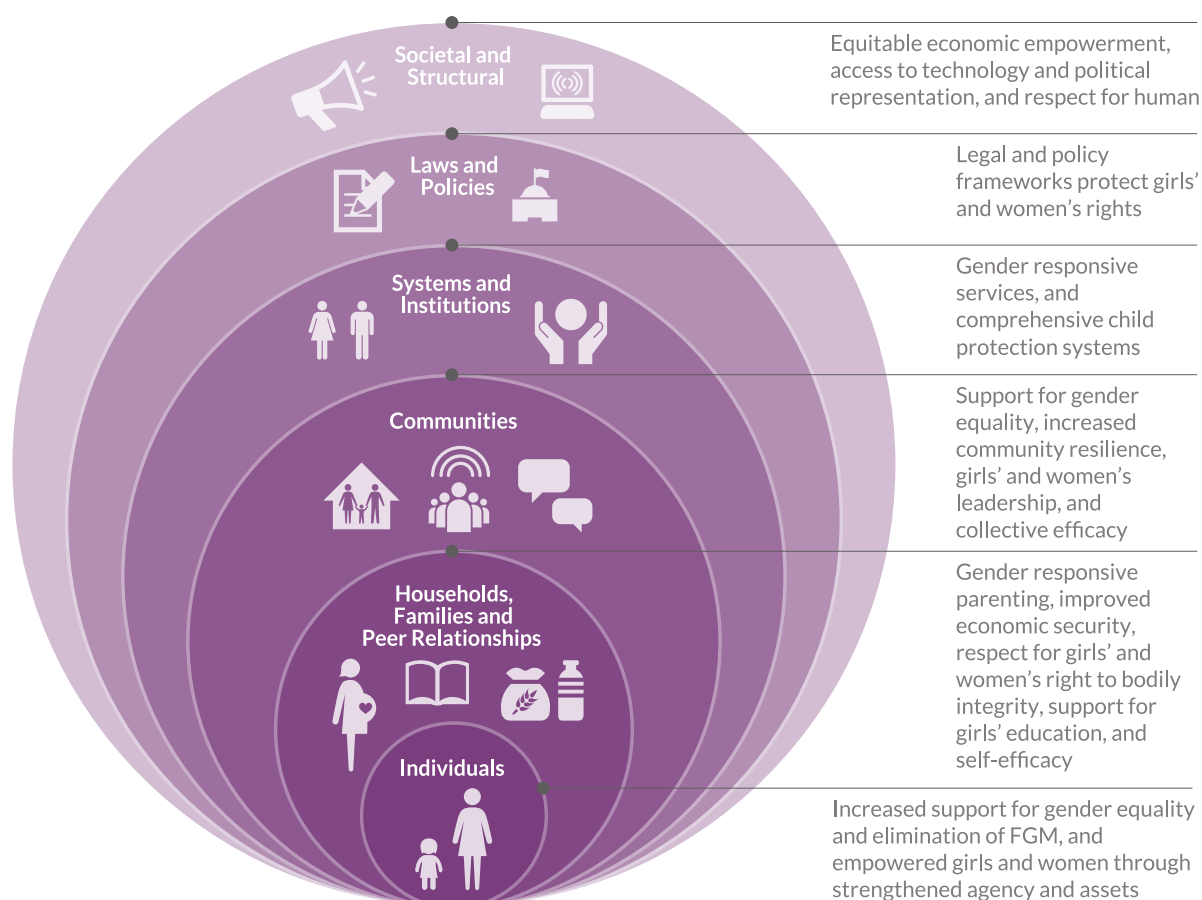
FIGURE 2 The Gender Equity Continuum. Examples of Programmes Across the Continuum Framework.



Source: UNICEF, 2020, *Technical Note: gender transformative approaches for the elimination of female genital mutilation.*

To achieve long-lasting change, multi-sectoral interventions which cut across different levels of social, political and legal structures are needed. UNICEF and UNFPA suggests approaching programming through the lens of the **socio-ecological model**,³ which suggests that multilevel approaches are required to leverage norm change.⁴ This means that programming should foresee interventions at: individual (women and girls), interpersonal (families, friends, social networks), community (community-based organisations, faith-based organisations, women's and girls' groups, youth groups), and social levels (both at systems and institutions and policy and legislative levels).

FIGURE 3 Socio-Ecological Model.



Source: UNICEF, 2020, *Technical Note: gender transformative approaches for the elimination of female genital mutilation*.

On the basis of these shared understandings, ISD participants were encouraged to reflect upon how they apply these approaches to their work on ending FGM and caring for FGM survivors, what challenges may arise from their implementation and how to overcome these.

3_ Ibid.

4_ Pulerwitz et al, 2019, Proposing a Conceptual Framework to Address Social Norms That Influence Adolescent Sexual and Reproductive Health, *Journal of Adolescent Health*, 64 (2019) S7-S9.

2_IMPLEMENTING gender transformative actions to end FGM



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Aside from providing concrete examples of practices designed to end FGM on the ground, ISD participants discussed the broad issues and concerns related to applying gender transformative approaches.

A significant focus of the discussions was on an observation that **applying gender transformative approaches is increasingly popular** among practitioners and requested by international donors. This trend however does not necessarily mean that the approaches labelled as gender transformative always fulfil the requirements of examining, questioning and changing rigid gender norms and imbalances of power that advantage boys and men over girls and women. For example, not every programme which engages men and boys to end FGM is gender transformative, especially if it fails to question other types of gendered norms and resulting inequalities and violence.

ISD participants attributed the challenge in correctly identifying the gender transformative potential of a given approach primarily to: organisations' and individuals' **gaps in understanding** this specific approach, the potential lack of specific or specialised knowledge. It was pointed out that while the concept of gender transformative approaches was known to some feminist activists, it may not necessarily be the case across the board. This is a concern which can apply to smaller community-based or grassroots organisations in particular, as these have fewer resources and capacities for training and

complex programme development. This observation is confirmed by research which suggests that gender transformative approaches are new in the field of FGM and have not yet been fully adopted in programming, remaining largely at theoretical level.⁵ At the same time, participants pointed out that while some grassroots organisations may not be using this terminology, the approaches adopted by them are in reality both gender transformative and effective.

A discussion also emerged around the socio-ecological model and gender equality continuum put forward by UNICEF as a guide for programming for gender transformation. Some participants **questioned the methodology** applied by these models, in particular the distinction between gender norms and social norms, with gender norms described as being ‘in the world’ and social norms ‘in the mind’.⁶ They suggested that in their understanding, gender and social norms were both simultaneously in the mind and the socio-cultural context around girls and women. As such, changing both sets of norms requires a broader, collective, rather than individual-focused approach.

Furthermore, some argued that at the highest level of the gender equality continuum the **focus seems to be excessively on the girl, rather than the society** in which she functions. Even though the majority of participants did not see it this way, they agreed that while girls and women should remain the centre of attention of a gender transformative approach, the responsibility of changing entire societies’ norms should not be placed on their shoulders. While girls’ agency must be promoted, the burden for bringing about societal change cannot be put on those with the least power to do so – equal attention must therefore be paid to those who hold that power, particularly men and also senior women.



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5_ Orchid Project, 2021, A gender-transformative approach to ending female genital cutting: Changing harmful gender and power imbalances. *Policy discussion paper*, p. 28.

6_ UNICEF, 2020, [Technical Note: gender transformative approaches for the elimination of female genital mutilation](#).

Participants further discussed the need to weigh up the **short- and long-term costs and benefits** to implementing gender transformative programming. Given that interventions of this type are complex and bring outcomes only in the long-term by design, it was discussed if more immediate programming designed to focus narrowly on curbing or ending FGM in a short time span would not be more appropriate, at least in certain contexts. However, it was pointed out that programmes with a narrow focus may inadvertently maintain or even strengthen existing patriarchal norms, despite eradicating the practice of FGM. For example, individuals or societies that have accepted that FGM is harmful can still be discriminatory to women and maintain other forms of GBV. Moreover, a focus on health consequences, rather than on gender inequality as a root cause, can unintentionally foster the medicalisation of FGM or a shift to types of practice perceived as less harmful.

While participants agreed that gender transformative approaches were an ideal to strive towards, they also pointed out the **practical and financial challenges to implementing** them. The fact that achieving change through gender transformative programming requires programming that targets social norms at different levels as well as pursues change at the political, policy and legislative levels, suggests, according to some participants, that only major systemic programmes can fully apply this approach. In addition to the scope and scale of such programmes, financial issues are a further barrier, with holistic approaches coming at a significant cost. This raised questions about if and how smaller organisations could apply this type of approach in their work, especially given the fact that they are often reliant on short term (12-24 month) project funding.

Considering these limitations, participants acknowledged that it was unlikely for any one organisation to ‘do everything’ or take on a fully comprehensive approach. Currently, **few good practices could be reported** in the field of ending FGM, as most of those cited by participants focus on only one or two aspects of the socio-ecological model, or lack the time, geographical or influence area scope necessary to implement a truly gender transformative approach. As a result, most of the evidence collected falls into the gaps and challenges section. However, participants were positive that it is feasible for ‘everyone to do something’, and in order to make progress towards a broader gender transformative goal, programmes should strive to be on the road towards a gender transformative approach and partner with others doing the same.

State of implementation on the ground ■

Most of the examples of practices currently applied by practitioners working on ending FGM who participated in the ISD address only one or two of the levels described by the socio-ecological model, therefore still falling short of being fully gender transformative.

Organisations who focus on supporting survivors of FGM tend to focus on the **individual level**. For example, participants from organisations based in countries in which a migrant diaspora from FGM affected countries is present discussed their focus on providing holistic medical and psycho-social support to survivors. The process raises survivors’ awareness of the gendered power dynamics in which they live and allows them



to acknowledge that FGM is a form of gender-based violence; this provides them with certain tools to challenge gendered dynamics in their immediate environment, such as in the relationships with their partners or within friendship groups. However, this approach is limited in that it cannot challenge and change their overall environment, wider social norms, policies and laws as well as other structural discriminations to which migrant communities are subjected to, such as discrimination based on race or administrative status.

Similar challenges exist when it comes to programmes such as those providing courses for children (whether integrated into school curricula or embedded in youth groups or clubs) within FGM affected communities which discuss gender roles and stereotypes or integrate elements on FGM within broader gender equality, sexuality education and human rights curricula. This type of awareness raising and education can impact the socialisation of boys and girls at an early stage and embed the ideas of equality, allowing them to perceive the existing gender imbalances in society and potentially raise the issue in their immediate environment, denouncing FGM practices in their communities. However, this approach is not in itself transforming the wider social norms within which the girls (and boys) operate and does not in itself provide them with the power to shift these norms, thus lacking a fully gender-transformative potential. In addition, focusing efforts on working specifically with boys may reinforce gender inequalities by once again giving attention and praise to them. Nevertheless, there are some promising practices of educational activities paired with training of teachers, awareness raising of parents and communities and advocacy towards authorities, promoting the deconstruction of gender roles and stereotypes at different societal levels.

ISD participants reported various examples of focusing their efforts at the **level of interpersonal relationships**, such as intervening at the level of the family, friendship or social networks. This can take the form of engaging different stakeholder groups into a dialogue about FGM and wider gendered norms which create the conditions for this harmful practice to persist. Participants reported involving different groups such as youth and adults, women and men (both married and unmarried), and community and religious leaders in an open dialogue on existing practices and norms to allow a process of change to begin.

Others focused on interpersonal approaches by involving men into discussions on FGM and efforts to eradicate it. One example was of workshops organised for women in which they were encouraged to discuss their own perceptions of their role in the community and FGM as it relates to gender norms and expectations; at a later stage, men from the community were introduced into the workshops and encouraged to listen to the women's stories and experiences – this was expected to produce a change in their attitudes towards gendered norms and the practice of FGM and encourage the renegotiation of power relations in the community. Men were also cited as actors who should be involved in prevention activities, exerting their influence over their family and networks. Another approach involving men addressed migrant communities from FGM affected countries and focused on transforming gender relations within the community by portraying gender based violence as incompatible with integration into the host society and promoting an increased sharing of responsibilities in couples. It is important to note that this approach has specific limitations related to the fact that host societies are themselves not exempt from GBV and can often hardly be presented as positive examples to emulate.

Some approaches assume they apply a gender transformative approach by involving men into FGM prevention activities. While this can be a useful tool, this approach is nonetheless susceptible to certain shortcomings. Raising awareness and changing individuals' perceptions of one type of gender based violence, such as FGM or child marriage, does not automatically undermine other types of GBV, nor does it change wider social relations, policies or laws. Creating a hierarchy of the types of GBV faced by women and girls and focusing on the eradication of a single one may still leave other gender norms and expectations in communities or societies intact. Interventions made at the interpersonal level, including those engaging men on equal footing with women, cannot therefore be conceptualised as gender transformative in and of themselves if they are not accompanied by broader strategies aiming for deeper and more extensive changes; as mentioned above, this could even have the opposite effect of deepening gender inequalities by focusing attention on and thus giving more power to boys and men.

Good practice from Si Jeunesse Savait (SJS), DRC: Gender transformative approaches in the SRHR field.

An example of a good practice in gender norm-challenging project design – not related to FGM prevention – was brought forward by the Kinshasa-based youth organisation SJS. Their project EKOKI aims to promote sexual and reproductive health and rights as well as bodily autonomy and financial independence of youth below the age of 24. It targets youth in 15 schools in four districts of Kinshasa. The project aims to deconstruct gender norms and combat all forms of GBV by promoting the concept of positive masculinity as opposed to toxic masculinity and provoking debates on these issues among youth, their families, and their communities. While the youth were targeted in schools, more mature men and women who were a secondary target were approached through offline campaigns (e.g., door to door) and online messaging (e.g., Whatsapp). Teachers, as well as the Ministry of Education, were also targeted to assess if the greatest challenges were to be found at the level of youth, the institutions or within the curriculum or at government level.

Interventions at **community level** are also frequently applied in the context of FGM. ISD participants reported adopting approaches in which an observation of communities and their internal gender norms was used as a basis for delivering tailored training on human rights and equality and sessions where men are encouraged to listen to the experiences of women. Others adopt an approach of community empowerment which defines the role of each member of the community in the FGM abandonment process, empowering women and girls to take a stand against this practice from the position which they hold and encouraging men to be the guarantors of the cultural and norm changes with regards to this practice.



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ISD participants also reported applying holistic approaches aiming for the wellbeing of girls in a broad sense, without focusing solely on FGM. Adopting an approach which integrates issues relating to girls' education, health, their place in the community is reported to be more effective as it places the issues in a broader context. This approach aims to engage all parts of the community into dialogue, both men and women as well as elders and community leaders, who are seen as potential catalysers for norm change. A focus on community leaders, formal (e.g., religious leaders) and informal (e.g., elders, including senior women and youth leaders), is frequently adopted in FGM eradication efforts to influence the community's overall approach to this issue. Participants stressed

that getting religious leaders to raise awareness of the harms of FGM can be very effective, particularly in convincing those who are traditionally performers of FGM in communities, typically senior women.

Other organisations combine forces to jointly work at individual, interpersonal and community levels by partnering with CSOs bringing different types of strengths and expertise. This may take the form of one organisation targeting individual and interpersonal levels raising awareness of gender norms, including FGM, among adolescent boys and girls and separately targeting their parents. At the same time, a local partner organisation engages in advocacy with community religious leaders, while another reaches out to governments' representatives on policy and legal advocacy.

However, while often effectively targeting FGM, these community approaches still place different roles and responsibilities on men, community leaders or senior community members, including senior women (as those who can 'grant' safety to potential FGM victims) and on younger women and girls (as potential victims who need to plead their case), failing to truly redress power imbalances and have a gender transformative effect.

Good practice from RWAMREC, Rwanda:

Community mobilisation through gender transformative programmes.

A good practice – once again not related to FGM prevention – was shared by RWAMREC, an organisation which aims to dismantle patriarchy in Rwanda and the Great Lakes region. The project takes a series of approaches: it places men and boys into community education groups where they are encouraged to critically reflect on gender norms, acquire a new attitude and skills and apply these in their lives. A second approach is to work on intimate partner violence prevention with couples, by engaging them in participatory training on GBV and harmful gender norms. Once they graduate, the male participants and the couples become agents of change in their communities. A third entry point is targeting fathers to encourage more equal and healthier partner relations, activate men to speak out against GBV and engage in childcare. As a result of this programme, the communities targeted have seen increased condom use, improved awareness of SRHR and decreased GBV.

Other approaches address the **social level**, focusing specifically on systems and institutions within a given country. ISD participants stressed the need to work with professions who are in direct contact with FGM affected communities and girls and women at risk – teachers, medical staff, social workers or lawyers. They can be targeted through specialised workshops or expert briefing papers. The importance of empowering local media and journalists as a means of addressing the issue of the harmfulness of FGM in public debates was also stressed, although the gender transformative potential of such an approach is not guaranteed. On the other hand, capacity building of media professionals on gender stereotypes, gender bias and the analysis of how women are portrayed by media could potentially foster the abandonment of FGM by contributing to dismantling gender imbalances. The judiciary is often encouraged to set up prevention or dissuasion patrols enforcing existing laws prohibiting FGM and raising awareness of its harmful-

ness. Once again, while these approaches may be effective in preventing FGM, they only partially address the broader social and cultural structures which create power imbalances and gender inequalities that eventually lead to GBV, including FGM.

ISD participants shared approaches targeting the social level through policy and legislation such as empowering communities, and women and girls in particular, to question harmful practices and provide input towards draft policies and laws, thus being able to claim their own rights more broadly. Transformative approaches to drafting FGM laws were also cited as ones which resulted in the practice not only being criminalised but also deconstructed. ISD participants stressed the need for mapping which organizations address which parts of this work and found complementarity between them to be crucial when working at the social level.

Gaps and challenges ■

ISD participants identified the challenges which hindered the implementation of a gender transformative approach to ending FGM as well as the gaps in current efforts. The gaps and challenges can be categorised as specific to the different levels within the socio-ecological model: individual, interpersonal, community and social.

INDIVIDUAL

- Lack of understanding of how FGM is an issue of gender inequality and a type of GBV.
- Lack of willingness among men and boys to question power relations and their own role in society and the impact this has on women and girls.
- Resistance from men who do not want to give up their privilege, not just on FGM but other gender equality programmes: the fear that if they cannot control women, they will lose their standing and value in their communities.
- Weak involvement of men, especially young boys, in programmes promoting the abandonment of FGM and more broadly in programmes challenging gender roles, dynamics and stereotypes including toxic masculinities, sexuality, etc.
- The lack of power of girls and women to stand up for their rights and against FGM.
- Lack of full inclusion of all gender identities in available tools on ending FGM (e.g., person who underwent FGM but does not identify as a cisgender woman in their adult life).

RELATIONAL

- The failure to take into account intergenerational power (im)balances and lack of dialogue between youth and seniors on gender norms and FGM.
- The reluctance of parents or families to socialize children in an open and less gender norm-restrictive manner.

- Fear of interpersonal conflicts which can arise when questioning gender roles, norms and relationships (e.g., between husbands and wives, fathers and daughters, mothers and daughters, young boys and girls, etc.).
- The difficulty for anti-FGM advocates to raise awareness against FGM publicly for fear of negative consequences.

COMMUNITY

- Resistance from educators, parents and community and religious leaders when discussions about gender are brought to the table.
- Fear of project implementers and community members to provoke tensions or conflicts by raising uncomfortable topics, such as FGM or gender norms.
- Ensuring the continuity of gender transformative efforts which require a significant amount of time to be effectively implemented.
- The difficulty of challenging customs and traditions within communities as well as the particularly taboo subjects of sexuality and FGM which can usually be approached only by initially raising a different topic.
- Communication on what a gender transformative approach is, including translating the term into languages other than English.

SOCIETAL

- Lack of women's meaningful engagement on GBV and FGM.
 - Women and girls' lack of autonomy, including financial independence and ability to self-organise and raise awareness.
 - The fact that women can also reinforce patriarchal power dynamics or be perpetrators or supporters of FGM as this can be their only means of exerting power in their societies. Unwillingness to challenge aspects of gender inequality that are seemingly giving power to women (such as "power" inside of the household, over traditions, over the education of children).
- Weak engagement of youth in decision-making spaces.
- Opposition to questioning gender norms by religious or traditional leaders.
- The strength of gender norms and their invisibility to those who are part of the culture.
- Little or no comprehensive sexuality education programmes within national school curricula; educational systems failing to encourage critical thinking or question authority.
- Lack of understanding of gender transformative approaches.
 - Lack of existing best practices in applying a gender transformative approach in the field of FGM and in different national, cultural and religious contexts.
 - Resistance from allies or local NGOs or CSOs who do not wish to prioritise gender transformative approaches as they are seen as too time consuming or not delivering on urgent needs.

- Failure to take into account the multidisciplinary nature of gender transformative approaches by donors, governments, INGOs and CSOs.
- Lack of awareness of gender transformative approaches by governments, institutions but also CSOs and practitioners working with women, e.g., health-care staff, social workers, UN and CSO programme staff.
- The perception of gender transformative approaches as ‘Western’ imports or addressing the priorities set by external actors.
- Lack of inclusion of gender transformative issues into professional training curricula for healthcare professionals, teachers, social workers, etc.
- Taking a silo approach to FGM when designing programmes and projects or viewing FGM as a health issue and not a gender inequality issue, thus leading to gender inequality issues remaining unaddressed.
- The failure to consider FGM as part of the continuum of GBV that girls and women face, by INGOs, CSOs and donors.

— Lack of political will.

- Failure to take FGM issues into account in local development plans and in annual investment plans.
- A lack of a long-term vision and flexibility among donors and governments, or focusing solely on short-term impacts.
- Weak implementation of existing laws against FGM and other forms of gender-based violence. Difficulty in ensuring the correct interpretation of laws at the national level by religious and traditional leaders. Low synergies between State, religious and customary laws.
- Lack of free and accessible healthcare and psycho-social services for survivors of FGM.

— Operational challenges to implementing gender transformative approaches.

- High cost, as these approaches require significant resources and time investment as well as multidisciplinary partnerships or consortia to be delivered, which can deter CSOs from attempting to implement this kind of approach.
- Funders preferring shorter projects with more tangible results over long-term programmes aiming for generational change.
- Mentoring and evaluating the gender transformational capacities of any given project: it is hard to measure changes in social norms and perceptions.
- Small CSOs or grassroots organisations are prevented from applying for funding which would allow them to implement a gender transformative approach due to their limited resources or capacities.
- The risk of only a partial application, e.g., involving male allies who are against FGM but support or fail to question broader gender norms which benefit them.



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- The need to balance the need for urgent action to eradicate a harmful practice such as FGM and the long-term approach necessary to implement a gender transformative approach.
- Lack of ownership by staff working on projects on SRHR/GBV/FGM or service providers and reproduction of gender inequalities inside CSOs and INGOs working to end FGM.
- Lack of data on the prevalence of FGM and other types of gender-based violence, including within diaspora communities in host countries.
- Lack of adequate communication channels to raise awareness, especially in security crises or pandemic conditions.

3 _ RECOMMENDATIONS

ISD participants developed a series of recommendations to address the identified gaps and challenges and promote the implementation of gender transformative approaches to ending FGM.



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For funders and donors ■

- Fund organisations willing to pilot new and innovative approaches, including gender transformative approaches, to ending FGM. Ensure that the time and scale of funding provided is adequate to meet the gender transformative objectives – this may mean funding longer, more flexible and broader programmes delivered by consortia of different types of organisations. **(GEF Action Coalition 1, 3)**
- Provide funding for advocacy and awareness raising activities to promote the use of gender transformative approaches vis-à-vis governments, technical partners, other donors/funders and civil society. **(GEF Action Coalition 1, 3)**
- Fund follow-up efforts for gender transformative projects that have been implemented to ensure their achievements are maintained. **(GEF Action Coalition 1, 3)**

- Fund capacity building for CSOs, grassroots organisations and community based organisations (CBOs) in FGM affected communities to promote awareness of gender inequalities, gender transformative approaches and an understanding of how to apply them in programming. [\(GEF Action Coalition 1\)](#)
- When releasing calls for proposals, include robust indicators on gender transformative approaches and encourage applicants to place themselves on track towards implementing approaches which take on a gender transformative lens.
- Promote collaborations between different types of grantees (grassroots, CBOs, INGOs, service delivery, advocacy organisations, youth reach out, etc.) to build complex and comprehensive programmes addressing FGM alongside SRHR, GBV and other gender equality issues through a gender transformative approach at multiple levels. [\(GEF Action Coalition 1, 3\)](#)
- Create networking and knowledge exchange opportunities for grantees working under the same funding line or on related topics (such as FGM, SRHR, GBV, etc.) within and across countries to promote peer-to-peer learning and integrate efforts. [\(GEF Action Coalition 3\)](#)
- Fund evidence collection, case studies, context analysis and research to address lack of evidence on gender transformative approaches as applied to FGM. [\(GEF Action Coalition 1\)](#)
- Invest in developing monitoring, evaluation and learning (MEL) methodologies which allow to better measure the impact of gender transformative programming at the different levels of the socio-ecological model.
- Fund projects aiming at structural and societal changes promoting women's autonomy, including financial independence, self-awareness and ability to claim their rights. [\(GEF Action Coalition 1\)](#)

■ ■ For governments and policy makers ■

- Adopt a gender transformative perspective in gender equality, SRHR and GBV policy design, and specifically into initiatives aimed at ending FGM, including through the revision of existing policy and legislation. [\(GEF Action Coalition 1\)](#)
- Fund gender transformative FGM elimination strategies, which aim to address the broader unequal gendered power relations and underlying structures, under national, regional and community-level development plans and budgets. [\(GEF Action Coalition 1, 3\)](#)
- Ensure that the perspectives of women and girls in general, and survivors in particular, are taken on board in processes of policy design relating to FGM and ending gender inequalities.
- Integrate gender transformative education as part of comprehensive sexuality education (CSE) into school curricula, ensuring adequate attention to girls' and boys'

rights to bodily autonomy and to harmful practices such as FGM as well as to emotional and relationship education. (GEF Action Coalition 3)

- Include training on gender transformative approaches into professional training curricula of key professions such as healthcare staff, teachers and social workers. (GEF Action Coalition 1, 3)
- Ensure that existing laws targeting GBV and harmful practices such as FGM are disseminated and effectively implemented by regional and local authorities; raise awareness among religious and traditional community leaders on national laws and encourage them to promote these within their communities. (GEF Action Coalition 1, 3)
- Provide training to public servants such as community police and judicial staff on topics such as GBV and bodily autonomy. (GEF Action Coalition 1, 3)
- Support the mapping of stakeholders working on gender equality and the promotion of FGM abandonment in their region.

■ ■ For civil society actors ■

- Work in a consortium with other types of organisations (grassroots, CBOs, INGOs, service delivery, advocacy organisations, youth reach out, etc.) to build complex and comprehensive programmes addressing FGM through a gender transformative approach at multiple levels.
- Promote peer-to-peer and organisational learning between larger organisations and grassroots organisations or CBOs (including outside of formal collaborations and consortia) to increase their capacity and understanding of gender transformative approaches and how to apply them.
- Assess if existing programmes' organisational strategy design and monitoring, evaluation and learning frameworks apply a gender transformative approach and adjust these as necessary to address any identified gaps.
- Ensure all staff are trained on gender transformative approaches (and mindful of their own conscious and unconscious gender bias) and aware of their importance for the long-term success of efforts. Evaluate staff performance in promoting gender transformative approaches.
- Develop monitoring and evaluation frameworks which allow to measure social norm change at different stages of programming, as a process – demonstrating smaller, incremental changes in attitudes which are intermediate steps towards final objectives. Partner with research or academic institutions to develop new monitoring, evaluation and learning approaches.
- Adopt horizontal and participative decision-making within organisations to ensure full staff buy-in and commitment to project implementation.

- During the programming stage, consider the following issues:
 - Including an intergenerational element involving children, parents and grandparents, or youth and seniors, to ensure that programmes target those who have the power to impart and change social norms and those responsible for the socialisation of children. (GEF Action Coalition 3)
 - Promoting women’s leadership and confidence by setting up both age-segregated and intergenerational discussion groups for women and girls on topics of sexuality, gender norms, FGM, etc. (GEF Action Coalition 3)
 - Ensure that programme staff or facilitators who implement programming are prepared for and trained to discuss sensitive topics such as gender norms and sexuality but also to deal with the potential interpersonal and community conflicts which arise from these discussions, and are able to guide communities through a constructive dialogue.
- Support the work of individual activists by promoting networking and peer-to-peer learning between those who are more and less experienced – this can be done through the organisation of retreats or informal exchanges of experiences for likeminded activists challenging gender norms in their communities. (GEF Action Coalition 3)
- Monitor government commitments on and implementation of policies relating to areas with gender transformative potential, such as GBV, SRHR, FGM, etc. and consider creating shadow reports describing actual practice where these fall short. (GEF Action Coalition 1, 3)
- Work closely with relevant ministries (e.g., education, health) to promote the inclusion of training on gender equality, harmful practices, GBV, etc. within the curricula of relevant professionals, such as healthcare staff, teachers, social workers, etc. (GEF Action Coalition 1)
- Where laws do not yet explicitly prohibit FGM and where opposition to criminalising the practice exists, consider advocating for broader legal approaches such as protecting bodily autonomy and integrity, to prevent this practice. (GEF Action Coalition 1, 3)



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Useful resources

UNICEF online course on Adolescent Girls' Agency, Safety and Wellbeing, which includes a module on gender transformative approaches to end FGM, <https://agora.unicef.org/course/info.php?id=31280>



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Acknowledgements

AIDOS, End FGM European Network and GAMS Belgium would like to acknowledge the 53 experts from the organisations and Institutions listed below for their invaluable contribution to the International Stakeholder Dialogue 2021 and to this report.

ActionAid Sweden

ACTIONS

AFASCO

Association des Amis
Burkinabé de la Fondation
Follereau Luxembourg

Association des Amis
de la Solidarité Sociale
et du Développement (ASD)

CeMAViE

Centre de Santé

Club des Jeunes Filles
leaders de Guinée

Diotima

End FGM Canada Network

End FGM US Network

ESPDE Promotion
et Défense des Droits

Excision parlons-en!

Existera

Fédération mounafanyi
de Kindia

Fondation Djigui
la Grande Esperance

Forum Social Sénégalais

Fundación Wassu

Grandmothers Project

MIGS

Mwangaza Action

No Peace Without Justice

Norwegian Church Aid

Orchid Project

Plan International

Sahiyo

Secretariat Permanent
du Conseil National
de Lutte Contre la Pratique
de l'Excision SC/CNLPE

Somali Swedish Association

SOS Jeunesse et Défis

TackleAfrica

UnCUT/VOICES Press,
Hutchins Ctr Harvard

UNFPA

Wassu-UAB Foundation

Furthermore, we would like to warmly thank **MARIANNE NGUENA KANA** and **CYNTHIA UMURUNGI** for their great contribution in moderating the working group sessions of the International Stakeholder Dialogue and **AMINATA SIDIBE** for the accuracy of her notes.

Finally, we thank **DOMINIQUE UWASE ALONGA** for her moderation and **MARYAN ABDILKADIR**, **HALIMATOU BARRY**, **JULIE DUBOIS**, **FIDÈLE RUTAYISIRE** and **MIREILLE TUSHIMININA** for their participation in the final webinar "Gender Transformative Approaches to Ending FGM".



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Graphic and Layout

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December 2021