

Innocenti Working Paper

**ETHIOPIA:
SOCIAL DYNAMICS OF ABANDONMENT
OF HARMFUL PRACTICES.
EXPERIENCES IN FOUR LOCATIONS**

Haile Gabriel Dagne

**Special Series on
Social Norms and Harmful Practices**

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SPECIAL SERIES ON SOCIAL NORMS AND HARMFUL PRACTICES

UNICEF and partners have increasingly recognized the importance of social norms and their effect on the survival, development and protection of children. Much effort has been made to understand how and why harmful social practices persist: how can families who love their children perpetuate a practice that threatens their children's health and violates their rights to develop to full potential? How can harmful practices persist even in areas where attitudes have turned against them?

Understanding the factors that perpetuate harmful social practices, such as female genital mutilation/cutting (FGM/C), and how these factors interact with processes of social change are critical to understanding why and how communities abandon such practices. A deeper understanding of these dynamics is also crucial to ensure that programmes designed to support abandonment processes and promote human rights are effective and respect the values of communities.

A number of studies and policy documents* have recently recognized that harmful practices result from social conventions and social norms: when they are practiced, individuals and families acquire social status and respect. Anyone departing from these societal norms is excluded and ostracized. When applied to harmful practices, social convention theory explains why the decision of a family to continue these cultural practices depends on the decision of others to do so.

The *Special Series on Social Norms and Harmful Practices*, through a number of Working Papers, provides a detailed description and analysis of the process of positive social change that leads to the abandonment of FGM/C and other practices harmful to children.

These publications confirm that, despite marked differences between and within countries, the process leading to the abandonment of harmful practices has common transformative elements. The Working Papers define and examine these key elements so that they can be applied in programmes to initiate positive change and monitor progress.

The series includes the following papers:

A new look at the theory – This paper builds on previous analyses and summarizes how social convention theory has been applied in the past to FGM/C. It then refines and broadens the application of the theory to provide a deeper understanding of the social dynamics that lead to the abandonment of FGM/C and other harmful social practices. It also examines the role of social and moral norms, the powerful force of local rewards and punishments, and the importance of human rights deliberation in bringing about transformative processes.

In depth analysis of different experiences – These papers examine in depth experiences in different countries. Despite the fact that FGM/C is still widely practiced in the countries studied, segments of the population have abandoned FGM/C, general attitudes are changing and there is widespread action

* Innocenti Digest *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting* (2005); UNICEF *Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation* (2007); UN Interagency Statement, *Eliminating Female Genital Mutilation* (2008) and *Platform for Action Towards the Abandonment of Female Genital Mutilation/Cutting of the Donors Working Group on FGM/C* (2008); among others.

to end the practice. The studies examine how this is taking place, noting that the abandonment occurs only when gender roles begin to change.

The new evidence analyzed in these Working Papers is summarized in the Innocenti Insight, *A Multi-country Study on the Social Dynamics of Abandonment of Harmful Practices*. The Insight provides greater clarity on how social conventions can be transformed. It focuses not only on FGM/C, but also considers other harmful practices, especially child marriage and marriage by abduction, which are governed by similar social dynamics. It analyzes experiences in five countries (Egypt, Ethiopia, Kenya, Senegal, and Sudan) where abandonment of FGM/C and other harmful practices is reaching significant scale. By expanding upon social convention theory and refining its application to harmful practices, the study provides new insights in the area of social and moral norms and how they affect the well-being of children and the realization of their rights. Finally, successful strategies are analysed to inform policies and programmes.

In all countries studied, evidence shows that parents want what is best for their children. It is this most basic value that motivates a parent's decision to perform FGM/C and participate in other harmful practices, since failure to comply with the social convention brings shame and social exclusion to girls and their families. Once an alternative to the social convention becomes possible within a community and people realize that the community might be better off jointly abandoning the practice, it is this most basic value – to do what is best for their children - that also motivates communities to abandon the harmful practice.

The *Special Series on Social Norms and Harmful Practices* is a joint initiative of UNICEF Headquarters in New York, UNICEF Country Offices (Egypt, Ethiopia, Kenya, Sudan and Senegal), academic partners, development partners and the UNICEF Innocenti Research Centre. A planning meeting to begin work on the multi-country study was held in Ethiopia in March 2007. The meeting was held both at the central level in Addis Ababa and in the field, in Gewane District in the Afar Region.

The project was made possible thanks to a generous contribution from the European Commission and to other contributions, which are specified in the acknowledgements of each publication.

Ethiopia: Social Dynamics of Abandonment of Harmful Practices - Experiences in Four Locations

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Abstract: Female Genital Mutilation/Cutting (FGM/C) is still a widespread practice in Ethiopia, although important declines in prevalence rates can be observed in some areas of the country. Attitudes towards the practice have drastically changed, evidenced by the fact that overall support for FGM/C has declined and younger mothers are less likely than older mothers to have their daughters cut. This paper provides an analysis of the social dynamics of change in four geographic locations with different ethnic populations in Ethiopia, where interventions were undertaken to support the abandonment of FGM/C and other harmful practices. Each experience used community conversation and dialogue as a tool to promote the abandonment process, although their overall strategies and impact differed. The four experiences together provide a greater understanding of the process of change within communities and the role played by key actors within and outside the community. The study demonstrates that by addressing FGM/C within a human rights context, community members are able to consider not cutting as a possible alternative to the existing convention of cutting. The human rights perspective also encourages reflection on gender roles, generating interest and dialogue about other social practices that harm women and girls, such as marriage by abduction and early marriage. This comparative analysis offers important insights that can facilitate the scaling up of key strategies to encourage the rapid and mass abandonment of FGM/C across the country.

Keywords: Female genital mutilation/cutting, early marriage, harmful practices, social norms, child protection, Ethiopia.

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Particular appreciation is extended to the Women's Affairs Office of Wolayta Zone and to the HIV/AIDS Prevention and Control Office (HAPCO) in Yilmanadensa district in Amhara for establishing contacts and facilitating research in their respective areas. Thanks go to Asmelash Wolde Mariam, Executive director of Rohi-Weddu Pastoralist Women Development Organization in the town of Awash 7 Kilo in Gewane district for his keen interest and support to the research in Afar. Thanks go also to Dr. Bogaletch Gebre, head of Kembatti Mentti Gezzima – Tope (KMG) in Kembatta/Tembaro Zone for her commitment and her support throughout the study. We are grateful to the staff of KMG that worked as the research team: Mr. Belayineh Nekatibeb (general coordination), Afework Mitike (facilitating contacts with sub districts in the Kembatta/Tembaro Zone) and Sisay Gebre Mikael (supervising data collectors).

Thanks are given to the UNICEF Innocenti Research Centre team, which provided support throughout the process: to Francesca Moneti, for overall guidance and substantive suggestions, Gerry Mackie for important insights, David Parker for useful comments, Simona Galbiati for valuable inputs and Alexia Lewnes for significant contributions and editing of the text. Thanks are also extended to Claudia Cappa, UNICEF NYHQ for the in-depth statistical overview and analysis.

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1. INTRODUCTION

Ethiopia is a highly patriarchal society with well-defined gender roles and where great value is placed on premarital chastity and marital fidelity. Traditions have deep historical roots and many have persisted for generations. Yet some traditions violate human rights, especially those of women and girls, and both government and non-governmental organizations are providing communities with information about the effects of these practices. The National Committee on Traditional Practices of Ethiopia in 2003 listed 88 practices as “harmful.” Two of these customs, FGM/C and child marriage are widely practiced in many parts of Ethiopia. A third practice, marriage by abduction¹ (or marriage by capture) is also present in varying degrees across the country.

Ethiopia is divided into nine regional states and two self-governing administrations (Addis Ababa and Dire-Dawa). It is further divided into 68 zones, 556 districts (*woreda*), numerous sub-districts (*kebele*) and many villages, the smallest administrative unit. The country has a great number of ethnic groups, whose cultures are as rich and varied as their composition. The majority of Ethiopians is either Orthodox Christian or Muslim. Families, clans and communities follow deeply rooted social conventions that compel behaviour. Most Ethiopians live in villages, where ethnic and clan affiliations are particularly important: clan leaders and religious elders are responsible for the well-being and safety of the community as well as the individual. In areas where clan system is disintegrating, nearly all villagers are members of an *edir* (mutual-assistance groups) where villagers make a small financial contribution in exchange for services. Edir are built upon neighbourhood relationships. Some edirs are led by women and provide services exclusively for women: support for child delivery, weddings, prolonged mourning rituals, and income generation. A number of other community organizations and institutions, including agricultural mutual assistance groups, savings and credit groups (*iqqub*), religious groups, and others also perform different functions in serving communities.

This study explores the social dynamics of change in four geographic locations in Ethiopia, where interventions were undertaken to promote the abandonment of FGM/C and other harmful practices. The locations are in three different regions of the country: Amhara in the North, Afar in the East and two different areas, Kembatta/Tembaro Zone and Wolayta Zone, in the Southern Nations, Nationalities and People Region (SNNPR).

Each experience documented used community conversation and dialogue as a tool to assist communities in their abandonment process, although their overall strategies and their impact differed.

In Afar and in Kembatta/Tembaro Zone of SNNPR, the social change process relied on clan or village community structures, whose members generally live in close proximity and share a feeling of

¹ When a girl is married through abduction, she is taken through force or deception by a group of men, including the intended groom. The girl is usually alone when the abduction occurs, on her way to fetch water, to collect wood, or to school. Once a girl is taken, sexual intercourse occurs almost immediately. After the abduction, elders are sent to the girl’s family to ask for their consent and blessing of the marriage. The practice is perpetrated to bypass family disapproval of the proposed partner or where the family is unable to finance the costs of a formal marriage or a dowry. Consensual bride kidnappings, although rare, may even be arranged by the girl herself.

solidarity and trust. The programmes were developed, conducted and coordinated by local NGOs to ensure active participation of the families, clans and ethnic leaders. The involvement of edir-subdistrict-district structures provided political support and further legitimized activities. This approach led to the creation of an environment that gave rise to significant positive change, manifested by the reduction of both FGM/C and marriage by abduction and the introduction of appropriate protection and monitoring mechanisms at local level.

In Amhara and Wolayta, the intervention was mainly based on district or subdistrict structures, which link populations solely by administrative borders and economic or political ties. The discussions at Amhara and Wolayta divided people into two camps: conformists and non-conformists. Among the people who participated in the discussions, which mostly took place outside village communities, a good number changed their attitude towards FGM/C. Nonetheless, actual change was not significant because it occurred at individual level, without reaching the village communities at large. As a result, there was still a strong stigma attached to being uncut.

At first glance, the experiences in Amhara and Wolayta might be perceived as insignificant when compared to those in Afar and Kembatta/Tembaro. However, an analysis of the two experiences helps to highlight important dynamics of change and provides new insights on how to overcome challenges faced by communities engaged in social change. The four experiences together promote a greater understanding of social dynamics within communities – both their characteristics and the sequence of steps that lead to change – and the role played by key actors within and outside the community.

This paper opens with a statistical analysis of FGM/C and a description of the existing legal and national policy framework in place. The subsequent analysis of the interventions in the four locations highlights the importance of community conversation and community decision within the process of abandonment of harmful practices: by framing the discussion in a human rights context, community members were able to consider a possible alternative to the existing convention. Although both community conversation and community decisions were crucial factors for FGM/C abandonment, the conclusion highlights key principles and elements that can help guide programming and emphasizes the necessity to adapt interventions to individual and local circumstances.

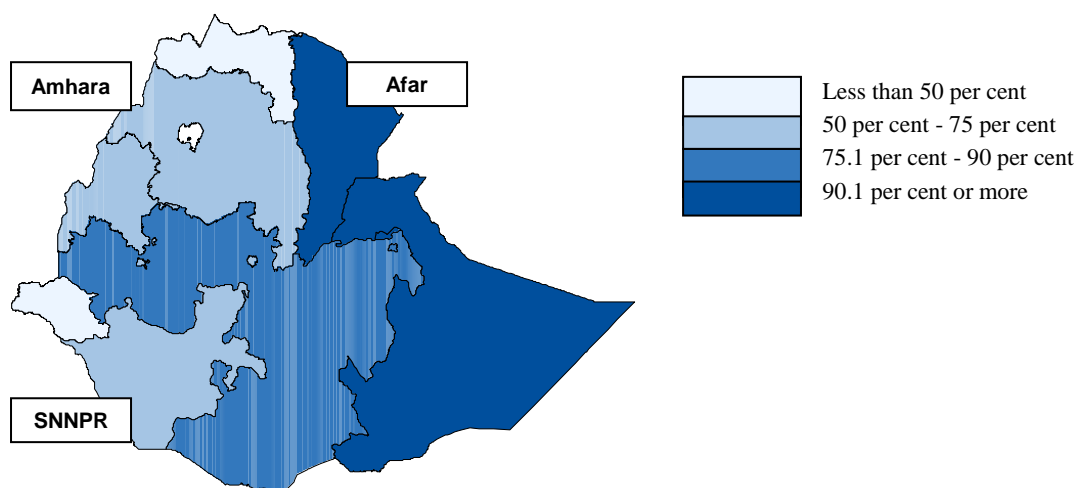
2. FGM/C IN ETHIOPIA

2.1. Findings from Household Survey Data²

FGM/C is a widespread practice in Ethiopia. However, noteworthy declines in prevalence rates can be observed in different areas of the country.

Data from the 2005 Demographic and Health Survey (DHS) indicate that 74 per cent of women aged 15-49 have undergone some form of FGM/C in Ethiopia. Although prevalence rates vary moderately by place of residence (69 per cent in urban areas compared to 76 per cent in rural areas), and wealth quintile (73 per cent among the lowest quintile compared to 71 per cent among the highest quintile), significant differences can be observed by level of education and by region. FGM/C prevalence among highly educated women (secondary education or higher) is 64 per cent compared to 77 per cent among uneducated women. Data by region show that FGM/C prevalence is lower among women in the Gambela (27 per cent) and Tigray (29 per cent) regions, while it reaches 97 per cent in the Somali region and 92 per cent in the Afar region.

Figure 1: FGM/C prevalence in Ethiopia by region



This map does not reflect a position by UNICEF on the legal status of any delimitation of any frontier.

Source: Demographic and Health Survey 2005

The prevalence of FGM/C in 2005 has declined from what was reported in the previous DHS conducted in 2000, from 80 per cent to 74 per cent. The comparison of prevalence rates across age groups using the 2005 figures also confirms this trend: 62 per cent of women aged 15-19 have been cut compared to 81 per cent of women aged 45-49. The comparison of data for 2000 and 2005 by region indicates that the rate of decline has not been consistent throughout the country: while no

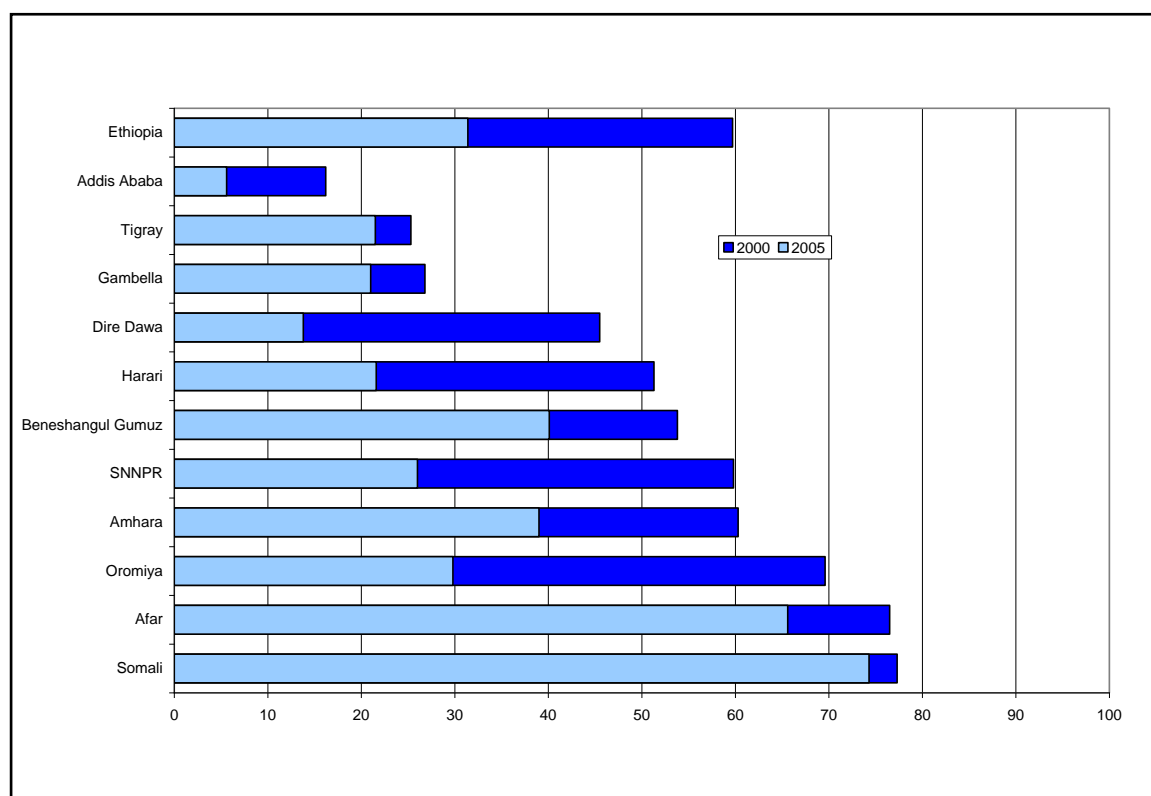
² The statistical analysis in this section has been provided by the Statistics and Monitoring Section, Division of Policy and Practice, UNICEF New York.

significant changes have occurred in the Somali and SNNPR region, the prevalence of FGM/C declined by more than 10 per cent in the Gambela (from 43 per cent to 27 per cent), Addis Ababa (from 80 per cent to 66 per cent) and Amhara (from 80 per cent to 69 per cent) regions.

The level of support for the practice is drastically decreasing in Ethiopia.

In Ethiopia, between 2000 and 2005 attitudes towards FGM/C have dramatically changed: support for FGM/C has declined in Ethiopia, from 60 per cent in 2000 to 31 per cent in 2005. This decline has not followed the same pattern across the country: the level of support for FGM/C dropped from 70 per cent to 30 per cent in the Oromiya region and from 60 per cent to 36 per cent in the SNNPR region. Only minor changes occurred in the Somali and Tigray regions.

Figure 2: Percentage of women aged 15-49 who think that the practice should continue by region in 2000 and 2005



Source: Demographic and Health Survey 2000 and 2005

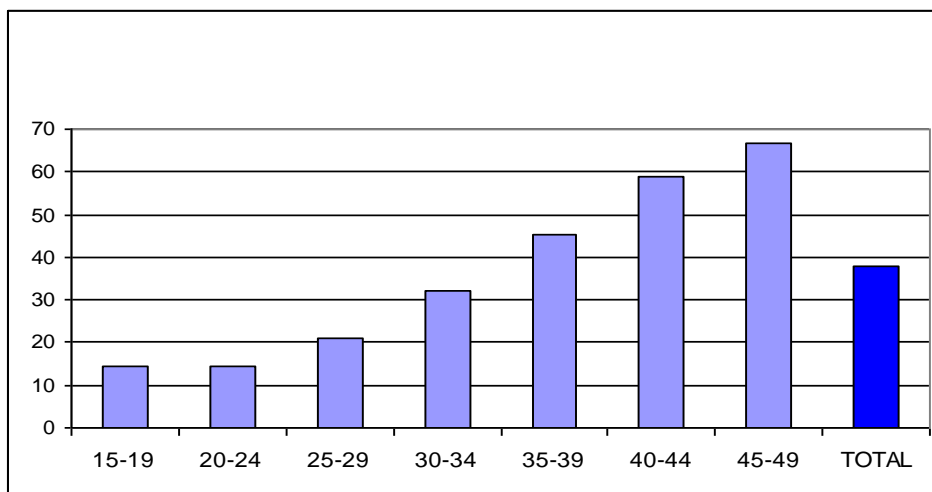
Data from 2005 show that levels of support vary considerably by women's age, place of residence, education, wealth quintile and region. For example, only 5 per cent of women with secondary or higher education support FGM/C, compared to 41 per cent of women with no formal education. Also, 10 per cent of women in urban areas support the practice, while 36 per cent of women living in rural areas share the same attitudes.

The practice of FGM/C is becoming less common among daughters.

A total of 38 per cent of women in Ethiopia reported in 2005 that at least one of their daughters has been circumcised. This represents a decline of 14 per cent over the last five years. Younger mothers

are significantly less likely to have a daughter circumcised compared to older mothers: 14 per cent of women aged 15-24 have at least one daughter circumcised compared to 67 per cent of women aged 45-49. According to the latest DHS findings, over half of the girls who undergo FGM/C (54 per cent) are circumcised before reaching their first birthday, although the age of when girls are cut varies among ethnic groups. Given the fact that FGM/C is generally performed at a very early age, this difference in prevalence for daughters across mothers' age group can be plausibly seen as an indication of a generational trend toward the decline of the practice.

Figure 3: Percentage of women aged 15-49 with at least one daughter circumcised by age group



Source: Demographic and Health Survey 2005

Generally, rural and less-educated women are more likely to have their daughters circumcised. Mothers' educational level appears to influence the likelihood of a daughter being circumcised - 41 per cent of the daughters of mothers without formal education are circumcised, compared to 19 per cent of daughters of women with at least some secondary education. Moreover, there are significant regional differences that mirror prevalence patterns: 85 per cent of women in Afar region report having at least one daughter circumcised, compared to 11 per cent of women in the Gambela region.

The discrepancy between the change in the level of support (a reduction of 29 per cent over five years) and the change in the level of the practice among daughters (a reduction of 14 per cent over the same time period) may indicate that while an increasing number of women do not support FGM/C, some may still be unable or unwilling to abandon it due to the complex set of beliefs and social constraints that surround the practice.

2.2. Legislation and National Policy Framework

Legal Framework

FGM/C is a violation of human rights under international and Ethiopian law.

Ethiopia has ratified a number of major international human rights instruments, adopted by the United Nations and other international organizations. Among these, many specifically identify FGM/C and other harmful practices as human rights violations, including the 1979 UN Convention on the

Elimination of All Forms of Discrimination Against Women, the 1989 UN Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, among others.

Principles contained in these instruments are also reflected in the current Constitution of the Federal Democratic Republic of Ethiopia. Articles that protect victims of harmful traditional practices, include Article 16 which states that “Every one has the right to protection against bodily harm,” and Article 35, Section 4, which specifies that “The State shall enforce the right of women to eliminate the influences of harmful customs. Laws, customs and practices that oppress and cause bodily or mental harm are prohibited.”

In May 2005, Ethiopia’s long-awaited new Criminal Code came into effect and further acknowledged the grave injuries and suffering caused to women and children by harmful traditional practices. Under the new code, abduction is now classified as a serious crime, and marriage of girls below the prescribed marriageable age (18 years of age) is considered a punishable act. Detailed provisions have also been included on the crimes relating to FGM/C, prenatal harmful practices and domestic violence.

Harmful traditional practices are now placed under Book Five that deals with offenses against individuals and the family. This section includes a chapter that exclusively regulates crimes related to harmful traditional practices and includes penalties and punishments under the following articles:

- Article 561: Endangering the Lives of Pregnant Women and Children Through Harmful Traditional Practices
- Article 562: Causing Bodily Injury to Pregnant Women and Children through Harmful Traditional Practices.
- Article 564: Violence against a Marriage Partner or a Person Cohabiting in an Irregular Union.
- Article 565: Female Circumcision. *Whoever circumcises a woman of any age, is punishable with simple imprisonment for not less than three months, or fine of not less than five hundred Birr (US\$ 45)*
- Article 566: Infibulations of the Female Genitalia.
 - 1) *Whoever infibulates the genitalia of a women, is punishable with rigorous imprisonment from three years to five years.*
 - 2) *Where injury to body or health has resulted due to the act prescribed in sub-article (1) above, subject to the provision of the Criminal Code, which provides for a more severe penalty, the punishment shall be rigorous imprisonment from 5 years to 10 years.*

The above provisions cover persons who are directly responsible for the crime. In addition, article 569 provides that the persons who are accomplices (cooperated) to the crime as parents, guardians or in any other capacity are punishable with imprisonment not exceeding three months or a fine not exceeding Birr 500 (US\$ 45).

- Article 568: Transmission of Diseases through Harmful Tradition Practices.
- Article 569: Participation in Harmful Traditional Practice
- Article 570: Incitement against the Enforcement of Provisions Prohibiting Harmful Traditional Practices.

- Article 587: Abduction of Woman.
 - 1) *Whoever with intent to marry a woman abducts her by violence, or commits such an act after having obtained her consent by intimidation, threat, trickery or deceit, is punishable with rigorous imprisonment from 3 years to 10 years.*
 - 2) *Where the act of abduction is accompanied by rape, the perpetrator shall be liable to the punishment prescribed for rape in this Code.*

These constitutional and legal provisions clearly state that FGM/C and other harmful traditional practices are violations of human rights, the constitution and the law. The legal framework is in place to support mobilized and organized communities, legal institutions and law enforcement agencies in their efforts towards abandonment, as an ongoing process.

National Policy

The Government's Population Policy, Health Policy and Women's Policy all promote abandonment of harmful practices, including FGM/C. The National Policy on Women was established in 1993 to set up structures within government offices and institutions to introduce and implement appropriate gender-sensitive public policies. The 1993 national policy on Ethiopian women makes clear its policy on harmful practices: "Ethiopian women are victims of circumcision and other harmful practices...such harmful customs and practices must be eliminated, for they stand in the way of progress and endanger lives. They should not be allowed to perpetuate." The policy further describes strategies to end these practices: "The Government, with cooperation from the peoples of Ethiopia, shall facilitate conditions conducive to the informing and education of concerned communities about such harmful practice as female circumcision."

National institutional machineries were established at national, regional and district levels to implement the National Women's Policy. The Women's Affairs Office was also established as a Ministry in October 2005 with the duties and responsibilities of ensuring participation and empowerment of women in political, economical, social and cultural matters.

In December 2008, a first Ministerial meeting was held to develop an integrated and multi-sectoral approach to prevent and respond to gender-based violence, including harmful practices. The meeting led to the establishment of a high level inter-sectoral management body, composed of representatives from the Ministries of Justice, Women's Affairs, Education, Health, Labour and Social Affairs, Youth and Sports, Capacity Building and representatives from the Federal Supreme Court, Police Commission, Health Bureau, Human Rights Commission, the Inter-faith group, and the Ethiopian Women Lawyers Association. At regional level, it was agreed that Oromia and Amhara regions would participate as part of the team in order to facilitate the process when the structure is duplicated at regional level.

The new group will divide responsibilities, with the Ministries of Education and Women's Affairs taking responsibility to lead prevention efforts, the justice and health sectors (Ministry of Justice, Health, Police and Courts) addressing response efforts, and the Ministry of Labour and Social Affairs and NGOs leading support efforts.

3. DYNAMICS OF CHANGE IN FOUR LOCATIONS

This section explores the dynamics of change in four geographic locations in Ethiopia, where interventions were undertaken to promote the abandonment of FGM/C and other harmful practices.

All of the data, findings, quotations and other information presented in the following sections were collected from two studies conducted in 2006 and 2008 by Professor Haile Gabriel Dagne, who worked in close collaboration with the UNICEF Ethiopia Country Office and the local NGOs. The two studies focused on experiences in three regions of Ethiopia with different ethnic and linguistic characteristics: Amhara (2006), Afar (2006) and the Southern Nations, Nationalities and People Region (SNNPR, 2006 and 2008). In the SNNPR, two different experiences in different locations were examined: Kembatta/Tembaro Zone (2008) and Wolayta Zone (2006).

The studies combined qualitative and quantitative research. Data were collected in a number of districts in four different locations. Focus group discussions and in-depth interviews were conducted among a wide variety of stakeholders, including elders, youth, men and women, community members, community organizations, clan members, dialogue facilitators, uncircumcised girls, staff of non-governmental organizations (NGOs), teachers, students, government officials, religious leaders. Closed format questionnaires were prepared, pre-tested and administered in local languages by trained data collectors, especially young people familiar with the areas. More detailed information on the research methodology can be found in Annex I of this Working Paper and in the two original studies conducted by Prof. Dagne listed in the bibliography.

Although the overall strategies and the impact of the four interventions differed, the analysis of their characteristics helps understanding the key elements of the process of change within communities and the role played by key actors within and outside the community. Moreover, it offers important insights that can facilitate the scaling up of key strategies to encourage the rapid and mass abandonment of FGM/C across the country.

3.1. Kembatta/Tembaro Zone

Kembatta/Tembaro Zone is one of the nine administrative zones of SNNPR. One of the most populated areas of Ethiopia: the zone has a population of around 683,000³ and a density of 450 persons per square kilometre – 10 times the national average. The zone is divided into 7 districts and 134 sub districts.

As in other parts of Ethiopia, a number of cultural practices have for generations guided social relationships in Kembatta/Tembaro Zone. Among these practices are FGM/C, considered a prerequisite for marriage, and marriage by abduction. These practices are supported by social dynamics that make it very difficult for communities, families and individuals to abandon them.

Unlike many areas of Ethiopia where girls are circumcised in early infancy, in Kembatta/ Tembaro Zone, girls are cut during adolescence, between ages 12 and 18, as part of an initiation ceremony to womanhood. The circumcision ritual is a lavish ceremony that involves large numbers of community

³ 2007 Population and Housing Census. All population figures are rounded to the nearest thousand.

members and relatives. The ritual is usually performed in August and September, when circumcisers can cut as many as 10 girls a day for 10 Birr (US\$0.91) each. The most widespread form of cutting in the zone involves removing the clitoris, labia minora and also the labia majora, traditionally referred to as ‘removing the dirt’. In October, after the girls are healed, they are given new names and are declared marriageable; the courting season is launched.

Since 1999, the non-governmental organization KMG has been working in the Kembatta/Tembaro Zone to empower women and their communities to defend their right to be free of harmful customary practices and other forms of abuse. Its initials stand for Kembatti Mentti Gezzima – Tope, which means “Women of Kembatta pooling their efforts to work together.” Determined to help empower communities to make informed decisions rather than to impose ready-made solutions, KMG provides innovative, integrated health, vocational, and environmental programmes to a diverse region of nearly one million people. The NGO implements development programmes in the zone’s seven districts through its branch offices and has trained KMG facilitators in each subdistrict of the zone. In the area of FGM/C, the NGO works closely with government administrative structures to mobilize the population to abandon the practice.

The intervention

KMG was the first major organization to start mobilizing residents in the Kembatta/Tembaro zone to abandon deep-rooted harmful practices. The strategies used by KMG to disseminate information and mobilize the public for change included:

- a. Providing information to increase knowledge about FGM/C so that communities can consider non-cutting as an alternative. This was accomplished by engaging communities in discussion, raising awareness about women’s human rights and building trust and confidence through integrated community development projects.
- b. Mobilizing and organizing social forces through Community Conversation – a tool for community discussion.⁴ Critical to KMG’s strategy was ensuring that the sensitized communities (elders, women and youth, uncircumcised girls, Fuga artisans, subdistrict and religious leaders, edir, and others) organized themselves as unified social groups that could act collectively.
- c. Creating public pressure against FGM/C. Creating public pressure against FGM/C. Community events and rallies, public weddings for uncircumcised girls, public declarations, rescue actions and the implementation of existing laws created compelling conditions to influence the community, particularly conformists, to abandon the practice.
- d. Enforcing abandonment by strengthening alliances between government and community-based organizations.

⁴ The full name of this tool for community discussion is Community Capacity Enhancement through Community Conversation (CCE-CC). It is an adaptation of the Community Capacity Enhancement programme, developed by UNDP to address HIV/AIDS. For more detailed information about CCE-CC see Gueye, Moustapha et al. (2005) ‘Community Capacity Enhancement Handbook,’ UNDP.

a. Providing information to increase knowledge about FGM/C so that communities can consider non-cutting as an alternative

The harm caused by FGM/C became more evident to both women and men as they participated in awareness-raising activities conducted by trusted members of the community. When these activities were tied to service provision, an environment of trust was created that facilitated non-judgemental and non-coercive reflection.

A trusted messenger

A key figure in the awareness raising process was KMG founder, Dr. Bogalech Gebre, commonly referred to as 'Boge', who visited villages to talk to individuals and groups about violence against women, FGM/C, abduction and rape. Raised in Kembatta and circumcised herself as a young teenager, Dr. Bogalech overcame tremendous adversity to become a powerful advocate for girls and women. As a child, Boge was destined, as were other girls her age, to remain illiterate and marry a local farmer. But determined to get an education, Boge used trips collecting water as a pretext to secretly sneak off to school. Later, she won scholarships for an undergraduate degree in microbiology and physiology in Israel, and a PhD in epidemiology in the USA. Her passion and enthusiasm played a crucial role in convincing many community members to view FGM/C as a violation of human rights and question its validity.

In focus group discussions, one elderly participant spoke of the importance of receiving information from a trusted member of the community. "Everybody knows Boge," he said. "People admire her because of all people of this area who went abroad and got educated: it is Boge who designed such projects that addressed people's problems. She is heard more than anybody, even the government. Other organizations come and go; few people know them. Everybody knows what Bogalech does. She implements projects that people have discussed and supported with interest. When she constructs bridges people benefit."⁵

Raising awareness about women's human rights

KMG organized its first workshop and sensitization programmes on FGM/C in September 1999 in the town of Durame, an area where most residents supported the practice. At the initial meeting, a baseline study was presented to residents from the Kembatta/Tembaro Zone that highlighted the prevalence of FGM/C, marriage by abduction and other violence against women. The following year, 65 women from different districts were trained in gender, democracy and women's rights. This newly motivated group of women became 'foot soldiers' who spread the message in their districts that women had a right to live free of violence, especially from FGM/C.

A training of trainers programme was introduced in 2001 where facilitators were trained at the district and subdistrict levels on how to train community members to sensitize their neighbours. In each subdistrict, a Women's Support and Advocacy Group, composed of six members, was formed to carry out awareness-raising activities and also to act as 'watchdogs' to prevent FGM/C. The awareness raising programmes targeted three significant social groups, namely gatekeepers of traditional practices (edir leaders, elders, mothers, and religious leaders), circumcisers and traditional birth attendants.

⁵ Dagne 2008, p. 19

Disseminating information through schools

There is at least one school in every subdistrict in Kembatta/Tembaro Zone and these schools were actively engaged in raising awareness about FGM/C. In schools across the zone, the student population (some 104,000 male, 94,000 female)⁶ was mobilized to address HIV/AIDS and to abandon harmful practices, through anti-HIV/AIDS clubs, circus groups, in-school girls clubs, and student media units. KMG provided training in facilitation skills for the club members and conducted workshops for school directors as well as for students and teachers to orient them on FGM/C. The media units and circus groups received materials and training so that student reporters and performers could integrate messages on harmful practices into their activities. The groups disseminated information on HIV/AIDS and harmful practices not only to the students in school but also to their families, relatives and peers throughout the villages. The school clubs, in particular, mobilized school youth to demonstrate against harmful practices at public weddings and during days dedicated to ending HIV/AIDS and FGM/C. They became an important social force in promoting the abandonment of harmful practices, most especially FGM/C and abduction.

Targeting circumcisers

A series of special trainings were conducted for circumcisers and traditional birth attendants (TBAs), some of whom also circumcised girls. Circumcisers and TBAs, who play an especially important role in rural areas that lack medical services, were included in the community conversation sessions, where many pledged to stop practicing. TBAs, in particular, noted that circumcised girls have more problems than uncut girls at delivery and they spread this information in their communities to persuade women to end the practice. Nearly all circumcisers in the area targeted were registered and were given milk cows as an alternative means of income generation. A number of groups, including the KMG facilitators, Community Conversation members and the Harmful Traditional Practices Abandoning Committees, closely monitor the former circumcisers.

Integrated community projects

Along with the awareness-raising activities, KMG launched integrated community projects and community development projects to build further the trust and confidence necessary to mobilize villagers against FGM/C and other harmful practices. When Dr. Bogalech first started talking to villagers about HIV/AIDS, women's rights, and human rights, these were perceived as abstract concepts, which were not their priority; what was important to them was seeing practical results. Therefore, initial discussions with communities focused on practical issues and later developed into conversations about HIV/AIDS (about one in ten local people were infected), FGM/C and other harmful practices.

The community-integrated projects implemented in several subdistricts of the zone included:

- Health education and services for HIV/AIDS and malaria prevention, and environmental sanitation;
- Mother and Child Health Centres (MCHC);
- School-based adolescent reproductive health programmes, using trained peer educators;
- Support to community schools through classroom construction and other school-based projects.

⁶ Dagne 2008, p. 19

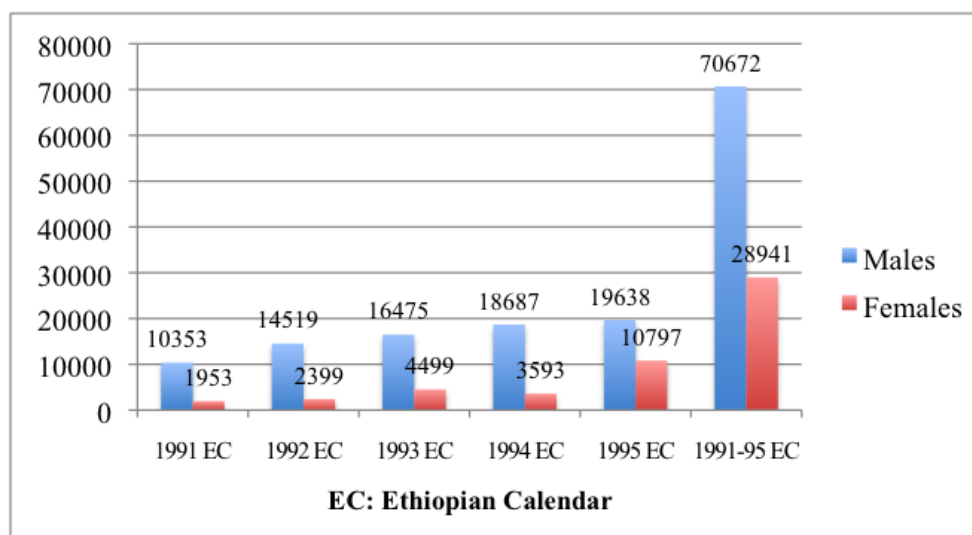
The community development projects implemented in several subdistricts in the zone included:

- Livelihood projects for women, including asset-building schemes, saving and credit services, income generation activities and skills trainings;
- Small infrastructure projects, including the construction of small bridges, tapping of springs for fresh water and hand-dug wells;
- Projects that generate biogas for alternative energy;
- Nurseries, afforestation and horticulture schemes.
- A project to reforest the revered mountain of Hamericho, mobilizing students and other community members from different subdistricts to plant both indigenous and exotic trees on the mountain.

By 2004, nearly one hundred thousand residents (over 70,000 male and 28,000 female) had been reached through various awareness-raising activities (Figure 4). The confidence and trust that was built through these activities played an important role in changing attitudes about FGM/C.⁷

Data on raising community awareness are from the initial stages of the programme, and it is important to note that significantly more men than women participated in these activities. This was because these activities took place in public gatherings, where traditionally females do not participate. KMG worked to increase the participation of females in such public activities through its community dialogue in human rights, democracy and good governance.

Figure 4: Sensitized residents in Kembatta/Tembaro Zone during the period 2000-2004 (1991-1995 Ethiopian Calendar)



Source: KMG statistical records (Dagne 2008).

b. Mobilizing and organizing social forces through Community Conversation

Raising awareness about the harm caused by FGM/C and building trust and confidence in communities provided communities with new knowledge and alternative perspectives on the practice. Additional strategies, however, were needed to bring about FGM/C abandonment.

⁷ Dagne 2008, p.21

KMG introduced Community Conversation as a strategy to:

- Provide space and opportunity for active interaction, dialogue, reflection and sharing without fear and discrimination;
- Facilitate the process of transformation, using participatory tools and skills;
- Assist community members to understand the impact of sustaining harmful practices, such as FGM/C, and to take action to abandon them.

Most importantly, Community Conversation was used to mobilize and organize a critical mass within different social groups, including elders; women; youth; uncircumcised girls; Fuga Artisans; subdistrict leaders and community-based organizations, particularly edir.

Community Conversation gathering points

KMG pioneered and piloted Community Conversation Programme in Ethiopia in 2002.⁸ The next year, KMG introduced the technique in five districts in Kembatta/Tembaro Zone to mobilize communities against harmful practices. By 2007, Community Conversation was operational in all subdistricts of the zone's seven districts.

At the central KMG Centre in Durame, two coordinators supervised training and operation of Community Conversation for the zone: One coordinator was responsible for Community Conversation on Human Rights, Democracy and Good Governance; another one addressed HIV/AIDS, Harmful Traditional Practices and Reproductive Health. At the subdistrict level, Community Conversation gathering points, supervised by one male and one female KMG coordinator, were established to conduct the sessions. As of June 2008, some 464 Community Conversation gathering points were operational in all the zone's districts and the total number of Community Conversation members had reached 23,200 (Figure 5).

Figure 5: Type and number of Community Conversation gathering points per district, 2008

District	HIV//AI DS & HTP CC	Reproductiv e Health	H/ Rights, Democrac y	Uncircumcise d Girls	Fuga CC	Tota l CC	CC Members
Angacha	19	6	19	19	5	68	3,400
Kachabirra	21	6	18	21	5	71	3,550
Tembaro	21	6	18	21	5	71	3,550
Doyo Gena	14	5	17	14	6	56	2,800
Kedida Gamela	18	6	19	18	5	66	3,300
Deniboya	19	6	18	19	5	67	3,350
Hadero	19	5	17	19	5	65	3,250
Total	131	40	126	131	36	464	23,200

Source: KMG Centre, Durame (Dagne 2008)

Community Conversations were designed to reach both general community members and specialized groups, in particular, uncircumcised girls and the Fuga artisan communities. Community Conversation focused on:

⁸ In 2002 KMG was selected by UNDP to conduct Community Capacity Enhancement in Alaba district for HIV/AIDS prevention

- HIV/AIDS and Harmful Traditional Practices (in 131 subdistrict gathering points),
- Reproductive Health (in 40 subdistrict gathering points),
- Human Rights, Democracy and Good Governance (in 126 subdistrict gathering points).

Participants met on Saturday or Sunday, usually twice each month. The gathering points – classrooms, subdistrict administration meeting halls, or farmers’ training centres – were accessible to all members.

Facilitators

Male and female facilitators were chosen by subdistrict leaders and elders to lead Community Conversation. Facilitators were younger people with a minimum of high school education; some were employed as teachers, health or development workers. By June 2008, as many as 794 facilitators were engaged throughout the zone. Facilitators of each district met once each month to share experiences and to collect a monthly honorarium of 50 Birr (US\$ 4.50).⁹

Community Conversation members

The average number of participants for each community conversation was set at 50 (25 male, 25 female), although the number of participants sometimes varied as some individuals dropped out and newly interested people joined. It was significant that females were well represented, since traditionally females had no opportunity to participate in mixed-gender meetings, particularly in decision-making processes on community issues.

Participants in the public sessions targeting the general public were recruited by KMG branch coordinators in co-operation with subdistrict leadership, edir and religious leaders.

In general, about 30 per cent of participants were elders, religious leaders and leaders of the edir. Mothers and girls made up 30 per cent and 24 per cent of the groups, respectively. The remaining participants, 16 per cent, came from local government. Participants came from a variety of social groups, and included circumcisers, TBAs, and people living with HIV. It was important to engage a wide range of individuals who could influence others in their communities.¹⁰

Content and methodology

Facilitators were trained with standard manuals that provided information on procedures as well as on the content of discussions. The sessions progressed through a five-step process:

- Step 1: Build relations. Participants were introduced to one another and organized themselves into a group.
- Step 2: Present specific topics and explore felt community problems. Specific topics highlighted in the manual were introduced and discussed.
- Step 3: Discuss identified issues. The needs of the communities were identified and these additional topics were discussed in greater depth.
- Step 4: Decide on issues and reach consensus on how they are addressed.
- Step 5: Implement decisions.

Each Community Conversation started with a "reflections" session where participants reported on activities they had conducted in their communities since their last meeting. This was followed with

⁹ Dagne 2008, p.24

¹⁰ Dagne 2008, p.24

discussion on the topic of the day, including HIV/AIDS, reproductive health, harmful practices, and human rights, democracy and good governance. Each group also discussed specific harmful practices that were supported in their own communities. Participants were then divided into small working groups to discuss a topic and the results of these discussions were presented to the other groups. The facilitator summarized the sessions at the end of each meeting. Community Conversation lasted two to four hours depending on how often the group met.

Beyond Community Conversation gathering points

Community Conversation was conducted for a minimum of one year in order to enrich dialogue and promote collective transformation. During this time, participants were charged with disseminating messages in their individual communities. Once the KMG-led facilitation ended, Community Conversation members selected from amongst themselves, a committee of 10 to continue activities that would influence people in their villages. Among these committees was the Harmful Traditional Practices Abandoning Committee, whose responsibilities were to diffuse messages on harmful practices and also to pursue and report cases of FGM/C.

There were few evaluations or assessments on village-level activities conducted by those who participated in Community Conversation yet participants themselves reported that beyond the Community Conversation gathering points, they sensitized their families and communities through discussions at home, at different neighbourhood groups, and through community-based organizations.

When Community Conversation members were asked, as part of a quantitative survey conducted in three sample districts, how often they facilitated discussions in their villages on topics covered in the sessions, 55 per cent reported they facilitated discussions very often, 39 per cent reported that they sometimes did, and 6 per cent reported that they rarely or never facilitated discussions.¹¹

“Every sector of a village community is being engaged in the Community Conversation activities,” said one member from Angacha Bondana subdistrict. “We have now three Community Conversations going on in the subdistrict. Young people, both girls and boys, are conducting Community Conversation. There is one on HIV/AIDS and harmful practices. A new one is dealing with human rights and democracy. We have also the Fuga group. These Community Conversations involve a large number of people of the subdistrict. The HIV/AIDS and harmful practices groups that just concluded its two-year term did not disperse. The 50 members continue disseminating messages in their villages... At present we have 150 ongoing members. We have an army of 200 people scattered in the villages who do monitoring and reporting.”¹²

Similarly, a young man participating in a focus group discussion in Tembaro explained that the Harmful Traditional Practices Abandoning Committee members not only went from house to house to transmit messages, but committee members also served as watchdogs. “If some families tried to operate during the night, this committee could get information from the villagers,” he said. “People knew that the committee was following up.” The young man said that in one case, a girl was rescued from a family that was preparing to circumcise her in hiding.¹³

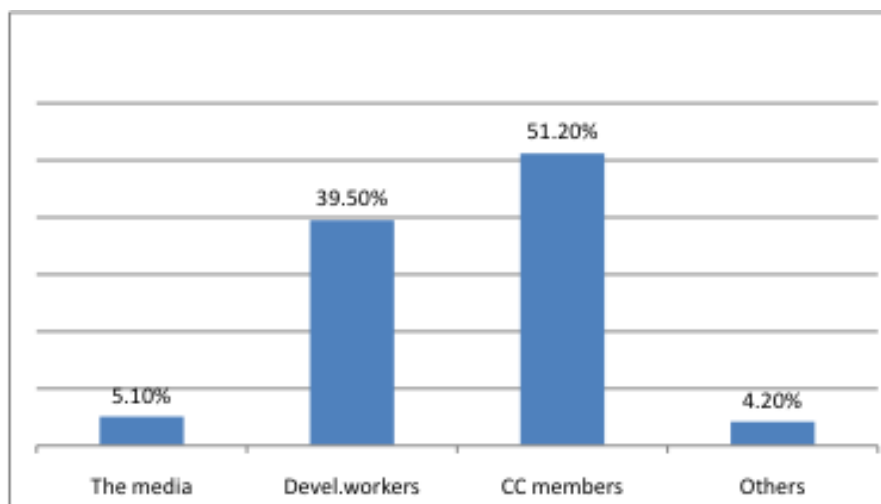
¹¹ Dagne 2008, p. 26

¹² Dagne 2008, p. 26

¹³ Dagne 2008, p. 27

When villagers were asked whether they had participated in a Community Conversation in their villages, 85 per cent responded that they had participated in some type of Community Conversation, with the vast majority of these discussions (95 per cent) facilitated by Community Conversation members. When specifically asked about where they had received information about FGM/C, a majority of villagers (51 per cent) indicated that Community Conversation members were their major source of information (Figure 6).¹⁴ Their other major source of information came from development workers who had been trained on FGM/C at different workshops.

Figure 6: Major sources of knowledge on FGM/C

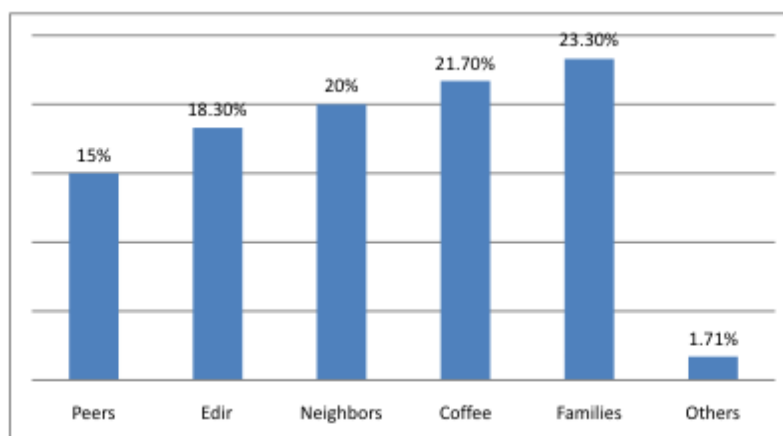


Source: KMG Survey in Kembatta/Tembaro Zone (Dagne 2008, Annex V)

Introducing FGM/C into neighbourhood events and conversations

Each Community Conversation member was expected to reach at least five households with their messages. Members indicated that they initiated discussions on harmful practices first and foremost within their families, followed by relatives and neighbours. Since family members rarely drink coffee alone, but rotate between neighbours homes, coffee klatches became a natural place to raise FGM/C and other issues for discussion (Figure 7).

Figure 7: Social groups reached by Community Conversation members



Source: KMG Survey in Kembatta/Tembaro Zone (Dagne 2008, Annex III)

¹⁴ Dagne 2008, p. 27

Community Conversation members also initiated discussions while walking long distances to the market, to fetch water or to attend funerals. Funerals, in particular, provided occasions where large numbers of extended family, friends and acquaintances gathered. People often travelled from distant places to attend funerals and mourning events, which lasted several days. They provided an excellent opportunity for members to pass along messages on FGM/C and other harmful practices.

The role of the edir

Focus group participants consistently stated that the village mutual assistance group, the edir, was one of the major venues for information dissemination and mobilization of villagers against harmful practices. Every village had an edir, and nearly all villagers were members and made a financial contribution to the group.

The original function of edir was to assist in burying the deceased and support grieving families. Members made monthly contributions and received a payment to help cover funeral expenses in return. The edir, in cooperation with the subdistrict, was also responsible for the security of the village. Since the goal of the edir was to help people work towards social and economic well-being, the edir has become known as a local mutual assistance association. No one can live outside the edir and exclusion from edir is considered severe punishment.

Five edir leaders were selected to represent different edir at Community Conversation gathering points and several edir members also participated in these conversation sessions. Community Conversation members initiated discussions on FGM/C and other burning community issues, such as excessive feasting at weddings and prolonged funeral rituals, in an effort to influence the edir to make the decision to abandon FGM/C and other harmful practices at village level. One focus group participant in Tembaro stated, "I obtained the messages at the edir. Our edir leader is passing to us the messages he acquired at the Community Conversation. There are different edir meetings and he uses the occasions. He does not only pass the message but he expresses his stand against harmful practices."

After five years of intervention, nearly all edir in the seven districts had declared FGM/C abandoned. According to the head of one district, after intense discussions, the edir associations decided as a group to abandon a set of harmful practices and drew a list of sanctions, including expulsion, to be imposed on those who failed to comply with the decisions. He said, "If some one violates the decisions passed at edir and performs FGM/C, the edir will exclude him from edir services."

Women talking to women

Women in Ethiopia often organized their own edir to help one another with the responsibilities associated with child delivery, wedding or prolonged mourning events. Webeqa was one popular edir for women in Tembaro, and Qenefa was a similar edir in Kembatta. When a woman in the neighbourhood delivered a child, female villagers and relatives formed a type of task force and collected butter, cottage cheese and some money to buy food items to help the new mother entertain visiting guests. The group ate, danced and rejoiced. No men were allowed at the party; even the woman's husband was asked to leave.

Webeqa and Qenefa rituals provided a useful opportunity to discuss FGM/C, particularly events that centred on child delivery. Female Community Conversation members, some of whom were TBAs,

specially trained by KMG, used these occasions to discuss issues that placed a heavy burden on woman, particularly FGM/C, and responsibilities associated with hosting large gatherings at weddings and funeral rituals.

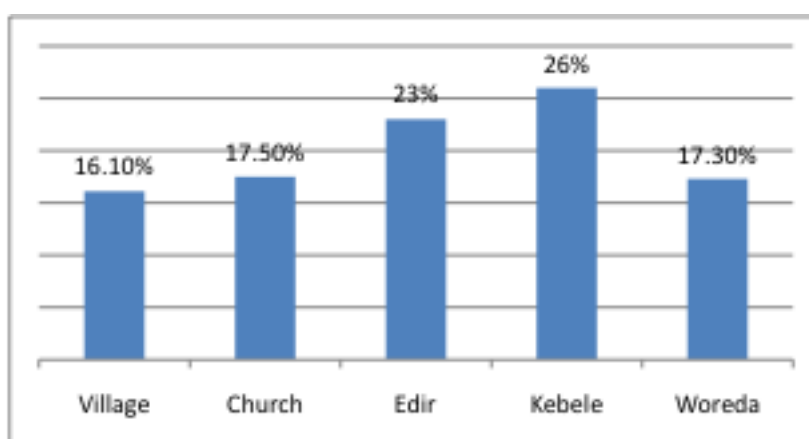
Female Community Conversation members found many opportunities to spread their messages to other women. They used milk or butter *wijjos*, groups formed by women as a cooperative to generate income. The groups met in the women’s homes and each *wijjos* member brought, instead of money, milk to the group. The milk was given to the woman hosting the *wijjo* and she made butter out of the milk, which she sold to generate income. The meetings rotated from one household to another and each member brought exactly the same amount of milk the new household had contributed to them. *Wijjo* involved intense socialization and Community Conversation members used *wijjo* meetings to initiate discussion and deliver messages. Community Conversation members also raised the topic of FGM/C when they harvested *ensete*, a root crop and major food staple. During this work, men are barred, and it provided an excellent opportunity to socialize and share information on issues important to women.

Community Conversation members spreading messages through churches

Most of the population in Kembatta/Tembaro are Christians, belonging to different denominations. In one subdistrict, five or six churches served several villages. Among those surveyed, 70 per cent belonged to Protestant groups, while 23 per cent were Orthodox and Catholic; just 7 per cent were Muslim.¹⁵ KMG organized special workshops for religious leaders and sensitized them on harmful practices, especially on FGM/C, abduction and HIV/AIDS.

Sensitized religious leaders disseminated information on harmful practices especially through their sermons. By emphasizing that FGM/C had no religious foundation in the Holy Bible, religious leaders were able to delink FGM/C from religious obligation.

Figure 8: Gatherings where villagers heard appeals or decisions to abandon FGM/C



Source: KMG Survey in Kembatta/Tembaro Zone (Dagne 2008, Annex V)

Female Community Conversation members disseminated their knowledge on harmful practices at church meetings known as *Afusha*. Protestant women’s groups met once each week at different households for prayer sessions and had opportunities to chat over coffee. Nearly 18 per cent of those

¹⁵ Dagne 2008, Annex V

surveyed indicated that they heard appeals to abandon FGM/C in churches, indicating the significant role that churches have played in the fight against FGM/C (Figure 8).

Mobilizing uncircumcised girls

It was important to mobilize those who were targeted for FGM/C: adolescent girls, between 12 and 18 years of age. KMG trained and supported two to three adolescent girls to facilitate Community Conversation for their peers at Community Conversation gathering points in all subdistricts. Between 2006-2007, there were 148 gathering points established for uncircumcised adolescent girls. Using 50 as the average number of participants, the total number of participating girls for that period was approximately 7,400 girls, although attendance was likely to vary from time to time and from one gathering point to another.¹⁶

The uncircumcised girls Community Conversation groups met every two weeks. The girls discussed HIV/AIDS, harmful practices, FGM/C, and STDs, with a special focus on the rights of women and violence against women. The uncircumcised girls identified rape, abduction, FGM/C, polygyny (when a man has more than one wife), and excessive feasting as harmful practices that their communities should abandon. They disseminated information on FGM/C through school clubs and meetings in churches and they initiated discussions at coffee klatches or while walking to school, market or to fetch water.

Community Conversation motivated the girls to take action individually and as a group and in time, the girls became a vibrant social force that pressured parents and relatives to abandon the practice. During interviews, the girls reported that several girls in their villages refused to undergo the practice, forcing parents to withdraw their plans. Some girls stated that they had personally escaped attempts by their parents to circumcise them. “Without our persistent explanations our parents would have operated us,” said one girl. Parents listened to them because the girls were backed by the law and had organized mass mobilization against FGM/C. The presence of monitoring mechanisms established in schools, Community Conversation gathering points, clubs, KMG branch offices, and particularly in edir and subdistricts, made it difficult for parents to impose the practice on their daughters.

With their newfound confidence, the uncircumcised girls participating in Community Conversation played an important monitoring role in their communities. The girls reported on and followed up cases of FGM/C and abduction and other violence committed against girls. At Adantcho village in 2007, for example, one family planned to cut a daughter secretly during the night. After the daughter notified an organized group of uncircumcised girls, the girls, armed with stones, came to the girl’s house to rescue her. The family could not protest because they knew they were engaged in illegal activity. In another example, when a woman insulted an uncircumcised girl, she was reported to the subdistrict and was subsequently jailed. The woman later apologized and was released with a warning. Similar stories were exchanged during focus group discussions.

Mobilizing Fuga artisans

The Fuga are potters. Their skill as craftsmen, far from earning them social respect, has led to their ostracism and as a result, they are discriminated against by the rest of society. The Fuga do not mix

¹⁶ Dagne 2008, p. 31

socially or intermarry with other groups. Because some Fuga also perform circumcision, it was considered important to engage them in the discussions about harmful practices.

KMG established at least five Community Conversation gathering points for Fuga in every district of the Kembatta/Tembaro Zone (36 total), enabling some 1,750 Fuga, both male and female, to participate in Community Conversation.¹⁷ The Fuga identified a number of traditional practices they considered to be harmful: FGM/C, not keeping oneself clean, excessive drinking, consuming animal waste, and practices that can lead to HIV infection. To improve the Fuga's income generating capacity, KMG also provided the artisans training in improved pottery techniques and in saving and credit schemes.

At focus group discussions, the Fuga stated that the Community Conversation gathering points helped to improve their self-esteem and self-confidence. "We could discover that we are equal to other people," said one participant. "We considered ourselves too low. We understand now that we are human beings." As a result of the Community Conversation, most Fuga decided to stop FGM/C, although some continued to practice in hiding. The Fuga circumcisers obtained skills to receive alternative income. One Fuga circumciser stated, "We have stopped cutting. We have to leave it as God made it."

c. Creating public pressure to abandon FGM/C

During community conversation, new social groups with knowledge on the rights of women were mobilized and organized. The new actors, however, were still the minority. They needed to create public pressure to overcome opposition from the conforming general population. Public events, rallies and declarations, rescue actions and the implementation of existing laws to address gender violence created public pressure against FGM/C and prepared the way for abandonment.

Anti-AIDS Day rally

In 2000, KMG organized an Anti-AIDS Day rally at Durame, the administrative centre of the zone. Nearly 4,000 people participated in the event, which gathered together the general public and school population. At the rally, FGM/C and abduction for marriage were also addressed and Dr. Bogalech appealed to the public to abandon both practices.

Public weddings for uncircumcised girls

KMG staged public weddings of uncircumcised girls to mobilize the public, particularly girls to abandon FGM/C. The first wedding was held in 2002. The bride had rejected FGM/C and decided to marry uncircumcised. At the time, girls generally preferred to be circumcised, since men only married circumcised girls and the girls feared if they chose to not be cut, they would be considered unfit for marriage. But the girl had participated in KMG awareness-raising activities and was convinced of her decision. About 2,000 people attended the wedding, including 317 uncircumcised girls who served as bridesmaids. During the ceremony, the bride wore a sign that read, "I will not be circumcised. Learn from me," and the bridesmaids all carried signs with the same message. The groom wore his own placard with the words, "I am happy to marry an uncircumcised woman." The wedding was attended by local officials, who addressed the crowd with words of support for the bride and groom. The event received extensive local, national and even international news coverage and news about the couple

¹⁷ Dagne 2008, p. 33

spread to neighbouring districts and across the zone. In the Kachabirra district alone, 78 other similar weddings were held between 2004 and 2007 and 6,863 girls were registered as uncircumcised. Many other public weddings with uncircumcised brides were held in districts across the zone.¹⁸

Celebrating Uncircumcised Girls Day

Since 2004, what was once the end of traditional circumcision season has been transformed into an organized celebration of the ‘whole body, healthy life’ - a day to celebrate uncircumcised girls. According to press reports, the first event, held on 29th October 2004 was attended by some 100,000 people¹⁹ who travelled to Durame stadium on horseback, by trucks and on foot. A circus show and horse-riding contest were staged and the celebration was publicized nationally and internationally.

The day is now observed at district and zonal levels every year with marches, songs, dances, and speeches by district officials. One year in Tembaro at Modula district, girls holding flowers and wearing T-shirts came from distant village with lorries. Similarly, at the Kachabirra district, during celebrations in 2007, as many as 300 girls attended the festivities from just one subdistrict. On trucks provided by KMG, some of the girls even travelled to Durame, the zonal capital to join the celebration. The girls said they made the trip “to demonstrate that we are not circumcised and will not do it... and that we accepted a FGM/C- free life.”²⁰ All of these public events raised the confidence, image and status of the uncircumcised girls.

FGM/C messages spread through multi-media

Travelling with a portable generator, in 2004, KMG visited districts in the zone to show videos on FGM/C. For many villagers it was for the first time that they had seen a video, so the screenings were attended by thousands of people. Men even fainted, shocked when they saw how circumcision was performed. After seeing the video, many men were convinced that the practice should stop.

Student circus groups included FGM/C messages in their shows and theatre groups staged performances with songs and poems in schools and villages that conveyed messages on harmful practices, including FGM/C. KMG also provided materials to school media units enabling student reporters to disseminate messages against HIV/AIDS, FGM/C and other harmful practices to their peers.

Legal clinics

KMG provided legal services to female victims of violence. It operated a ‘Survivor of Violence’ project and legal clinic at their branch offices, where victims received legal advice, support, and services. The NGO trained and hired paralegals to assist victims in legal procedures and to pursue their cases at police stations and in the courts. Many of the women who used KMG legal services were victims of violence or had been denied their right to property. Cases of violence against women were regularly followed up through the justice system and through social courts in the subdistrict. Girls who had been abducted and rejected by their families also received financial support from KMG.

¹⁸ Dagne 2008, p. 35

¹⁹ Dagne 2008, p. 36

²⁰ Dagne 2008, p. 36

Rescue actions and legal measures

The first rescue action of an abducted girl was staged in December 2000. The abducted girl was a student and active member of a KMG music group. The occasion of World AIDS Day was used to mobilize people against abduction and the rescue action was publicly announced during that special event. Three weeks later, the police brought back the girl from hiding and her abductor was sentenced to five years imprisonment. News of this public rescue circulated widely into the villages. The public action encouraged an additional 10 abducted girls to flee their captors and return back home. One year after the rescue, the girl addressed the crowds at the World AIDS Day event to draw attention to harmful practices.

Another prominent student abduction case in 2005 also brought widespread public attention. The girl, named Abaynesh, was rescued with the support of KMG and brought back home. Her abductor was sentenced to 11 years imprisonment. The girl eventually finished high school and KMG financed her education in Awassa, where she graduated from a nursing school and is now working at a KMG maternal and child health clinic. At the time of the rescue, news of the arrest and the court ruling spread quickly and the case became widely known in neighbouring villages. When interviewed about the event, the girl said she received mixed reactions about her resolve. Girls who were interested in education and attended school supported her action. But some older men cursed her determination. Older women said, “This was not possible in our time; it was our families who decided such cases. We did not dare to think of such action. Modern people have their own ways.” In general, the young girl became a role model and some parents began advising their daughters to “be determined and finish your education like Abaynesh who has completed her education and is now working and helping her parents.”²¹

Collective statements against abduction, enforcing laws against abduction and rescue activities all promoted change in communities. People who were once unaware of existing laws against abduction understood that if they supported the practice they would be breaking the law, and women and girls became aware of their legal rights. As increasing numbers of people voiced publicly their stance against abduction, families began to reconsider the age-old tradition. The public action played a particularly important role in influencing communities to abandon the practice.

d. Enforcing abandonment

The new social forces, operating as a critical mass, were able to successfully create public pressure that discouraged the population from supporting the practice. The powerful alliance between edir, subdistricts and districts ensured that declarations and the law were enforced and obliged law enforcement officials to take action.

Involvement of subdistrict and district administration

It was important to engage government structures in all awareness-raising activities and in Community Conversation to ensure their effective implementation and that decision would be enforced. KMG signed a formal operational agreement with the zonal administration of Kembatta/Tembaro and the NGO opened branch offices in each of the zone’s seven districts. A number government departments, in particular the subdistrict and district administration, the women’s affairs offices, health offices, and justice bodies at local, zonal and regional levels were sensitized on FGM/C and supported activities to abandon the practice.

²¹ Dagne 2008, Annex II, 8

KMG conducted several awareness-raising workshops on human rights and gender that paid special attention to violence against women and FGM/C to sensitize members of the subdistrict and district administration, health workers, development agents, police, and personnel working in both the justice system and in social courts. For most of those sensitized, it was the first time they had recognized the issues of violence against women, abduction and FGM/C as human rights violations, and all participants were made aware of existing laws to protect women and girls.

A special effort was made to involve the subdistrict leadership in the Community Conversation programmes. The Community Conversation gathering points were organized at the subdistrict level with the support of the subdistrict leaders who provided the space. Several subdistrict leaders participated in Community Conversation as members and also assisted in recruiting participants and facilitators who worked closely with school and health post administrators. The subdistrict leaders, as members of the Community Conversation, disseminated messages and decisions that were made at the Community Conversation gathering points to the general subdistrict meetings.

Subdistrict and district declarations to abandon FGM/C

Decisions to abandon were first made at Community Conversation gathering points and then at edir. The edir decisions were followed by more general and public declarations at subdistrict and district levels where FGM/C, abduction, rape, wife inheritance (when a widow must marry her late husband's brother) and traditions that placed heavy economic burdens on families were declared abandoned. Subdistrict and district leaders were instrumental in organizing public declarations to abandon FGM/C and other harmful practices.

Often, the Community Conversation members and KMG branch offices drafted a statement that banned harmful practices like the one of Kachabirra Declaration (Box below).

Kachabirra District Declaration of December 2005

“We, kebele leaders, religious leaders, edir leaders, renowned elders, renowned women, circumcisers and TBAs, representatives of youth organizations, kebele armed militia representatives, and all the people assembled in the Kachabirra Woreda Shinshicho hall, having discussed the damaging effects of harmful traditional practices and [HIV/AIDS] for two days between 12.04.1997 and 12.04.1997 EC, issue the following 15 point declaration:

Stop: Female Genital Excision, early marriage, rape, inheritance marriage, marriage by abduction, teeth extraction, uvulectomy, all activities that expose to HIV... illegal video and film show rooms, excessive funeral ritual entertainment, excessive wedding entertainment, false witnessing. Circumcisers should be brought to justice on charges of inflicting damage to the body...

Those violating this declaration, from today 13.04.1997 EC onwards, should be Responsible Before the law, excluded from edir and suspended from religious associations.”

Signature of 15 people attached; and copies to Kachabirra District Administrative Council, Police, Department of Justice, KMG Office and the 19 subdistrict offices.

Source: Translation from Amharic, KMG Survey in Kembatta/Tembaro Zone (Dagne 2008, Annex II,9)

This was discussed and agreed upon by subdistrict and district leaders who called a general assembly of residents. Community Conversation members and committees, and uncircumcised girls groups actively encouraged villagers to attend the assembly. Most often the gatherings were held in the fields, where Community Conversation members presented the draft statement to the public. The damage caused by harmful practices and the benefits of abandonment were explained. Some asked questions, others made suggestions. The crowd accepted the declaration through applause or by raising their hands.

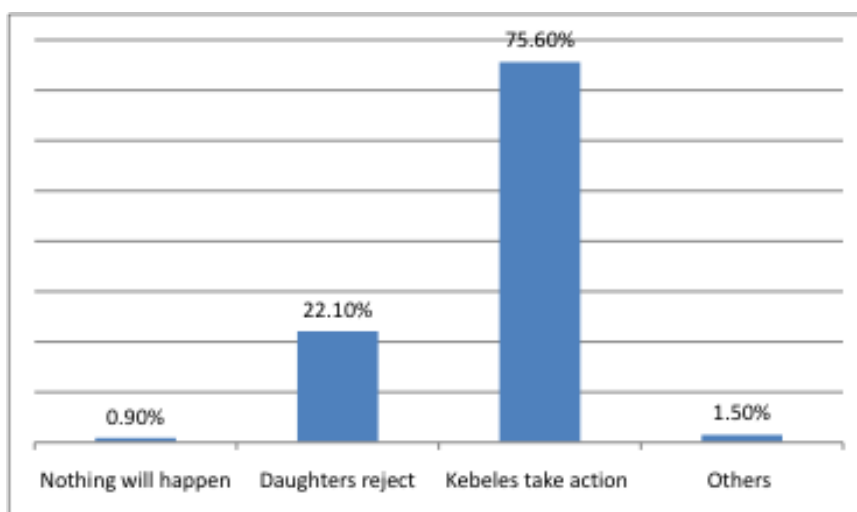
Nearly all (96 per cent)²² villagers surveyed accepted the declarations abandoning FGM/C. This means that in nearly all subdistricts and districts in the zone, decisions made at Community Conversation gathering points and endorsed at the edir in the villages, were accepted in public assemblies.

The process of public declarations

The subdistricts and district administrations accepted the public declarations as decisions made by the people that required implementation. The statements obliged the edir associations to take action against violators. The Community Conversation members were charged with following up and reporting violations and those violating the declaration were held responsible before the law, or were excluded from the edir and suspended from religious associations.

The district circulated orders instructing that the law of the state prohibited FGM/C and abduction. The subdistricts took action by deploying their militia in cases where legal action was needed and whenever the Harmful Traditional Practices Abandoning Committees, uncircumcised girls groups or Community Conversation members reported violations.

Figure: 9: Consequences of attempting to circumcise one’s daughter



Source: KMG Survey in Kembatta/Tembaro Zone (Dagne 2008, Annex V)

Respondents of the quantitative survey confirmed that enforcement measures were in place. Villagers were asked, “What would happen if someone in the locality attempts to perform FGM/C?” As many as 76 per cent stated that the subdistricts or police would arrest the violator, 22 per cent indicated that the girls would refuse to be cut; less than 1 per cent indicated that “nothing would happen” (Figure 9).

²² Dagne 2008, Annex 8

Impact

FGM/C significantly abandoned

The qualitative and the quantitative studies, conducted in the zone's three districts in May and June 2008, established that the attitudes and the practices of large segments of the population in Kembatta/Tembaro Zone towards harmful practices, especially towards FGM/C and abduction, changed significantly.

Most of the edir, subdistricts and districts made public declarations abandoning FGM/C, abduction, rape, wife inheritance, excessive feasting at wedding and funerals. For the most part, the decisions were enforced by both the edir and subdistrict leadership, and violations were monitored and reported on by Community Conversation members, uncircumcised girls, and Harmful Traditional Practices Committees.

During focus group discussions, KMG staff and other key informants highlighted the changes in their communities:

- Communities have been sufficiently informed on harmful practices.
- The public FGM/C ritual is not practiced any more.
- Abduction is not practiced any more.
- Edir, subdistricts and districts have declared FGM/C abandoned.
- Girls are empowered and refused to undergo FGM/C.
- Open marriage of uncircumcised girls became common.
- Circumcisers have stopped practicing.
- Women are able to openly talk and discuss their rights.
- Violators are brought to justice.
- There are many uncircumcised girls in the villages.
- Villagers do not stigmatize uncircumcised girls openly.
- Uncircumcised girls do not worry about not finding a husband.

FGM/C public ritual and abduction abandoned

The public pressure led the local police to begin enforcing the law, and as a result, the seasonal circumcision ritual faded away. Nearly all respondents of the quantitative survey indicated that no ritual had taken place during the last high season of circumcision.

Similarly, abduction for marriage was abolished from all villages and girls surveyed generally felt they were not at risk of forced marriage. Teachers and school directors indicated that girls did not fear abduction anymore. District administrators said that marriage by abduction had been criminalized and most people did not support the practice. "We have not heard of abduction cases since the last three years," said one district official. Still, abduction as a form of elopement continued as a face-saving device to relieve parents of the financial burden of hosting lavish weddings.

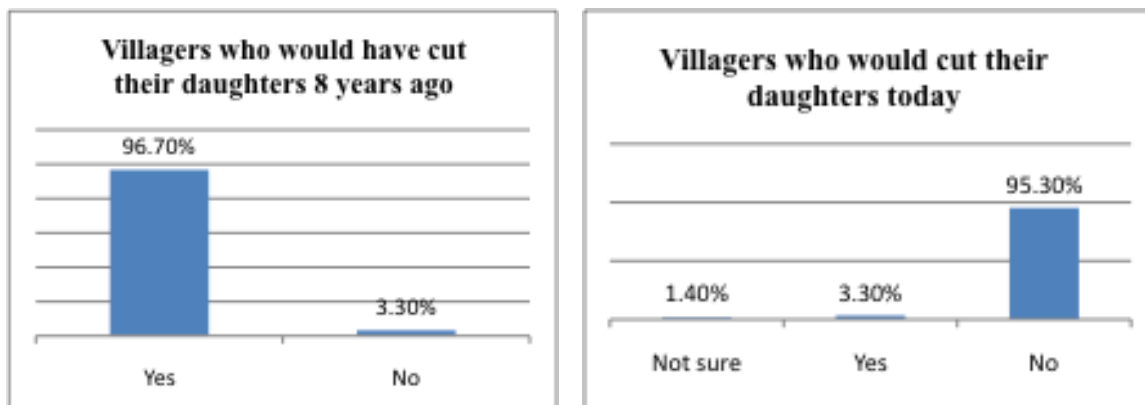
Attitudes have changed

Parents significantly refrained from enforcing FGM/C on their daughters. In the survey area, girls generally had no fear that parents would force them into FGM/C. Community Conversation helped to make girls confident and many challenged their parents' ideas about FGM/C. In Tembaro, one girl stated, "If our parents attempt to force us into FGM/C, we tell them with patience that this should not

happen and they do agree.” Another girl said, “If they try to impose it on us, we refuse.” Some liberal parents said, “We should not make our children like old fashioned women.”²³

The quantitative survey, which compared the attitudes and practices of villagers before and after the KMG intervention in the zone, confirmed that fewer girls were being cut. Before the KMG intervention, nearly 97 per cent of villagers said they would have circumcised daughters as per tradition. After the intervention, less than 5 per cent of villagers said they would circumcise their daughters, indicating that attitudes have changed significantly (Figure 10, 11).

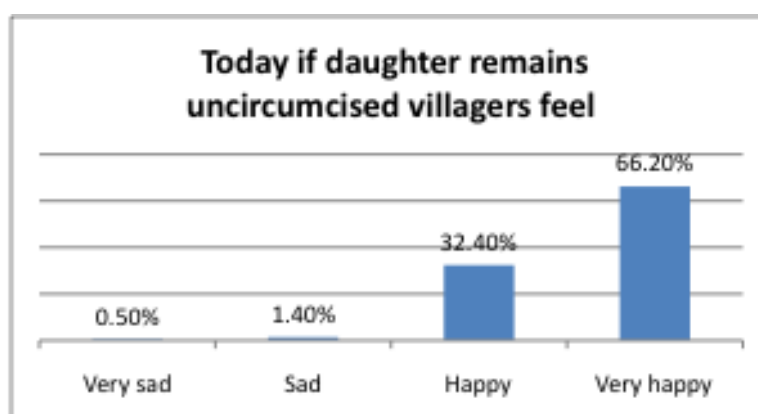
Figures: 10, 11: Attitudes towards FGM/C before and after the KMG intervention



Source: KMG Survey in Kembatta/Tembaro Zone (Dagne 2008, Annex V)

Nearly all villagers, both Community Conversation members and non-members would feel happy to very happy if their daughters remained uncircumcised. Less than 2 per cent of villagers would be unhappy to have their daughters remain uncircumcised (Figure 12).

Figure: 12: How villagers would feel today if their daughters remain uncircumcised



Source: KMG Survey in Kembatta/Tembaro Zone (Dagne 2008, Annex V)

Changed social status of uncircumcised girls

The survey findings further indicated that the status and image of uncut girls was dramatically improved and after the intervention, being circumcised was widely seen as a form of mutilation that exposed girls to infection and to health problems at delivery. A shift in the marriageability convention also took place and uncircumcised girls had higher marriageability status than circumcised

²³ Dagne 2008, p. 42

girls. Uncircumcised girls participating in Community Conversation said they were confident that the number of uncircumcised girls in their communities was in the majority and that young men preferred to marry uncircumcised girls. The girls did not worry much about being stigmatized for being uncut; they were most worried about rape.

The quantitative survey results supported these statements. As many as 85 per cent of villagers believed that uncircumcised girls were no longer “despised” in their villages, indicating their changed status.²⁴

Programme strengths and challenges

The KMG model used a four-step process to promote abandonment:

1. *Raising awareness about alternative perspectives on FGM/C:* Awareness-raising activities that framed FGM/C in a human rights context, the process of building trust and confidence, and more importantly, the Community Conversation framework, provided communities with alternative perspectives on FGM/C. Generating discussion about FGM/C in families, neighbourhoods, edir meetings, schools, churches, and in other social gatherings, deepened knowledge about the practice and created doubts about its validity. All of these activities generated interest towards change.
2. *Mobilizing and organizing social groups:* A wide range of social groups, armed with knowledge on FGM/C and on human rights, were mobilized and organized to spread the message within their own social circles and beyond. These groups were able to influence their peers and others to question FGM/C. Their influence made it possible for those who were not willing to abandon the practice on their own to do so. As these groups grew stronger, individuals who supported FGM/C became outsiders.
 - School youth promoted FGM/C abandonment through circus performances, drama and other public events and played an important role in disseminating information.
 - Uncircumcised girls became an especially dynamic social force that influenced their peers, parents, and communities.
 - The Community Conversation framework created a large social group of CC members who disseminated messages in the villages, subdistrict institutions and churches.
 - The edir leadership obliged village members to abide by its decisions to abandon.
 - Subdistrict leadership also had administrative power to enforce decisions and played a major role in the process.
3. *Creating public pressure through public events and activities:* Public events, rescue activities and public declarations created public pressure and commitment to support FGM/C abandonment. These gatherings, where large groups joined together to take a collective stand against FGM/C, helped individual families to abandon the FGM/C convention. As one villager put it, “A family stops practicing FGM/C when others stop.”²⁵

²⁴ Dagne 2008, Annex V

²⁵ Dagne 2008, p. 45

4. *Enforcing abandonment:* By coordinating community-based activities with local government and community structures, an alliance of edir, subdistrict and district leaders was created against FGM/C. This alliance combined the powerful influence of the popular edir at village and community level with the administrative and legal power of government structures. In this way, decisions made at edir were enforced. In fact, this alliance became a major social force for change. KMG and Community Conversation members, in cooperation with subdistrict leadership, mobilized residents to declare in public gatherings the abandonment of FGM/C and other harmful practices. Assemblies at district levels made similar declarations. These declarations not only dramatically reduced support for FGM/C but also directed law enforcement officials to take legal action.

The KMG model was effective because it was implemented by a respected local non-governmental organization, with committed leadership. This leadership both mobilized the public to embrace human rights and women's rights and coordinated activities with local, national and international organizations. Some activities required a substantial investment of human resources and financial resources. By mobilizing international support and funding, KMG was able to carry out integrated development projects, reinforce and set up administrative structure in all the districts of the zone and deploy a large number of facilitators to lead Community Conversation in all 134 subdistricts of the zone. Other essential activities, however, including mobilizing uncircumcised girls, enforcing laws, staging rescue actions of abducted girls and potential FGM/C victims, required fewer human and financial resources, but took time to develop and required passion and commitment.

Although most families in the zone abandoned FGM/C, some families resisted and continued to cut their daughters. Some villagers performed FGM/C secretly during the night and declared the girls sick; others travelled to neighbouring zones to perform the practice. These families, instigated by elders, continued to hold onto the belief that uncircumcised girls were promiscuous, unstable and disobedient. Mothers were heard arguing, "Look I am cut, nothing happened to me". Others asked, "What happened to our mothers who are cut? They are not good enough now?" The long list of damaging consequences of FGM/C did not convince such groups who assumed that health problems were caused not by FGM/C but other diseases and bloodthirsty spirits. Still others unwillingly tolerated that their daughters remained uncut to improve their daughters' marriage prospects. In some cases, families felt clan obligation to continue to practice FGM/C, even though clan leaders were involved in Community Conversations and publicly called for the abandonment of FGM/C. This was because clans as organizations did not abandon FGM/C. Despite this resistance by some families, abandonment was widespread with minor exceptions. Special efforts must be made to reach all these groups and ensure FGM/C is sustained. In particular, leaders of clans should be encouraged to organize public declarations to free their individual members from their perceived obligations.

Evidence suggests that the KMG approach can be replicated in different communities provided it is adapted to the local context. Although the Kembatta/Tembaro zone is dominated by Christian communities, Muslim community members participated in activities and there was no variation in their survey responses. In fact, the KMG model was first piloted in a predominantly Muslim community and at the time of the survey was being successfully implemented in Kabana District of Gurage Zone, where the communities are only Muslim.

3.2. Afar – Gewane

The Afar population is a mainly migratory pastoralist community, with a low level of education and low and fluctuating income. In Afari society, nearly everyone is Muslim and group identity is based on clan affiliation or patrilineal line. Clan leaders and religious elders manage the clans' affairs and provide leadership on community matters. Clan life is based on communal ownership of land and clan leaders facilitate communal conflicts and decisions. Individuals are dependent on their clan for safety and well-being, with women generally responsible for the survival of the community, and men, traditionally armed with guns and daggers, responsible for looking after cattle and camel and for safeguarding the clan from outside foes. Clan matters are individual matters and vice versa and Afari comply with the principle of *dagu*, a process of information sharing: Whenever an Afari meets another Afari on the road, they exchange and relay information on clan matters, which keeps everyone informed about clan news.

FGM/C, including infibulations, is prevalent among Afar. Most of the girls in this region are circumcised in early infancy, before reaching their first birthday. In fact, it is said that “No Afar woman or girl escapes from mutilation of one or another form without consequences.”²⁶ Traditional birth attendants circumcise and even practice the most severe form of infibulations on infants between 7-40 days after their birth.

Since 2004, the NGO Rohi Wedu has been active in the Afar Region and has worked to improve the lives of pastoral women, using a clan-based approach. In collaboration with UNICEF, Rohi Wedu started an initiative to abandon FGM/C in Gewane district, one of the region's 17 districts. The project targeted four of the Gewane's 10 subdistricts to reach seven villages, with a total population of 4,370 people and 16 clans. No intervention to address harmful practices had previously been undertaken in the area. Although the intervention targeted only a small proportion of the population of the district (and of the region)²⁷, very interesting dynamics of change were observed in the targeted area and evidence suggests that the approach was effective and led to collective abandonment of the practice.

The intervention

Before the intervention was introduced, a conference on FGM/C was organized in the Afar region in 2004, during which some 200 people, including district religious leaders and council members stated that FGM/C was not prescribed by Islam. The statement included all types of FGM/C, including the least invasive form.

This high-level decision was essential to the success of Community Dialogue in Gewane, since many organizations had requested that religious leaders take a stand on FGM/C. Community Dialogue on FGM/C in Gewane, therefore, had the blessing of the higher authorities and more importantly, the Islamic Affairs Office.

²⁶ NGO Rohi Wedu: Dagne (2006), p. 50

²⁷ The population size of Afar region is around 1,411,000 and of Gewane District is around 31,300 (2007 Population and Housing Census Results,

Organization

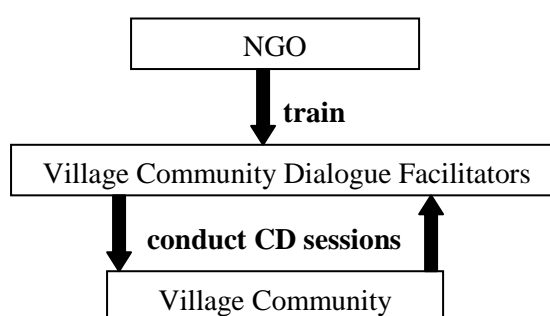
Community Dialogue in Gewane/Afar was introduced as a strategy to mobilize and engage local communities. Facilitated at village level, Community Dialogue enabled villagers and their leadership to own the process. The Afar Community Dialogue was supported primarily by clan and religious leaders, in cooperation with Rohi Wedu, which designated two supervisors to regularly monitor the intervention.

Government administrative structures were also involved. The subdistrict, which carries out government decisions and acts as a liaison office between the government and the clans, was an active participant in sessions and supported the work of the facilitators. Several subdistrict leaders also participated as facilitators. At the district level, the district representatives supported the Community Dialogue programme and were invited to participate in the sessions and the monthly review meetings. At the regional level, an Anti-FGM/C Committee was established at Semera, the regional capital. The Vice President of the Afar region was chairman of the Committee, which also included the Islamic Affairs Supreme Council, the Women's Affairs Office, the Justice and Security Officer and a noted elder, chosen at the regional level.

Community Dialogue sessions took place between May and September 2006 in the district's seven villages. Most meetings were held outdoors, under the shade of a tree. In two villages, Suk and Galeab, meetings were held at the subdistrict meeting hall.

Organizing meetings for pastoralists, who tend their cattle away from their villages, often for days at a time was not easy, and facilitators had to choose convenient times to call meetings. Facilitators also made the decision to hold meetings at different times of day, so that those who missed one session could attend another. At Baburfaghe village, sessions were held 15 times, at Ayroli 5 times, and at Auliyafaghe, where Community Dialogue had not yet concluded, 3 times. Most of the sessions lasted from two to three hours.

Figure: 13: Training structure in Afar



Source: Dagne 2006, p. 52

Community Dialogue Facilitators

Six facilitators were selected from each village by Rohi Wedu, in cooperation with the subdistrict leaders. Facilitators were selected from among the clan leaders, religious leaders, circumcisers, women, youth and elders. They were trusted community members and local leaders. Most of the facilitators were illiterate (96 per cent), reflecting the area's low literacy rate, and as a result, they used appropriate communication techniques that were familiar to the villagers. The facilitators were known among the communities as Harmful Traditional Practices Committees.

All facilitators were trained in May 2006 at the Gewane district centre (Figure 13). During the training, UNICEF facilitated modules on reproductive health, the Regional Women's Affairs Office on the social and cultural aspects of FGM/C, Rohi Wedu, on women's rights and health consequences of FGM/C, and the Islamic Affairs Supreme Council on FGM/C and religion.

Facilitator responsibilities included:

- Conducting Community Dialogue at village community level,
- Facilitating individual counselling for parents with infant daughters,
- Registering children at birth,
- Following-up FGM/C incidents and reporting them to clan and subdistrict leaders for action,
- Attending monthly review meetings and reporting on the implementation of activities agreed to during Community Dialogue.

The review meetings brought together facilitators from all seven villages, enabling them to exchange experiences and address challenges. During these meetings, NGO supervisors also received regular updates on the sessions. Since facilitators reported on progress made in their villages, the monthly meetings generated a spirit of competition among the villages and participants worked hard to achieve better results than their neighbours.

Facilitators were unpaid, although they did receive a small per diem to attend the monthly review meetings. Said one facilitator in Ayroli, "Our rewards are serving the people. Effecting change for me is my reward."²⁸ Their commitment often extended beyond the scheduled sessions. At times, facilitators conducted informal sessions with pastoralists and with small groups of households in several villages, incorporating the culture of Dagu in their work. Some religious leaders who served as facilitators also spoke in their mosques about FGM/C, further demonstrating their commitment.

Community participation

In Afar, nearly all village members in six of the seven villages participated in the sessions. As many as 78 per cent of those surveyed believed that the participation of women was high.²⁹ Traditionally, Afari women do not participate at public gatherings and discussions. Yet the facilitators at Baburfaghe village confirmed that women's participation was strong and that women were encouraged to speak up and discuss their feelings. More than half (53 per cent) of villagers surveyed said they participated in the meetings to learn more about FGM/C, while 41 per cent felt that facilitators encouraged them to participate.³⁰

Auliyafaghe village was the only village where participation was low. This was due to several factors. First, only four facilitators conducted sessions in this village, compared to six facilitators in the others. As a result, only small numbers of the village's large population were reached. Additionally, the film on FGM/C, which had a very powerful impact on the other villages and drew many viewers, was not shown in Auliyafaghe.

Content and methodology

Formal Community Dialogue sessions started with a brief prayer. Clan leaders introduced the purpose of the meeting, which was followed by the facilitator's presentation on FGM/C, and comments and

²⁸ Interview with Rohi Wedu – Dagne 2006, p. 54

²⁹ Survey in Afar – Dagne 2006, Annex C, V

³⁰ Survey in Afar – Dagne 2006, Annex C, V

discussion among participants. A major topic discussed during the sessions was the serious health consequences of FGM/C, in particular of infibulations³¹. Facilitators showed a film that depicted the horrors of FGM/C and highlighted the laws against the practice to promote discussion.

Data analyzed confirmed that the most influential information came from religious leaders who emphasized that Islam did not support the practice and that the Islamic Affairs Supreme Council had declared that FGM/C had no Islamic basis. This surprised many and generated lively discussions. It also had a strong influence on participants. Said one participant, "When our religious leaders rule to abandon we follow"³². Many women asked, "Why our religious leaders kept silent, as we suffered for so long?"

Other issues raised during the Community Dialogue included scarcity of water and the importance of building schools for children, who sit idle in villages while the cattle are away.

A vast majority (71 per cent) of participants surveyed felt that facilitators urged participants to discuss or ask questions, and 89 per cent believed that they felt free to openly discuss their concerns in these meetings without fear of negative consequences.³³

Decisions Made at Community Dialogue Sessions

After four months of deliberation, in August and September 2006, six out of the seven villages participating in Community Dialogue made collective decisions to stop practicing FGM/C. Clan and religious leaders urged their village members at different public gatherings to abandon the practice once and for all. Each village made the decision by a show of hands or by acclamation. The decision-making process was familiar to the Afari. According to Ato Asmelash, who lived among the Afari for many years, "They (the Afari) are used to take time and discuss thoroughly, irrespective of the time it takes. They hammer it out until they come to consensus. Decision is not by vote but by consensus."³⁴

Members of the six villages agreed to the following:

- Villagers must stop practicing FGM/C immediately.
- Circumcisers must stop practicing immediately.
- Circumcisers practicing FGM/C will be made accountable and punished.
- Facilitators are charged with monitoring and reporting violations.
- A villager who performs FGM/C will not receive communal support and will be isolated from the community.
- The *Qadi* (Muslim religious leader and judge) will not facilitate the marriage of such a person.
- *Solat* (a prayer) may not be performed on his body in case of death.

³¹ This most severe type of cutting involved the removal of the clitoris and the adjacent labia (majora and minora) and the joining together of both sides of the vulva with thorns or sutures, which left a very small opening for the passage of urine and menstrual blood. As scar tissue formed, the narrow opening was kept open with a small piece of wood or reed. The procedure led to problems with urine flow, pain during menstruation, and at times, caused serious damage during child delivery. Infibulation also made penetration during sexual intercourse painful and could turn a girl's wedding night into an excruciating event. If the bridegroom was unable to penetrate, to avoid shame, the vagina opening was widened with a sharp blade, which caused severe pain and unnecessarily damaged tissue. Several girls had reportedly committed suicide or ran away into the bush where they risked being attacked by wild animals to avoid the suffering.

³² Dagne 2006, p. 58

³³ Dagne 2006, p. 56

³⁴ Interview with Rohi Wedu – Dagne 2006, p.54

- The person will be brought to justice before the court.
- The elders group that implemented penalties as per clan tradition would slaughter a cow of the person who violated the clan's decision.

Religious leaders performed the Du'a prayer to seal the pledges. These decisions of the communities were reported to Rohi Wedu.

At the time of this study (2006), only one of the seven villages, Auliyufaghe, had not convened a general village assembly to reach a common decision. However, facilitators, clan leaders and religious leaders continued to work with villagers to reach a collective decision to stop FGM/C.

Implementation

The village Harmful Traditional Practices Committee, made up of facilitators, actively implemented the decisions of the villagers. Facilitators counselled villagers during coffee and *khat* chewing sessions and while pastoralists took cattle to graze. The Harmful Traditional Practices Committee also monitored pregnancies and births and visited pregnant women and women who gave birth to girls to counsel families not to carry out FGM/C and to register their daughters as uncircumcised. In Galeab and Suk village, facilitators registered 36 uncircumcised girls through mid-September 2006.

Villagers stated during focus group discussions that practicing FGM/C in hiding was difficult, since villagers belonged to a clan community where everyone's activities are known. Severe penalties were imposed upon village members violating these decisions as indicated in the list above. In Ayroli village, for example, when one member took his daughter to a distant place and had her circumcised, one of his cows was slaughtered as a penalty. The case served as an example to others of how seriously the clan decisions were taken. To deter circumcisers from practicing, religious leaders told the women that if they continued the practice they would not perform *Solat* on their body when they died.

Impact

The villages in Afar abandoned FGM/C in a relatively short period of time with little opposition from hard liners who wanted to continue the tradition. In focus group discussions, participants, except at Auliyafaghe village, agreed that FGM/C had been largely abandoned from their villages: 76 per cent supported abandoning FGM/C immediately and 77 per cent believed that FGM/C has been abandoned from their villages already. As many as 94 per cent of women respondents believed that circumcisers had stopped practicing, although 9 per cent felt that a few circumcisers still performed in hiding. A vast majority (88 per cent) indicated that they were able to stop practicing FGM/C due to their involvement in Community Dialogue.³⁵

Village circumcisers (mainly traditional birth attendants) publicly declared in Community Dialogue sessions that they had stopped performing FGM/C. At Galeab, six circumcisers of the village declared before the clan community that they had stopped the practice, including in its mildest form. Said one circumciser, "We have decided to leave it as Allah has created it". Another circumciser said, "I abide

³⁵ Dagne 2006, Annex C,V

by the decision of the people. A few people ask me to perform FGM/C but I refuse to do so. I am a member of the Harmful Traditional Practices Committee. Since the religious leaders have instructed, I have stopped. I saw how in the FGM/C film FGM/C blood was running like water..." She admitted this was the same procedure she had performed, and stated, "I am surprised by our ignorance". When asked whether the villagers were afraid of the penalty? The circumciser answered, "Yes they are also afraid that one of their cows will be slaughtered."³⁶

In a group discussion at Le-As village, participants asked one another, "Why did we wait so long to abandon the practice?" Other participants said that they were aware of the severe health consequences of FGM/C, but that no one had started discussions to end it. One woman said, "Women agreed to stop because it is bad. We practiced it because it was a tradition, even though we women knew it had bad consequences, such as problems in retaining urine. We the women suffer under the tradition. Religious leaders did not inform the people earlier. Now it is not easy to carryout FGM/C secretly. It has been stopped."³⁷

In another group discussion at Suk and Galeab village, participants were asked: "Would we be called liars, if we tell the world that you have abandoned FGM/C suddenly?" The villagers confidently responded, "No you would not be called liars".³⁸

The decisions made by the villages were binding for all people. An elder person stated: "When an Afari says yes it means yes. When he says I stop, then he stops. After all, we have sealed the decisions with Du'a prayer." All agreements were sealed with Du'a. "If an agreement is not sealed with Du'a, the two parties may fall apart and enter into conflict again. If one does not stick to Du'a they are afraid of being cursed."³⁹

Programme strengths and challenges

The rapid abandonment of FGM/C in Gewane can be attributed to the engagement of the clan and traditional leaders who were actively involved as facilitators and implementers of Community Dialogue sessions and decisions. Although government structures supported Community Dialogue, the village community owned the process and its implementation. Facilitators were respected and trusted members of the community and as a result, were able to broach sensitive issues and enforce implementation effectively using traditional means. Clan leadership along with the facilitators monitored violations and imposed penalties upon families who continued to practice. Administrative and formal legal measures did not play a significant role in implementation. Instead, clan leaders implemented the traditional enforcement mechanism of slaughtering a violator's cow, which is a pastoralist's most prized possession. These elements were all crucial to successful abandonment.

Community Dialogue sessions and time dedicated to additional community discussion also played vital roles in encouraging villages to abandon FGM/C. Villagers had been aware of the health consequences of FGM/C before Community Dialogue was introduced, yet the film, shown in the Afari language, depicting infibulations, the most severe form of FGM/C, revealed the horror of the

³⁶ Dagne 2006, p. 60

³⁷ Dagne 2006, p. 60

³⁸ Dagne 2006, p. 60

³⁹ Dagne 2006, p. 60

practice to all communities, shocking particularly men who rarely observe the practice. Said one viewer, "it looks like a hyena butchering a goat."⁴⁰ The film played an important role in moving the community towards change. Moreover, 72 per cent of the villagers were made aware of laws prohibiting harmful practices during the sessions and 33 per cent believed that this awareness had contributed to stopping the practice.⁴¹

Learning that Islam did not support the practice was vital to the decision-making process. For generations, FGM/C had been practiced as a religious obligation so having religious leaders state publicly that Islam did not condone FGM/C, gave community members the freedom to abandon the practice without the fear that they would be opposing their religion. Closing sessions with the Du'a and practicing Dagu were also important features that led this process to success.

In contrast, the contribution attributed to the media and education system towards raising awareness about FGM/C was insignificant (17 per cent), which was consistent with the population's nomadic lifestyle and high illiteracy rate.⁴²

Finally, the work of the facilitators, who expressed and maintained a strong commitment throughout the process, cannot be underestimated. They considered their roles to be part of their community obligation and performed their responsibilities without payment, with the exception of a small stipend to attend monthly meetings. The Afar experience suggests that the role of facilitators as motivators and initiators of dialogue was essential to the success of Community Dialogue sessions and to the creation of an environment that promoted positive change.

3.3. Wolayta Zone

The vast majority of the more than 1.5 million people living in Wolayta of the Southern Nations, Nationalities and People Region (SNNPR) is Christian, mainly Protestant. FGM/C, marriage by abduction, polygyny and wife inheritance are widespread in the zone. Although several decades ago Protestant missionaries had successfully encouraged abandonment of harmful practices, particularly FGM/C, the practice returned among Protestants once the European missionaries left the area. Today, several organizations conduct awareness-raising activities to prevent harmful practices in the context of HIV/AIDS prevention programmes. Despite these efforts, harmful practices continue to exist.

Community Dialogue was conducted through the zone's Women's Affairs Office (WAO) in four of the zone's seven districts: Sodo Zuriya, Damot Gale, Damot Woyde and Offa, with a total population of some 519,000⁴³. The WAO is a government institution, established at the zonal, district and subdistrict levels and is responsible for ensuring effective implementation of policies for women.

The intervention

Organization

⁴⁰ Dagne 2006, p.64

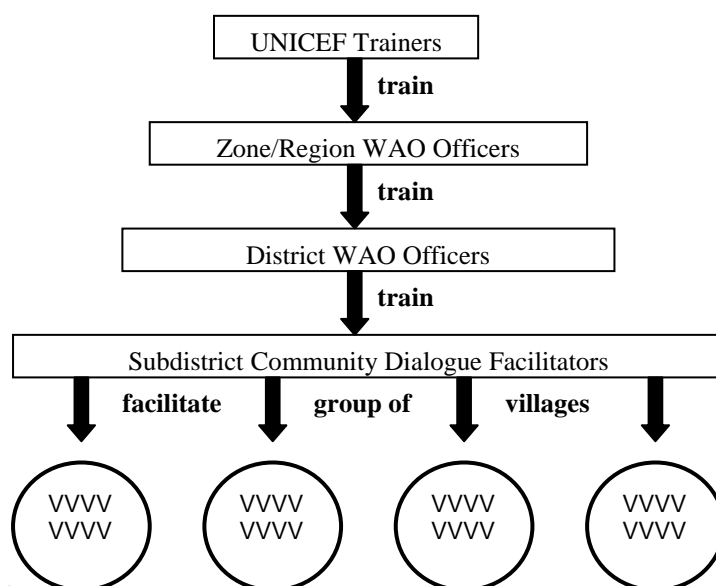
⁴¹ Dagne 2006, Annex C,V

⁴² Dagne 2006, Annex C,V

⁴³ 2007 Population and Housing Census Results

The Wolayta model operated at the subdistrict level. Community Dialogue sessions were conducted only one time and lasted one to three days. The meetings gathered several villages together either at a designated meeting place, called *gutura*, or at the subdistrict compound. At Warbira, for example, 16 villages met at one meeting place, whereas at Gelda, in Offa district, several groups of villages met at four different meeting points. Ambe Bedessa was the only subdistrict where sessions were held in the local subdistrict for three days. In most cases, meetings took place outdoors, under the shade of trees. When possible, farmers' training centres were also used. Coffee, tea and boiled beans were served for refreshments.

Figure: 14: Training structure in Wolayta



Source: Dagne 2006, p.36

Community dialogue facilitators

A “cascade” training process was used to prepare the community facilitators (Figure 14). UNICEF trained WAO Officers at regional and zonal levels, who in turned trained local WAO officers at the district level. The trainers from the district trained six people in each selected subdistrict to conduct Community Dialogue sessions. The six Community Dialogue Facilitators in each subdistrict were selected within the subdistrict administrative structure by WAO Officers, in consultation with subdistrict leaders. Facilitators included edir, subdistrict and religious leaders, circumcisers, elders and representatives from Community Court, WAO, and the local youth association. As subdistrict administrators, the facilitators reported not to the community but to the subdistrict administration and were known as the Harmful Traditional Practices Committee.

Facilitators were trained over a two-day period in:

- Reproductive health,
- Health and social consequences of harmful practices,
- Laws against harmful practices,

- Community Dialogue, and
- Communication skills

Community participation

A vast majority (87 per cent) of men and women surveyed after the sessions believed that a high number of community members attended the meetings. Only about half (51 per cent) felt that the number of females attending the meetings was high. Most people (85 per cent) attended the sessions to learn about harmful practices.⁴⁴

Content and methodology

Sessions started with a prayer, and were followed by an address by the subdistrict leader and WAO chairperson, who introduced the purpose of the sessions. The facilitators took the floor and presented their messages on harmful practices. In some cases, a legal expert from the district was invited to explain legislation against harmful practices and its implications. Several facilitators were illiterate, yet among them were talented men and women who led the participatory discussions.

Presentations and discussions concentrated on FGM/C and excessive feasting. Additional issues were also raised, according to the interests of the participants, including polygyny, inheritance marriage, rape, marriage by abduction, tooth extraction and uvulectomy⁴⁵. When discussing FGM/C, its health consequences were emphasized. Facilitators explained that the practice was known to transmit HIV/AIDS and caused problems during child delivery. Subdistrict representatives underlined the legal implications of FGM/C and religious leaders explained that the churches did not condone the practice. It was also pointed out that FGM/C burdened families with heavy expenses associated with celebrating the practice.

The economic burden associated with traditional practices was also discussed at the meetings, with child delivery (Tatcha) and mourning customs (Tchana) often singled out. When a woman delivered a child, tradition required that large groups of villagers and relatives visit the new mother, each bringing food for the celebration. This was perceived as a burden, not only for the visitors, who paid for the food, but also for the new mother, who instead of resting after delivery, was obliged to host large numbers of well-wishers. Similar obligations existed when there was a death in the family. Mourning periods generally lasted four days and villagers were obliged to bring grain, coffee and other items to the mourning family. Both the family of the deceased and the visitors often felt burdened by their respective obligations.

Participants were given the opportunity to raise questions and comment on the topics. At several subdistricts, participants were divided into smaller groups for more in-depth discussions. At Anka Dunga, for example, women chose to separate from the men to form their own smaller discussion group. The women presented the results of their discussion in the general meeting.

⁴⁴ Dagne 2006, Annex A, III

⁴⁵ Uvulectomy is the cutting of the uvula. It is often carried out on children by traditional practitioners often in their home. Although a few ethnic groups have the procedure done on almost all children at a prescribed date as a preventive measure, uvulectomy is usually carried out at the first symptoms of infection. Uvulectomy is widely practiced across the country, although there are differences in prevalence among regions. According to the National Committee on Traditional Practices of Ethiopia (NCTPE), the national prevalence of this practice is 58.4 per cent, ranking as the second most prevalent traditional practice in the country after FGM/C. Some of the health consequences of the procedure are infections, tetanus, heavy bleeding, speech problems and even muteness (NCTPE 1998, 2003).

All participants were encouraged to speak and support or reject ideas presented. According to one participant, “We learned from one another. Younger members exposed to modern education tended to reject harmful practices, while older members were more inclined to keep the tradition.”⁴⁶ At the end of the session, facilitators summarized the discussions.

Yet villagers also complained privately that most facilitators belonged to the subdistrict administrative structure and sometimes used the sessions to promote the agenda of their administration. During a group discussion at Sere Oshe, some people indicated that they perceived subdistrict members as political appointees who they said not only talked about harmful practices but also included administrative and political issues in the sessions.

Decisions made at the group meetings

At the end of the Community Dialogue sessions, the subdistrict groups decided by majority vote and in some cases by acclamation, to abandon the harmful practices that had been discussed. Facilitators urged the communities to stop practicing FGM/C immediately. It was decided that all cases of marriage by abduction should be reported to the subdistrict and brought to justice. Other harmful practices, such as uvulectomy and tooth extraction were also declared abandoned. Additionally, meeting participants made the decision to limit the number of visitors a new mother could receive after childbirth, adjust the size of wedding celebrations to reflect the family’s economic status, limit the amount of grain to be brought to the family of a deceased and reduce the period of mourning.

The decisions were recorded and passed onto the WAO office. As ‘community’ decisions, they were binding and applied to all villagers. Violators, it was decided, would not receive community assistance and would be excluded from edir. The facilitators were responsible for monitoring the implementation of the decisions and reporting violators to the subdistrict.

Impact

During focus group discussions, participants repeatedly stated that of all the harmful practices, FGM/C was the most difficult to abandon. Nevertheless, Community Dialogue conducted in different subdistricts in Woleyta did generate commitment to abandon FGM/C among large groups of people. As a result, participants surveyed indicated that FGM/C was no longer openly practiced. As many as 86 per cent of those surveyed believed circumcisers had stopped publicly practicing.⁴⁷ In fact, after the Community Dialogue ended in June 2006, and even during the high season of FGM/C in September 2006, when mass FGM/C was traditionally performed, no cases of circumcision were reported. Furthermore, incidences of rape, marriage by abduction and polygyny appeared to have been dramatically reduced.

FGM/C, however, was still secretly practiced. Participants indicated that people, who did stop practicing FGM/C, did so out of fear of the legal consequences. Almost all participants surveyed knew about the law on harmful practices, and especially on FGM/C. In some communities, violators were fined, such as in Sere Oshe, where a circumciser was jailed and fined 100 Birr (US\$ 9) by the subdistrict for carrying out FGM/C on 11 girls.

⁴⁶ Dagne 2006, p. 38

⁴⁷ Dagne 2006, Annex B, V

Facilitators reported that communities were divided on FGM/C and on extensive feasting, despite the group decisions taken to abandon them. People fell into two groups: those who wanted to abandon (non-conformists) and those who wanted to continue the practice (conformists). While 63 per cent of the participants surveyed had indicated that they were determined to abandon FGM/C immediately, more than one third (36 per cent), preferred to abandon the practice gradually.⁴⁸ Beliefs still persisted that circumcised girls were honoured, while uncut girls were cursed, dirty, potentially promiscuous and unfit for marriage. Mothers, therefore, still felt that their daughters would be stigmatized and discriminated against if they remained uncut. Conformists were also not convinced about the health consequences of FGM/C. They argued that many women had been cut and had given birth to children without problems. They did not believe the information they received from the facilitators.

Abandonment has been especially difficult in areas, such as Gurmu Ladessa subdistrict, where 53 per cent of those surveyed believed that their religion supported FGM/C.⁴⁹ One religious leader in the group stated: "We have heard of FGM/C from different sources, it is not easy to abandon an age old tradition in a day or two of activities. You know that people are circumcising secretly. During the night men take the women and she does her job. The practice has gone underground. This woman in our subdistrict is also circumcising in other subdistricts secretly"⁵⁰. Stigmatization was the major tool conformists used to enforce harmful practices, particularly FGM/C. They stigmatized uncircumcised young girls and denounced the facilitators, who followed up implementation of the Community Dialogue decisions.

Monitoring the circumcisers has been particularly difficult, since those who practice secretly move from house to house and from one subdistrict to another. In some subdistricts, administrators did take action and a few circumcisers were punished. In some areas, circumcisers have received support to abandon the practice. One Catholic organization began running an income-generating project for 48 circumcisers to provide them with an economic incentive to stop practicing. It was reported, however, that three of these women were expelled from the group for resuming the practice.

The excessive feasting associated with Tatcha and Tschana has also proved difficult to abandon. Facilitators believed that while the wealthy were against this tradition because it eroded resources that might otherwise be invested, poorer villagers were more inclined to continue the ritual, even though it drove them into debt. The desire to reciprocate, uphold social status or avoid stigmatization pushed people to continue the practice.

Programme strengths and challenges

Although before Community Dialogue was introduced, several organizations had conducted awareness raising activities about the consequences of harmful practices, villagers continued to openly follow these practices. Community Dialogue enabled individuals to share their opinions, ask questions and challenge harmful conventions. Large numbers of people supporting change appeared in public to denounce the practices. By making people aware of the legal consequences of practicing FGM/C, it became impossible for individuals who continued to support the practice to do so publicly.

⁴⁸ Dagne 2006, Annex B, V

⁴⁹ Dagne 2006, Annex B, V

⁵⁰ Dagne 2006, p. 44

This did not however lead to mass abandonment but rather appeared to reduce it as well as drive the practice underground. It is difficult to determine exactly how much the practice was actually reduced and how much was driven underground. Decisions to abandon were not truly collective and community-based, but rather made by individuals who feared legal consequences. This was due in large part because Community Dialogue was conducted mostly at the subdistrict level and only for a day or two. The subdistrict is an administrative territorial unit with little or no community spirit. Decisions were often made by vote without reaching a general consensus. Villagers, therefore, considered Community Dialogue and its decisions a government initiative. Villagers are much more likely to implement decisions and sanctions made at the village level than those imposed by the subdistrict.

Furthermore, the four districts targeted with the intervention had a population of nearly half a million (around 519,000 people), with some Community Dialogue sessions attended by nearly one thousand people, which meant that many participants were not provided an opportunity to actively participate. At Gurmu Ladessa Subdistrict, for example, 922 people attended the one-day session. Similarly the one-day session at Delbo Wogene was attended by 724 participants. The sheer numbers of people living in the four districts made it difficult for decisions that were solely subdistrict-based and not community-based to be monitored and supervised by the facilitators. There was little village pressure to abide by such decisions, and in fact, conformists actively worked to intimidate and stigmatize uncircumcised girls, making it extremely difficult for people who wanted to abandon cutting to do so.

Finally, facilitators were not well-equipped with convincing arguments as to why people should abandon FGM/C. They focused on messages that highlighted the health consequences of FGM/C, such as complications at delivery, without appropriate tools to make their argument convincing. These examples did not convince those villagers who argued that their mothers had been cut and had many children without problems.

WAO supports the approach used, although the organization cited the costs of training, facilitation, monitoring and supplying refreshments as a challenge. External funds were provided for logistics assistance and training to support the activities in Wolayta only at regional and zonal level.

3.4. Amhara – Yilmanadensa

Yilmanadensa is a district in Amhara Region, located some 40 kilometres south of Bahr Dar, with a total population of approximately 215,000⁵¹ people. The district, organized in 49 subdistricts, is highly populated with agricultural farmers (around 196,000)⁵² who are nearly all Orthodox Christians. The Ethiopian church plays a powerful role in this district and priests are both clergy and farmers, serving the church and the community.

Child marriage and FGM/C are prevalent in the region and particularly in this district. The Amhara HAPCO Office (HIV/AIDS Prevention and Control Organization) promoted Community Dialogue, with support from UNDP, as a tool to prevent HIV/AIDS: the abandonment of harmful practices was introduced within the existing HIV/AIDS programs. Community Dialogue on HIV/AIDS and harmful traditional practices was conducted through 18 Community Dialogue Centres.

⁵¹ 2007 Population and Housing Census Results

⁵² 2007 Population and Housing Census Results

The intervention

Organization - Community Dialogue Centres

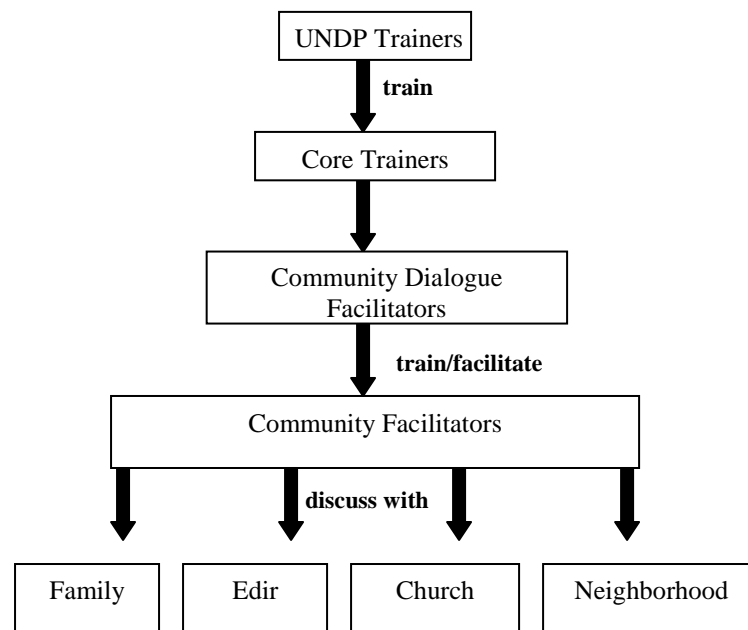
Community Dialogue in the Amhara region, started at regional level and was replicated down to the subdistrict. Core facilitators from the region were selected and trained at national level by UNDP on ‘community conversation’. These Core Facilitators then trained three facilitators from each subdistrict to conduct Community Dialogue for 70 participants selected from their subdistricts. Six Community Dialogue Centres were established in schools in six subdistricts in early 2005 and the next year, an additional six centres were established in neighbouring subdistricts. Today, a Community Dialogue Centre exists in 18 subdistricts.

Community Dialogue on HIV/AIDS and harmful practices took place twice each month for two hours when farmers were available, usually on Sundays. No time limit was set for the duration of Community Dialogue, yet on average, 41 out of 70 participants attended the sessions for more than a year and a half⁵³. The idea was that Community Dialogue should continue until a general consensus was reached. Participants were expected to carry on discussions in their villages and share information and knowledge with their respective social groups (family, edir, church, neighbourhood). Each participant was expected to influence at least five people towards change in their own village.

Community Dialogue Facilitators

The facilitators were mostly high school graduates, who were almost all employed as secretaries, teachers or health workers. One facilitator was a merchant; others were subdistrict leaders or members of the local women’s and youth associations. Of the 54 facilitators, 35 were female, mostly employed residents of the subdistrict where Community Dialogue took place.⁵⁴

Figure: 15: Training structure in Amhara



Source: Dagne 2006, p.36

⁵³ Dagne 2006, p. 20

⁵⁴ Dagne 2006, p.19

Three facilitators were assigned to each Centre to run the meetings, record minutes, and supply materials (flip charts, cassette recorders, markers, a camera) and refreshments (bread, tea/coffee). Facilitators were trained on how to facilitate Community Dialogue as well as on aspects of human rights, gender equality, existing legislation, HIV/AIDS and on harmful practices. Their role was to provide information, facilitate discussion and intervene whenever information was not understood.

Community participation

Representatives from HAPCO and facilitators selected 70 individuals from each subdistrict to participate in Community Dialogue, totalling 1,260 participants in all 18 subdistricts⁵⁵. They included traditional birth attendants; respected elders; students; religious, edir, and subdistrict leaders; youth group members; local government employees; women's group representatives; housewives; circumcisers; sex workers and people living with HIV/AIDS. Almost half (49 per cent) of the participants had at least a primary school education, and 25 per cent were illiterate. The goal was to equip different sectors of the population with tools to influence and mobilize their peers to prevent HIV/AIDS and abandon harmful practices.

Over the course of time the number of participants dropped significantly, from 70 to an average of 41 per site. About half of those surveyed (52 per cent) said there were no major factors that hindered their participation. However, 36 per cent of the female respondents found household chores a hindrance. Those who attended the sessions were enthusiastic and wanted to learn more about the issues.⁵⁶

Most of participants stated that participation in the discussions was very high and that facilitators urged them to ask questions and engage in discussions. They felt that facilitators rarely deterred participants from discussing their views or imposed their ideas upon the group. Among 722 participants documented in July 2006, 306 (42 per cent) were female. Women living in semi-urban centres participated more in the sessions than those living in rural settings.⁵⁷

Content and methodology

Community Dialogue was a five-step process:

Step One: Building Relationships: During the first stage, known as *genbata* or building relationships, participants introduced themselves to one another, clarified expectations and elected a committee to run the meetings. The group also decided on a code of conduct for the meetings and on where and when meetings would be held. The committee supervised adherence to the rules and regulations as well as attendance and time management.

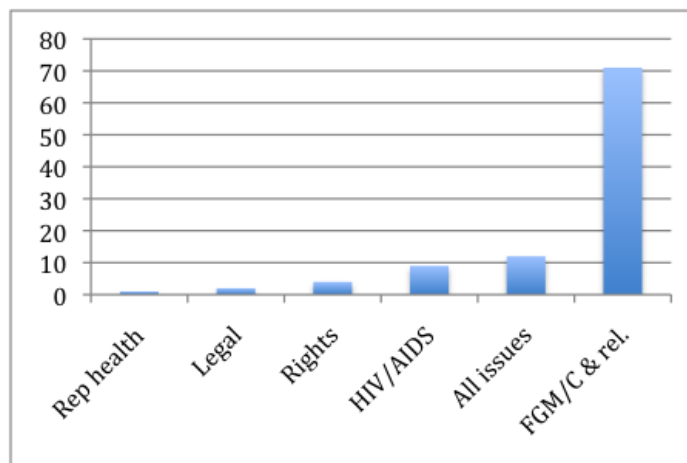
Step Two: Identification of Issues: Participants explored issues they felt were vital to the community (Figure 16). These were listed by the facilitator on flip charts and posted on the walls of the classroom. The issues were then ranked according to their importance and a three-month work plan was designed.

⁵⁵ Dagne 2006, p. 13

⁵⁶ Dagne 2006, Annex A, XIII

⁵⁷ Dagne 2006, p. 20

Figure 16: Issues discussed at the Community Dialogue Centres



Source: Yilmanadenssa Woreda HAPCO Secretariat: Report on the Process of Community Conversation in Amharic, July 2006.

Step three: Discussion of Issues: During this stage, identified issues were discussed in greater depth. The facilitator developed leading or "strategic questions" to guide discussion, and explore the internal and external causes and effects of the issue on both individuals and on the community.

Meetings began by summarizing issues previously discussed. The topic of the day was then presented and participants were divided into 4 to 6 smaller groups to discuss the topic. Discussions were guided by the following questions:

- How does the topic influence the individual?
- How does it influence the community?
- What are its advantages and disadvantages?
- What are the causes, possible solutions and decisions?

The results of the discussions were written on a flip chart and then presented to the rest of the group during plenary. Facilitators recorded these discussions and reported the results to their immediate supervisor from the Health Office who reported to HAPCO's district office.

Step four: Decision-making: Participants, over several sessions, made decisions on the major issues discussed. The decisions were mostly related to HIV/AIDS and its prevention as well to harmful practices. Agreement was also reached on the kind of action that should be taken to enforce the decisions.

Step five: Implementation Stage: Participants implemented their decisions and took action within their villages. At the time of the study, participants of 7 of the 18 Community Dialogues had reached agreements on actions to be taken.

Impact

Most Community Dialogue participants surveyed said they had changed their attitudes and behaviour about HIV/AIDS prevention and harmful practices over the course of the sessions. A large majority (76 per cent) believed that their religion did not support FGM/C or early marriage and that the law

prohibited harmful practices. As many as 72 per cent believed that a new trend of abandoning harmful practices had taken root in their villages.⁵⁸

Community Dialogue participants also strongly believed that the decisions made at the sessions were binding for all villagers in their communities because all sectors of the population had been represented at the meetings, including government structures, through the subdistrict leaders. In their view, Community Dialogue decisions were community decisions that were binding for all.

Each Community Dialogue participant was expected to influence five people towards change and they reported that they conveyed the decisions made at the sessions to their families and neighbourhoods and through church gatherings, coffee sessions and edir meetings. Influential members, such as priests, subdistrict and edir leaders, representatives of youth and women's associations also used their position to address villagers on the issues. Participants reported on their actions at the Community Dialogue sessions and facilitators shared this information with their supervisors at the HAPCO's district office and at quarterly review meetings.

Activities and achievements of the Community Dialogues were also disseminated, through five radio programmes of Bahr Dar regional radio. This became possible because small cassette recorders were supplied to the Community Dialogue Centres. Participants who heard the programmes felt encouraged, although in general the role of media in raising awareness on harmful practices is rather low.

The results of a survey conducted among randomly selected villagers who had not attended the Community Dialogue sessions indicated that messages were being heard: 71 per cent of the respondents were aware that the sessions were being held and that they facilitated discussions on HIV/AIDS and harmful practices. As many as 91 per cent agreed with the decisions to abandon FGM/C and early marriage. They felt that they would be isolated from edir or would face legal consequences if they did not abide by the decisions. Nearly all (95 per cent) believed that FGM/C had damaging consequences and said they would not cut their daughters. Despite these results, as many as 43 per cent believed that circumcisers continued to perform FGM/C in hiding.⁵⁹

Voluntary Counseling and Testing (VCT)

Community Dialogue also generated a high demand for HIV/AIDS testing, which had not existed before the intervention had been introduced. At Goshiye, 12 underwent testing following the Community Discussion decision. Similarly, at Messobo village, facilitators reported that 16 men and 7 women, as well as all Agita and Densabat participants decided to undergo testing. Participants who underwent testing presented their experiences at the CD meetings.⁶⁰

Early Marriage

During the implementation phase, Community Dialogue participants monitored wedding engagements in their villages to prevent early marriage. They informed individuals and families about the Community Dialogue decision to abandon early marriage and explained that violators would be reported to the Women's Affairs Office, which would bring the case to the subdistrict or the police for

⁵⁸ Dagne 2006, Annex A, XIII

⁵⁹ Dagne 2006, Annex A, XIII

⁶⁰ Dagne 2006, pp. 26-27

action. Some facilitators reported that they prevented early marriages, in cooperation with the police and subdistrict leadership. Sometimes the intervention came too late and support had to come after the marriage had occurred. In one case, a schoolgirl, who was forced to marry was taken to court to have her marriage annulled.

As a result of these efforts early marriage is no longer publicly practiced. The HAPCO Office believes it has been abandoned from the areas covered by the Community Dialogue, although a few cases of 'shulukta' have been reported, where girls are secretly married under the pretext of a saint's day celebration.⁶¹

Female Genital Mutilation/Cutting

Community Dialogue participants also monitored and reported incidents of FGM/C. At Messobo, the facilitators proudly reported that no one dared to openly organize a circumcision ritual in the village. They feared community control and being reported to the authorities, since many were now aware that cutting was illegal. Both Community Dialogue participants and villagers confirmed that the majority of villagers had stopped practicing FGM/C publicly.

All circumcisers were invited to the Community Dialogue sessions, although a few declined the invitation. One woman stated that she did not want to take part because she would be condemned. Many circumcisers declared they would stop FGM/C. At Goshiye, three circumcisers declared they would stop the practice due to what they had learned at the Community Dialogue. A circumciser at Geregera said that she stopped cutting because, "When I cut I feel hurt."⁶²

Despite these declarations, participants' attempts to persuade their communities, and monitoring mechanism in place, a sizeable number of villagers did not accept the Community Dialogue decisions and continued to perform FGM/C in hiding. As many as 35 per cent of the Community Dialogue participants, believed that circumcisers continued to practice FGM/C secretly.⁶³ This was consistent with villagers' beliefs and reports from HAPCO's district office.

Programme strengths and challenges

In Amhara, the subdistrict is the centre of the Community Dialogue process. The objective was to create a representative group of subdistrict residents that would move the people of the area towards change. But because individual representatives of communities and not communities themselves participated in the sessions, the dialogue was not a "community dialogue," and as a result the decisions were not considered as binding to all village members. It is likely that better results would have been achieved, if the Community Dialogues were established within a village rather than at the subdistrict level, which has less community spirit.

Although decisions were made on both traditional and legal enforcement mechanisms at Amhara, traditional mechanisms were rarely employed due to lack of village ownership of the process. Facilitators attempted to mobilize villagers to implement the decisions they themselves had made at subdistrict level, yet they did not present their decisions to a village level assembly for a general

⁶¹ Dagne 2006, pp. 26

⁶² Dagne 2006, pp. 27

⁶³ Dagne 2006, Annex A, XIII

pledge. They also did not mobilize the community-based organizations, particularly the edir. As a result, village communities were not involved directly in the decisions to abandon FGM/C and early marriage. Even though a large group has agreed to change their behaviour, a strong group still resists abandoning FGM/C and early marriage.

Facilitators conducted discussions in the villages as individuals with the social and economic groups from which they were selected. They tried to convince villagers to change their behaviour and when villagers violated decisions, they reported it to authorities for legal action. Yet because neither the villagers nor their community-based organizations decided to abandon these practices as a unified community, conformists were tolerated and, due to fear of legal consequences, practiced in hiding.

Better results would have been achieved had the Community Dialogue decisions been presented to the public in general assemblies. Community Dialogue missed the opportunity to make use of their subdistrict members to call general assemblies of the subdistrict residents and present their decisions for approval. A declaration by a larger public would have popularized the decisions and facilitated wider abandonment through moral and legal pressures. Furthermore, youth and women's associations, also represented in the Community Dialogue, did not publicly endorse the decisions.

Another major challenge was that the prolonged time frame of the Community Dialogue – over a year and half – led to inconsistencies in financial support, repetitive discussions and dissatisfaction among participants. Facilitators and participants received incentive payments, and due to delays or disbursement failures, some participants dropped out.

Finally, the community dialogue process, from the national to the grassroots level, was not efficiently run and was poorly monitored and supervised. Supervisors indicated in their reports that some facilitators needed capacity building. Some tended to talk too much and tried to influence the discussions. Teacher facilitators, in particular, were observed tending to teach rather than facilitate. Participants also expressed dissatisfaction with the performance of several facilitators, emphasizing that they did not relate well with people who came from villages, most of whom were illiterate.

4. CONCLUSION

These four examples clearly illustrate that community conversation and community decision are two factors central to FGM/C abandonment. The concepts, however, are easily misunderstood.

The concept of community is important for FGM/C abandonment. A community is different from a subdistrict, which covers a much larger area and links population solely by administrative borders and economic or political ties. In contrast, communities are small-scale social entities composed of households, neighbourhoods, kinship groups or clans living together, mainly in the form of villages. Whether it is through bonds of blood, as in the family and clan, or through close territorial bonds, such as villages, where members live in close proximity to one another, communities have shared values and are bound by traditions to which each member is obligated to conform. A feeling of togetherness and sense of belonging dominates. It is this concept of community that predominates rural living in Ethiopia. Moreover, a community is distinct from a community-based organization, such as an edir, work cooperation group, religious group, fraternity or church and mosque, which all

perform different functions in serving communities. These groups can facilitate discussion, but they cannot make decisions on vital traditional issues on behalf of the community they represent.

Community conversation and community decision to end FGM/C must therefore involve the greater part of a natural community of people whose lives are interdependent. In Afar and Kembatta/Tembaro, where the social change process relied heavily on clan or village community structures, FGM/C abandonment was largely successful. In contrast, in Amhara, where only representatives from the community were brought together to discuss harmful practices outside the villages and Wolayta, where community dialogue was conducted at the district-subdistrict level, activities were less effective. In both cases, decisions were not fully respected by villagers because the community as a whole was not engaged.

Community conversation must also provide members the opportunity to participate in genuine discussion and debate about the merits of continuing or abandoning the practice. When decisions are reached through true deliberation, statements and declarations are more than mere announcements. They are genuine commitments, supported by the greater part of the community, and as result are more likely to be respected.

Although both community conversation and community decision have been seen to be key to FGM/C abandonment and should form the basis of an FGM/C abandonment programme, interventions must be adapted to reflect individual circumstances. The following principles emerge from the comparative analysis of the four experiences in Ethiopia and can help guide programming:

- Ensure community conversation is established at the village level and lasts long enough for true deliberation and decision. Community conversation cannot be held for just a couple of days and should be facilitated by trusted and respected village members. In Wolayta facilitators were not fully trusted because they were responsible to the subdistrict, and as a result villagers suspected that facilitators were imposing government decisions and looking after their own special interests. Community participation and community ownership are vital to ensuring decisions are accepted and implemented and that change is sustained.
- Engage clan and religious leaders as leaders of their organizations, not just as influential individuals. This will relieve some members from feeling guilty for not abiding by clan and religious tradition. In Kembatta/Tembaro, even though clan leaders were involved in Community Conversations and openly called for the abandonment of FGM/C, some families still felt clan obligation to continue to practice FGM/C, since clans as organizations did not abandon FGM/C. In Afar, the statement put out by the Islamic Affairs Supreme Council declaring that FGM/C had no Islamic basis played a crucial role in relieving families of their perceived religious obligation to continue the practice. Leaders of clans, social and religious groups should be encouraged to organize public declarations to free their individual members from their perceived obligations.
- Ensure enforcement mechanisms are in place and work effectively. People must not only be aware that laws against FGM/C exist but they must also be convinced that violators will face consequences. In Kembatta/Tembaro, decisions were enforced by the edir, subdistrict and district and violators were brought to justice. In Afar, clan leaders used the traditional enforcement mechanism of slaughtering a violator's cow, which proved highly effective.

- Provide human rights education. Simply focusing on the physical harm caused by FGM/C or on the laws against it is not enough to convince villagers to abandon the practice. Criminalizing FGM/C without providing human rights education pushed the practice underground in Amhara and Wolayta, where decisions taken by a small group of people at district or subdistrict level were imposed on a large population at village level. Villagers had not decided that FGM/C was wrong, but instead that they should take precautions to not get caught practicing. Awareness-raising activities that frame FGM/C in a human rights context provides communities with alternative perspectives and transforms the discussion, encouraging women to recognize they have a right, as do their daughters, to physical and mental integrity, to freedom from discrimination and to the highest standard of health. At the same time, addressing FGM/C within the framework of human rights encourages reflection on gender roles, generating interest and dialogue about other traditional practices that harm women and girls, such as marriage by abduction and early marriage.
- Ensure facilitators are adequately equipped to communicate with the villagers they are trying to reach. Facilitators should be equipped with audio-visual materials, including films, diagrams, flip charts or large drawings to increase knowledge, change attitudes, dispel myths, and eliminate ignorance about human genitalia and reproduction. Education level is less important than communication skills. In Afar, most of the facilitators were illiterate, which enabled them to effectively communicate in ways that were understandable to the community. Finally, it is crucial that facilitators be motivated by a commitment to serve their communities rather than by financial incentives, as was the case in Amhara region. In Afar, the most effective facilitators received no payment, with the exception of a small allowance to attend monthly meetings.
- Support uncircumcised girls and girls threatened by other harmful practices and actively protect them from stigmatization. Girls who have the courage to stand up to peer pressure and abandon the social convention should be celebrated as role models. When mobilized, adolescent girls in particular, can effectively contribute to collective abandonment. In Kembatta/Temparo, where the age of cutting is 12 to 18, uncut adolescent girls were effectively mobilized and organized to influence their parents and other community members. Similarly in Amhara region, school girls threatened by forced early marriage were mobilized to rescue their fellow schoolmates. Directly threatened by many harmful practices, girls can be a powerful force for social change.
- Link community conversation on harmful practices to existing programmes to address priority issue at the community level. In many communities in Ethiopia, HIV/AIDS has become an urgent community issue. Linking FGM/C activities to HIV/AIDS programmes can help reinforce the work during the community conversation sessions. In Amhara, for example, people did not perceive FGM/C to be a priority. They felt that other more urgent issues like HIV/AIDS should be addressed. HIV/AIDS, therefore, can be an effective entry point to mobilize villagers.

The four experiences demonstrate that raising awareness about harmful practices is important to increase knowledge about them. By framing the discussion in a human rights context, community members are able to consider possible alternatives to the existing convention. But this is just a first step in a longer process. Within communities, a critical mass of sensitized social groups must be mobilized and organized to create pressure to move society as a whole towards change. Finally, once change does occur, these examples from Ethiopia suggest that it can only be sustained if village

communities in coordination with local government structures enforce their decisions and the law prohibiting the conventions.

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Annex I – Research methodology in the four locations

Kembatta/Tembaro Zone (Dagne 2008)

Kembatta/Tembaro zone is divided into 7 districts and 134 subdistricts: KMG established branch offices in all seven districts and set up Community Conversation gathering points in each subdistrict of the Zone. The study in Kembatta/Tembaro Zone was conducted by the research team from 27 May to 10 June 2008. It used a combined methodology of qualitative and quantitative surveys, and relied on an extensive review of all available documentation and on observation of community conversation sessions.

A four stage sampling procedure was used to select 3 districts, 6 subdistricts, 12 villages, 120 household (one male and one female from each household) and 24 Community Conversation participants. 264 individuals were selected as a sample for the survey in K/T zone and 262 were interviewed (2 missing).

Quantitative survey: A questionnaire with 43 questions in Amharic was developed and administered to the sampled population in the three districts, after pre-testing. The data collection team was made up of 30 people (10 from each district), with high school education and experience in community development. They were extensively trained before administering the questionnaire in the villages under the supervision of two members of the research team.

Qualitative survey: Observations, focus group discussions (FGD) and interviews were carried out in the field. FGD were held in the sampled subdistricts with different groups made up of 5-10 people (groups of women, girls, elders, edir leaders, young people and subdistrict representatives). In depth interviews were held with elders, edir leaders, teachers, representative of the administration at zone, district and subdistrict levels. Extensive discussion was carried out with KMG staff at zonal and district levels and field visits were conducted to Community Conversation gathering points, Fuga artisan workshops, schools, and to KMG development projects (nursery, biogas plants, MCH facility, skill training centers).

Afar – Gewane (Dagne 2006)

Gewane district, one of the Afar's 17 districts, is divided in 10 subdistricts and 44 villages: Rohi Wedu worked in four subdistricts and seven villages composed of 16 different clans, reaching a population of 4,370 people. The study in Gewane district of Afar was conducted in October 2006 by a research team, that included the Director of the NGO Rohi Wedu, the Project Coordinator and a Programme Officer from UNICEF. It used a combined methodology of qualitative and quantitative survey.

In each village, 20 per cent of households were randomly selected to be part of the sample: in total 166 households were selected from the seven villages targeted by the intervention. The sample included the same proportion of men and women. The sample included both people attending the CD session and people not attending.

Quantitative survey: A closed questionnaire in Afar language was administered to the sampled population. Ten data collectors, with high school education and familiar with the language and the culture of the area, were selected and extensively trained. Due to the nomadic nature of the Afari several men were out in the bushes tending their cattle, while most of the women were preparing food: data collectors were challenged in their attempt to respect the gender balance.

Qualitative survey: FGD and in-depth interviews were conducted with clan and religious leaders, elders, women, youth, circumcisers and community dialogue facilitators. Informal discussions were also conducted in the villages to clarify and verify information gathered through the research process.

Wolayta (Dagne 2006)

Wolayta Zone is divided into seven districts. Community Dialogue was conducted in four districts selected by the Wolayta Women's affairs Office: Sodozuriya, Offa, Damot Woyde and Damot gale. The study in Wolayta Zone was conducted in October 2006 by a research team that included two Programme Officers from UNICEF and a representative from the Wolayta Women's affairs Office. It used a combined methodology of qualitative and quantitative survey and included an extensive review of all available documentation.

A sampling procedure was used to select 8 sub-districts (two per district of intervention: one with successful intervention and one with weak intervention), 8 villages, 80 households selected randomly within the lists provided by the Community dialogue facilitators. 160 individuals (a husband and a wife per household) were selected as a sample for the survey in Wolayta zone and 130 were interviewed (30 missing).

Quantitative survey: A questionnaire in Wolayta language was developed and administered to the sampled population in the eight villages. The data collection team, made up of 10 young people with high school education, members of Sodo Salem Youth Association, was oriented on the process of data collection and interview procedures.

Qualitative survey: FGD and in-depth interviews were conducted with sampled population: they generally took place in the compound of the sub-district and involved the community facilitators and other members of the subdistrict who were identified as relevant to the study. Community dialogue sessions were also observed.

Amhara - Yilmanadensa (Dagne 2006)

Yilmanadensa is a district in Amhara Region. It is divided into 49 sub-districts. At the time of the survey the HAPCO was promoting Community Dialogue on HIV/AIDS and harmful practices at six Community Dialogue centers, called *Tabia*, covering in 18 sub-districts. The study in Yilmanadensa was conducted in September 2006 by a research team under the guidance of the head of the HAPCO district office. It used a combined methodology of qualitative and quantitative survey, in addition to an extensive review of all available documentation and field visits.

A total of 262 people were interviewed: 252 of these people were randomly selected among the Community Dialogue participants and the remaining 10 had never participated in the Community Dialogue. The interviews were equally distributed across the 18 Community Dialogue centers.

Quantitative survey: A questionnaire in Amharic language was developed and administered to the sampled population in each centre. The data collection team, made up of 10 young people, all college students attending different universities across the country, was selected and oriented on the process of data collection and interview procedures. The students were on break visiting their families at the time of the fieldwork. Born and raised in the area, these students knew the local people and culture well.

Qualitative survey: FGD supported by semi-structured interviews were conducted in four sub-districts with mixed groups composed of Community Dialogue facilitators, elders, women, religious leaders and sub-district leader. In addition, Community Dialogue sessions were observed during quarterly review meetings in different centers.