5. Burkina Faso's surprisingly successful effort to abandon female genital mutilation and cutting

Susan L. Ostermann and Josephine Wouango

INTRODUCTION

Public administration scholarship has largely focused on institutional and other failures. This is particularly acute when the scholarly lens happens to be focused on bureaucracies in the developing world. As a result, we know quite a bit about how governance can and does go awry. But, as Douglas and colleagues (2021) point out, we know surprisingly little about how to get things right. Despite this, development professionals and consultants prescribe various policies and approaches and oftentimes loans and grants are predicated on adoption of same. Some academics have taken this even further and use policy experimentation as an opportunity for data collection; this approach has been so impactful that Abhijit Banerjee and Esther Duflo were awarded the 2019 Nobel prize in Economics for their work on randomized controlled trials. There is another approach, however; one that focuses on the ingenuity of bureaucrats and examines what exactly they did when they got it right. In this chapter, we do just this, focusing on a "least likely case": Burkina Faso's surprising success in bringing about large-scale female genital mutilation/cutting (FGM/C) abandonment.

Arguably the most common policy response to social problems is to attempt to use law to change behavior. With respect to FGM/C, many governments have done exactly this, enacting criminal prohibitions of the practice. They do so despite the fact that: (1) the implementation of such prohibitions requires significant state capacity, which is often associated with coercion, and (2) in the places where FGM/C is still common, state capacity is often limited.

Drawing on extensive fieldwork – both qualitative and quantitative – we explore compliance with anti-FGM/C law in Burkina Faso and neighboring Mali. Our data allow us to test whether a change in FGM/C practice is associated with legal prohibition. The practice of FGM/C has historically been wide-

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spread in both countries, and neither is associated with significant coercive state capacity. Burkina Faso has chosen to try to reduce the practice of FGM/C using law, enacting, and implementing an anti-FGM/C law, while Mali has not. Given the above facts, including the limited coercive capacity of the state in Burkina Faso and the presence of significant political instability, we would not, in theory, expect Burkina to meet with much success in terms of fostering FGM/C abandonment. Burkina is simply not where one would typically expect to find an example of good public administration. Empirics sometimes defy theory, however, and we can learn from these cases.

Below, we briefly examine the literature on state capacity and compliance before turning to the methods we used in order to examine effective public administration in Burkina Faso. We then describe the state's efforts to reduce FGM/C incidence in Burkina Faso and which strategies appear to have been most effective.

STATE CAPACITY AND COMPLIANCE

Effective public administration is thought to flow from state capacity. To date, however, the literature has struggled to define the latter. The assumption in the political science literature – both explicit and implicit – is that state capacity is rooted in violence or, at the very least, in coercion. The origin of this assumption is embedded in Max Weber's definition of the state as "a human community that (successfully) claims the monopoly on the legitimate use of physical force within a given territory" (Weber, 2009). It follows that states with significant capacity use violence as a means to secure their ends. Put differently, from this view, effective public administration is a matter of using force, or fear of same, to bring about compliance with law (Gibbs, 1968; Jensen, 1969; Tittle, 1969, 1977; Friedman, 1975).

This understanding suggests that states with more limited coercive capacity cannot secure compliance, as they simply cannot produce and then marshal the force necessary to do so. Effective public administration, then, hinges on violence. It follows that any actor wishing to promote effective public administration must actually first promote violence and the coercive capacity that flows from same. The law and society literature, however, suggests that there is another path.

Force and the resulting fear of legal sanction (Gibbs, 1968; Jensen, 1969; Tittle, 1977; Friedman, 1975), is only one way to motivate the compliance of target populations. In addition, there is evidence that a felt sense of duty to obey the law (Braithwaite and Makkai, 1994; Sholz and Pinney, 1995; May, 2005) and social license pressures (Kagan, Thornton, and Gunningham, 2003) motivate compliance with law. A whole host of different conditions then

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impact when fear, duty, and social license pressures are likely to successfully impact compliance.

It bears mentioning here that effective public administration, which secures compliance with state-propounded laws, is much easier when the laws on the books merely reflect social practices. For example, nearly everyone agrees that murder is *wrong* and should be illegal, and nearly everyone complies. When a widely practiced behavior is prohibited, public administration is much more difficult. The widespread nature of the practice means that it is accepted and that most people do not consider it to be "wrong." They justify their behavior by pointing to the behavior of others. This is case with FGM/C, which is considered to be acceptable behavior among large swaths of the populations in places where it is practiced. So strong is the relationship between social practice and law that William Graham Sumner (1907) stated that law must always reflect social practice. And few are surprised that anti-FGM/C law has met with resistance.

Yet, some laws seemingly have changed widespread social practices. Prothro and Matthews (1963) found that, in the USA, laws that removed poll taxes and literacy tests had a positive influence on black voter registration in districts in which whites had taken action to limit same. Similarly, Orfield et al. (1987) found that the exclusionary rule, which bans improperly collected evidence from a trial record, effectively deterred narcotics officers in Chicago from this particular type of misconduct. Kagan and Skolnick (1993), examining no-smoking ordinances in restaurants and workplaces in some US cities in the late 1980s and early 1990s, found that compliance, even without enforcement, was common. Later, Kagan, Gunningham, and Thornton (2003) examined corporate performance vis-à-vis costly-to-comply-with environmental regulations in Australia, New Zealand, Canada, and the United States, and found that polluting pulp and paper mills did ameliorate their behavior, particularly when civil society actors also applied compliance pressure.

There are limits, however, to law's reach. Pager, Western, and Bonikowski (2009) examined patterns of discrimination in the low-wage labor market in New York City and found that compliance with civil rights and antidiscrimination laws is poor when infractions are not readily detectable, and enforcement is difficult and limited. In such situations, Winter and May's (2001) work on the compliance of Danish farmers with agricultural/environmental regulations suggests that peer pressure against a legal backdrop may also foster compliance. Complicating matters further is Ellickson's (1991) finding that social norms may supplement or even preempt legal rules imposed by the state. Thus, the socio-legal compliance literature suggests that law can generate compliance, even when compliant behavior deviates from social practice, but its powers are somewhat proscribed.

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In light of this, what should we expect to find in the developing world where, for many types of regulations, effective and predictable enforcement, so prized by those who ascribe to a Weberian vision of the state, is not a realistic option and social norms are often strong?

Research on public administration and compliance with law in developing world contexts suggests that it is possible, but even more complex than in the so-called developed world. Gezelius and Hauck (2011), looking at fishery regulations in Norway, Canada, and South Africa, explain that the source of a compliance motivation can vary from context to context and a state's strategy for ensuring compliance must change accordingly. Ostermann (2016) finds that poverty-driven non-compliance sometimes explains why those who are otherwise motivated to obey the law still break it. In her study of sex workers in China, Boittin (2013) reveals that many individuals who break laws prohibiting prostitution often do so out of necessity, but poverty-driven noncompliance in one area does not inhibit compliance in others. Meanwhile, Scott (1987) and Villegas (2012) find that attitudes toward the law and state are often different in the developing world and that responses to same reflect this fact. Shivji (1995) suggests this may be because rule of law and the rights struggle require careful transplantation in many developing-world contexts. Relatedly, An-Na'im (2002) suggests that human rights laws and norms will not generate widespread compliance until they are internalized by communities and this internalization process leads to a cultural transformation.

We ask whether public administration that is facilitative in nature can help overcome barriers to compliance in places where coercive capacity is limited and actually lead cultural transformation. In particular, we use this chapter to explore how public administration can be used to change social practices, like FGM/C, that are difficult to observe.

ANALYTICAL APPROACH

Burkina Faso is an ideal place to explore the limits of state capacity and public administration. State coercive capacity is extremely limited, making it a "least likely case" where we would not expect to see policy success. To examine the efficacy of anti-FGM law in Burkina Faso, we employ qualitative and quantitative approaches and a border design. We collected survey data in three sets of pair villages that have the same majority ethnic group but are located on opposite sides of the Burkina Faso–Mali border (the Bobo in Faramana-BF/Koury-Mali; the Senoufo in Koloko-BF/Finkolo-Mali, and the Bwaba in

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Tansila-BF/Boura-Mali). To assess the impact of the design and legal implementation on the choice to obey the law, we:

1. Carried out a large-N survey to investigate the moral-, social-, religious-, and fear-based motivations people have for obeying the law. Embedded in our survey was a list experiment that allowed us to elicit accurate responses regarding the current state of FGM/C practice.
2. Conducted key informant interviews (KIIs) with community gatekeepers, government workers (such as health officials, social workers, and teachers), and law enforcement officials (such as magistrates and prefects). Interviewees were identified with an eye toward diversity of role within the community.
3. Ran focus group discussions (FGDs) with adult men and women from selected communities (paired villages) to assess their reasons for continuing or abandoning FGM/C. Given the sensitivity of the subject, we used hypothetical scenarios and vignettes in the KII and FGD guides. For each study site, we worked with research assistants from the targeted community to tailor vignettes for local relevance. We further tailored them after pre-testing.

Our quantitative survey participants included over-18 men and women, with a total sample of 1,209 individuals (605 men and 604 women). Our focus group discussion participants fell into four groups: 18–34-year-old men, 35 plus-year-old men, 18–34-year-old women, and 35 plus-year-old women. Four FGDs, with six to seven participants each, were conducted in each of the three villages. Finally, we recruited participants through community facilitators to ensure diversity and inclusion, completing 60 KIIs and 24 FGDs, in total.

Informed consent for the interviews and survey was obtained from all participants who signed (or fingerprinted) the form when they agreed to participate, indicating that they understood the aim of the research and willingly agreed to participate. All participants also received a copy of the consent form for their records. The research proceeded with ethical approval from the Population Council Institutional Review Board, the Burkina Faso Ministry of Health's Research Ethics Committee, and the Mali Ministry of Health's Research Ethics Committee.

IMPLEMENTATION OF ANTI-FGM/C LAW

Laws that forbid FGM/C and similar practices have been standard policy responses to what is largely perceived as a human rights challenge. However, as Matt Andrews' (2013) work suggests, many states agree to reforms merely for the purpose of signaling assent to external actors. Indeed, very few of the

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countries where FGM/C is common are associated with significant coercive capacity or strongly institutionalized regulatory environments. Thus, it is an open question whether effective public administration can foster and facilitate FGM/C abandonment or whether it will merely result in superficial reforms of the type Andrews (2013) reports.

This chapter covers government responsibility for protecting girls and women from the harmful traditional practice of FGM/C, so that they enjoy health, rights, and well-being. It explores how government enforcement of FGM/C law and other strategies designed to prevent and respond to the practice have contributed to its reduction in Burkina Faso. In order to investigate whether public administration is effective in implementing the abandonment of practices that violate human rights like FGM/C, we consider the case of Burkina Faso, where the government has responded to the UN's commitment to end FGM/C by adopting legal instruments that prohibit both practices. In addition, Burkina Faso has followed a nationwide, multi-pronged facilitative approach: a coordinated effort to address the main driving forces behind practice.

The Legal Framework for the Prohibition of FGM/C in Burkina Faso

Burkina Faso's anti-FGM/C legal framework is informed by international and regional human rights provisions. Burkina Faso's constitution requires that all signed and ratified international human rights treaties be automatically incorporated into the domestic legal system (28TooMany, 2018).

Prior to adoption of a specific anti-FGM/C law, existing national laws related to equal rights, child protection, health and physical integrity were used to combat FGM/C. Burkina Faso's 1991 Constitution provides for "equal rights of all citizens" (Article 1), the "protection of physical integrity" (Article 2), the promotion of "the rights of the child" (Article 24), and "the right to health" (Article 26).[1] The Family Code (1989) states the purpose of parental authority as being "to ensure the child's safety, health, full development and morality" (Article 510).[2] On November 13, 1996, Burkina Faso passed anti-FGM/C Law No. 043/96/ADP as an amendment to the Penal Code (Assemblée Nationale, 1996). Section 2, which includes Articles 380–382, is specifically entitled "des mutilations génitales féminines" ("female genital mutilations"). This amendment, now the principal legislation governing FGM/C, made the practice illegal among children, adolescents, and women throughout the country. Section 2 provides a clear definition of FGM/C, prohibits all varieties of the practice, and criminalizes anyone who "harms or attempts to harm the integrity of the female genital organ by performing FGM/C." The law also states that anyone who knows about such activity and fails to report it may also be punished.

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BOX 5.1 RELEVANT SECTIONS OF BURKINA FASO'S PENAL CODE

Article 380
"Every person who violates or attempts to violate the physical integrity of the female genital organ by total ablation, excision, infibulation, desensitization, or any other means shall be punished by imprisonment for a term of *six months* to *three years* or a fine ranging from *150,000* to *900,000 francs CFA*, or both. Should the offence result in death, the punishment shall be imprisonment for a term of five to ten years."
Article 381
"The *maximum punishment* shall be imposed if the guilty person is a member of the *medical or paramedical profession*. The competent authority may also prohibit the guilty person from practising his profession for a period of not more than *five years*."
Article 382
"Every person *who has knowledge* of the acts described in Article 380 and who *fails to notify* the competent authorities shall be punished by a fine of not less than 50,000 francs CFA and not more than 100,000 francs CFA."

Source: Author.

The 1996 law stood until 2018, when Burkina Faso revised it and embedded it in the new penal Code (Assemblée Nationale, 2018). Articles 513–7 to 513–9 of Section 2 address FGM/C and provide prison sentences ranging from one to ten years and fines range from 500,000 to 3,000,000 francs CFA (845–5,060 USD). If a girl dies after cutting, the penal code provides for prison terms ranging from 11 to 21 years and for fines of 1 million to 5 million francs CFA (1,687–8,432 USD). Article 513–9 was added to discourage public support for FGM/C: "the penalty shall be imprisonment for a term of one to five years and a fine of two hundred fifty thousand (250,000) to one million (1,000,000) CFA francs [422–1,687 USD], anyone through his public speech, comment or writing, encourages female genital mutilation" (Ministry of Justice, Human Rights and Civil Promotion, 2018).

Since the 1996 law and its 2018 revision, the state in Burkina Faso has made FGM/C elimination a national priority (CNLPE, 2016b). Unlike Kenya, however, the implementation strategy used by the state and its partners is not "law & courts"-focused. A *Comite National de Lutte Contre la Pratique de l'Excision* ("CNLPE") report evaluating the impact of Burkina Faso's anti-FGM/C law explained that, despite some challenges due to underground FGM/C, the successful implementation of the law has been sustained by

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a strong political will combined with many other strategies, including the engagement of various stakeholders at the national and community levels (CNLPE, 2016a: 12–13).

Burkina Faso's multi-pronged, facilitative implementation strategy involves: (1) awareness-raising; (2) training; (3) research; (4) repair of after-effects; (5) gendarmerie/police patrols; (6) repression though imprisonment and fines for cutters and accomplices; (7) the involvement of multiple-actors; and (8) close partnership with the media. We go into detail about these programmatic efforts below.

FINDINGS: SIX STRATEGIES THAT ADD UP

The data we collected are both surprising and revealing. The results, which are summarized in Table 5.1, indicate that ~14 percent and ~44 percent of the respondents in Burkina Faso and Mali, respectively, intend future FGM/C practice. The difference between the mean number of activities reported by groups randomized into the treatment arms of the list experiment in Burkina Faso and Mali was significant at the <0.01 significance level. Compliance in surveyed villages in Burkina Faso is more widespread than in Mali, suggesting that compliance is not driven by "culture" and that the law and its implementation, rather than something else, are driving behavior changes.

While it is important to remember that list experiment data does not allow us to control for potentially confounding variables, because list experiment data is not individually specific and subject to multivariate analysis, these findings are striking and stand in contrast to our expectations, which were for similar behavior in pair villages, given their history of FGM/C practice and ethnic make-up. The data, however, reveal progressive attitudes and behaviors in Burkina Faso, motivated by fear of FGM/C health consequences, and supported by participants' strong knowledge of and willingness to respect the law. We explain these surprising findings by taking a deep dive on Burkina's chosen implementation strategy, which relies more on facilitation than coercion, and relies on resources and approaches that were well-matched to the attitudes of the population and the country socio-cultural contexts. Rather than having a "law and courts"-focused approach, Burkina Faso utilized a multi-pronged, facilitative implementation strategy of its anti-FGM/C laws. Implementation has been sustained by strong political will and the engagement of stakeholders, both of which play a vital role in public administration at the national and community levels.

The state's efforts have included enforcement and implementation of the law through a variety of different approaches: mobile courts that held prosecutions and sentencing publicly within communities, public abandonment declarations, FGM cases reported anonymously through an SOS Excision

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Table 5.1 *Estimated proportion of respondents intending to practice FGM/C using the list experiment*

	Treatment group (T)		Control group (C)		p-value	Estimated proportion[§] (%) $(T_t-C_t)/N_t$
Burkina Faso & Mali combined	Mean (95% CI)	Total (T_t)	Mean (95% CI)	Total (T_t)		
Burkina Faso (BF)	3.1 (3.0, 3.2)	1,774	2.9 (2.8, 2.9)	1,817	<0.01	28.4
Mali (M)	2.8 (2.7, 3.0)	856	2.7 (2.6, 2.8)	815	0.21	13.5
	3.4 (3.2, 3.5)	1,026	3.0 (2.9, 3.1)	894	<0.01	43.6
	Burkina Faso		Mali		p-value	
Means comparison for treatment groups	2.8 (2.7, 3.0)		3.4 (3.2, 3.5)		<0.01	

Notes: § Proportion of those intending to practice FGM/C in future was estimated as the difference between the total number of activities by the treatment group and the control group expressed as a fraction of the total number of respondents in the treatment group; N_t = total number of respondents in the treatment group; control group received only five items and treatment group received the five items plus an extra sensitive item.
Source: Author.

Hotline, a political will from the government, effective communication, awareness-raising in local languages, a strong engagement and collaboration of multiple stakeholders including health workers, high-level traditional and religious leaders, civil society organizations, and security forces. In addition, capacity-building interventions were delivered for judges, security forces, and health workers. Community patrols have been used to raise awareness about Burkina Faso's FGM/C ban and related sanctions, which involve province-level police and gendarmerie visit to a village for an awareness raising meeting. A secondary goal is to create closeness/proximity and trust between security forces and communities so that anti-FGM/C efforts are accepted by local communities.

Community members responded positively to this multifaceted approach and Burkina Faso is now regarded as an "exemplar case" in the region. UNFPA (2018) was right to recognize that Burkina's systematic and effective

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implementation of FGM/C law using a mix of programs, policies, and political will offers lessons for other countries. The president of Burkina Faso was made "champion" of the fight against FGM/C by his counterparts from the African Union (CNLPE, 2019). This multifaceted approach has been made possible through the leadership role of the CNLPE (National Committee to Fight the practice of Excision). Burkina Faso has undertaken an "approach through community leaders" which consists of engaging respected community and religious leaders to adhere to and convey the abandonment messaging. These messages have been shared via radio, TV, in newspapers, and on CNLPE social media webpages. For example, the Moro Naaba in Ouagadougou, who is the supreme king of the Mossi people in Burkina Faso, is a champion for abandoning FGM/C. Below, the authors elaborate on six of these strategies implemented by the government to achieve positive policy outcomes: (1) mobile community courts, (2) the leading role of the CNLPE, (3) capacity-building of key actors, (4) increased outreach, (5) engagement of community leaders and civil society organizations, and (6) the role of health workers as influencers at grassroots level.

#1: Mobile Community Courts

The approach of the law enforcement is viewed as unique. The government has implemented this innovative approach to legal proceedings through mobile community courts (*audiences foraines* in French). These judicial hearings are not held in the capital but rather conducted by mobile tribunals near the community where the case originates. The judges travel into practicing communities to punish cutters and their accomplices. The prosecution and sentencing are public. The goal of these mobile courts is to (1) raise awareness of the consequences of FGM/C, including those found guilty; (2) explain why the practice is banned; and to (3) sanction those who contravene the law. There is media coverage of all the public hearings, which raises awareness of the process, even in remote areas and hence deterrence. The approach has led to some defendants becoming agents of change (CNLPE, 2016b).

The mobile court approach is consistent with the ideas of restorative justice which is a recent approach to penal theory and ethics not frequently encountered in discussions of the criminalization of FGM/C. Restorative justice seeks to build partnerships to re-establish mutual responsibility for constructive responses to wrongdoing within our communities. Restorative programs seek a balanced approach to the needs of the victim, wrongdoer, and community through processes that preserve the safety and dignity of all. This increases the number of cases reported and police are trained to take cases reported by the SOS Excision Hotline directly to health services for treatment. Therefore,

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Burkina Faso sometimes enforces its FGM/C law in a way reminiscent of the restorative justice model.

#2: The Leading Role of the Anti-FGM/C Board

Before it had a specific anti-FGM/C law, Burkina Faso established in May 1990 a National Committee to Fight against the Practice of Excision. The CNLPE has the mandate to prepare, implement, coordinate, and evaluate all strategies aimed at the abandonment of FGM/C at the regional, provincial, and communal levels. The board is inclusive of 37 members from 15 ministerial departments, as well as representatives of various civil society organizations, religious leaders, and traditional leaders. In 1997, the CNLPE was assigned a Permanent Secretariat and a budget, and the abolition of FGM/C was made a national priority (CNLPE, 2016a).

Since its formation, the National Committee has organized a wide variety of activities and programs. Among them, starting in 1990, and unique in the world, an SOS Excision Hotline, that is free and anonymous, allows individuals to report FGM/C, or intended practice 24hrs a day. The Hotline is operated by security forces who can activate relevant actors based on the case. This communication fosters trust between local communities and government actors, which then increases their willingness to report cases. The SP/CNLPE has been actively supported by former First Lady, Chantal Compaoré, who was its honorary chair and by the current first lady. It also strategically engages influential traditional and religious leaders who comply with anti-FGM/C law to convey abandonment messaging and to reject traditional and/or religious FGM/C justifications. One such figure is Moro Naaba, who is supreme king of the Mossi people and is respected and listened to by village chiefs in remote areas as well as some imams from the Muslim community. Records of messaging by influential figures are broadcast on the radio and TV, printed in newspapers, and published on the CNLPE's social media webpages.

#3: Capacity-building for Judicial Actors, Security Forces, and Health Workers

Judges and police are, in addition to their formal role, members of the community. As such, their perceptions of the harmfulness of FGM/C, which were not obvious when the law was adopted, can affect implementation. In addition, some judges face pressure from local leaders and political officials (CNLPE, 2016a) to refrain from prosecution. To remedy this situation, the CNLPE has invested significant time and effort into training front-line law enforcement personnel: judges, lawyers, the police, gendarmes, and other security officers. In total, 374 police officers and gendarmes were trained between 2009 and

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2015, including 110 in 2009, 94 in 2011, and 100 in 2015. In the health sector, 600 health workers were trained during the same period (CNLPE data, 2016b). The CNLPE has also distributed a documentary in which these key actors support FGM/C abandonment in a variety of local languages.

#4: Increased Outreach

Along with other programs, Burkina Faso has also employed an awareness-raising method called Information Education Communication/Behavior Change Communication (IEC/BCC). This method is particularly important because it faced no backlash and was seen as effective in facilitating the implementation of anti-FGM/C laws. Initially, the SP/CNLPE focused messaging on the health consequences of FGM/C (cf., National action plan 1997–1999; 1999–2003; and Impact Evaluation 2016). Since 2009, however, communication has shifted toward human rights issues: "the practice is a violation of human rights with enormous health consequences for girls and women" (CNLPE, 2016b).

Moreover, Burkina Faso's anti-FGM/C law was translated into the four main local languages and distributed in relevant communities by local organizations. The CNLPE has also made extensive use of national and local media (radio, television, and newspaper) to distribute information about the law and its penalties. To compensate for remoteness and widespread illiteracy, theatre and information sessions have been used to raise awareness. This strategy seems to be working to date and to our knowledge there are no data suggesting protests have occurred in response to Burkina Faso's awareness-raising efforts. This is likely due to the strong involvement of diverse community leaders and stakeholders since the adoption of the law.

#5: Engagement of Community Leaders and Civil Society Organizations

A creative method used in Burkina Faso, that involves key stakeholders in public administration, is engagement with community leaders, women, leaders of associations or groups, customary and religious leaders, administrative officials, and former cutters in anti-FGM/C programming. These leaders play a crucial role in communicating anti-FGM/C policies to their followers in a variety of local languages. The Network of Customary and Religious Leaders for the Promotion of the Elimination of FGM and the Burkina Faso Network of Islamic Organizations in Population and Development have both worked closely with the CNLPE to increase the efficacy of anti-FGM/C messaging. Community leaders, in turn, benefit from capacity-building activities funded by the CNLPE and its financial partners. In an interview (December 2020), the

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head of the CNLPE stated that are many reasons why it has worked well with religious and traditional leaders:

1. Representatives of religious leaders have been involved as CNLPE members since its establishment in 1990 and participate in decision making at high levels. These representatives provide community-level credibility to the CNLPE.
2. Burkina Faso has adopted an approach (*l'approche par les processus* in French), which consists of taking time to learn context and identify the best ways to approach leaders in each context. The CNLPE's team will travel to the field and work with local facilitators who know local customs and approach religious/traditional leaders to explain their reasons for seeking engagement. Building the respect and trust necessary to convince religious/traditional leaders to join the anti-FGM campaign takes time, but it works.
3. The Ministry of Family and Women, unlike other ministries, has local offices in remote parts of the country. This local presence helps to continuously build connections with religious/traditional leaders. Civil servants act as representatives of the CNLPE in remote areas.

The CNLPE evaluation report (2016a) states that there are still some religious/traditional leaders who support FGM/C due to religious motives, but influential religious leaders are engaged and reject this argument as irrelevant.

Apart from community leaders, the CNLPE works in close collaboration with a variety of different civil society organizations (NGOs, networks of journalists, etc.). Consecutively, these organizations support the CNLPE in social mobilization, in the design and dissemination of behavioral change messaging and in referring patients to medical centers for after-effects treatment. The legitimacy and influence of both community leaders, and civil society organizations encourage compliance with anti-FGM/C laws amongst local communities.

#6: Proactive Health Workers

The fear of the health consequences was one of the reasons people said motivated the abandonment of the practice. These health and death risks were recurrent themes in the FGD discussions with men and women regardless of their age. They believe that this fear led some parents to abandon the practice and that others will do so in the future. Hence, they strongly oppose FGM/C. Participants cited cases where the practice went wrong, causing unbearable

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suffering to the girls that were cut: a cutting may cause a death of the girl or hemorrhage. Here is one example:

> I witnessed a case, and had it not been for my intervention, the girl would have died. They could not take her to the hospital because people were asked not to practice cutting anymore. So, after having cut the girl in question, at night her parents came to wake me up because the girl was constantly bleeding. I washed the wound with saltwater and the blood stopped flowing. Around 3 a.m., the bleeding started again, and the parents came to call me again; I did the same thing, i.e., I washed the wound with saltwater. The night was also the same scenario, and the child was at the end of her strength, yet she kept bleeding. I had to go to the Catholic mission to ask the priest for help. He gave me cotton, compress and Betadine because he thought someone had hurt himself. This allowed the blood flow to stop. We continued this way until the wound healed. Then I went back to give the rest to the priest, and he asked me what had happened, but I didn't tell him the truth. I figured the most important thing was that he had just saved a life. If I had told him the truth that day, he wasn't going to give me the medicine and the child would die because we didn't have time to hang out anymore. (Female FGD, 35+ Koloko)

Messaging has also focused on the health consequences of the practice, and many have received information on the health consequences of FGM/C through the radio, TV, and mostly from local health workers. Health workers are a respected source of knowledge regarding FGM/C prohibition and health consequences. They are well informed about the local practice of FGM/C in the communities where they work. They understand the community dynamics and observe factors that help and hinder FGM/C abandonment. Health workers take advantage of many of their interactions with the population during medical visits to talk to and educate parents about the consequences of FGM/C:

> […] we take advantage of the vaccination sessions that we do every Thursday and where many women come with their husbands to make them aware of the benefits of not cutting. During the talks, they are receptive, but this does not prevent the persistence of the practice in some communities. (Health worker)

FGD participants also suggested the community health workers were important conduits for information. Women and men of all ages talked about health workers providing information about FGM/C law while also telling them not to cut their daughters anymore because of the health consequences associated with the practice. When asked about the source of their FGM/C legal knowledge, for example, a female FGD participant from Koloko explained:

> I have heard about it at the health center. The health workers often talk about it to us. They tell us that girls should no longer be cut and that the law bans it. They say that for a person who practices excision, the law condemns that person. Often time the police also come into the town, they investigate, and they even give a telephone

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number so that you can call them in case you are aware of someone performing the cutting (or planning to).

Another from Faramana, explained:

I learned with the health workers who told us not to do it anymore because the law bans cutting the girls.

Male FGD participants echoed these sentiments. For example, a male participant from Tansila said:

Nowadays if you want to get information about this law, you will have to go to the hospital. Very often there are posters on the wall and if you can read, you will know the law. For those who can't read if they go to the hospital, there are health workers who can tell them about the law because it is the health officers who say that it is not good and if the law supports them, they raise awareness.

Another from Koloko explained:

We always take advice from the social welfare services and health workers to learn about this law.

Meanwhile, a female FGD participant from Tansila gave some insight into why information from community health workers is trusted:

The health workers sensitize us to abandon the practice; it’s because they know the consequences and also, they see and understand things that we can’t see or understand.

Respondents also frequently mentioned health workers as a source of their knowledge of anti-FGM/C law (in Burkina Faso), as well as of the many negative health consequences of the practice (in both countries). For example, participants said:

The health workers told us that cutting girls is not a good thing and to stop it. They even arrest people for that. Nowadays, some people do it secretly, for others the husband agrees, for others the husband doesn’t agree. (Female, FGD 18–34, Tansila, Burkina Faso)
We do not do it anymore because the doctors told us not to. (Male, KII, Faramana, Burkina Faso)
I learned with the health workers who told us not to do it anymore because the law bans cutting the girls. (Female, FGD 35+, Faramana, Burkina Faso)
The doctors [health workers] said on the radio and on the TV that we should not cut the girls anymore. (Male, FGD 35+, Koury, Burkina Faso)

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Community health workers are in a position to know whether a woman or girl is cut and could, potentially, relay this observational data to key stakeholders. Indeed, our qualitative data reveal that health workers in all three villages in Burkina Faso reported that younger women and girls remain, for the most part, uncut. When asked whether they believed that people have stopped practicing FGM in Burkina Faso, one health worker from Tansila said:

> Yes! When I say yes, it is because I receive many women in my health center, and I can say that people have stopped the practice of FGM a lot. Because most of the cases we see are really women who may already have more than six children, and if we take their ages and go back in time, we will find that the practice has already been done a long time ago. But with the younger girls we meet today, we really feel that there are many who have not been cut. So, I can say that with this comparison already, the practice has really decreased.

Another from Koloko stated:

> Yes, yes, well, as I was telling you, there are some women we receive for childbirth where everything [i.e. clitoris] is intact. If everything is intact and they are married, it means that they are accepted within the community and that being an uncut woman is not a problem.

Given the trust that seems to exist between health workers and the communities they serve, it should not be surprising, then, that health workers appear to have significant influence on abandonment decisions. For some they simply provide inspiration, for others they convincingly convey the fear that those continuing the practice should feel about potential health consequences. In particular, parents are scared to have to take a girl that has hemorrhaged following a cutting to the health center and being reported to the authorities. In addition, the enforcement of the law within the communities leads to deterrence Statements made by FGD participants from Tansila and Koloko, respectively, bear this out:

> It is the fear of getting in trouble with the authorities. Because if you do it [the cutting] and it goes wrong, you are obliged to take the girl to the hospital. The health workers will question you in order to understand and, in turn, they will go and denounce you.
> If there are complications, they'll take her to the hospital and there the doctors will ask them what happened and denounce them.

Even those involved in the practice seem to be reachable by community health worker influence. As a female key informant from Faramana explained:

> We followed what the health workers told us. I learned with the health workers who told us not to cut the girls anymore.

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The qualitative evidence on influence over abandonment decisions suggests that community health workers may explain, in conjunction with the other strategies, why Burkina Faso has achieved the success it has in terms of FGM/C abandonment despite being at a disadvantage position: a weak state capacity and recurrent instability. Burkina Faso's experience with community health workers as information providers and influencers suggests, more broadly, that we should take more seriously the role that a wide variety of state representatives – not just the police, the courts, the bureaucracy, and so on – have to play when it comes to thinking about state capacity.

These data suggest one path by which Burkina Faso has achieved a relatively high degree of FGM/C legal knowledge, an important compliance pre-requisite, despite fairly limited state capacity. Health workers are well placed, at the local level, to distribute information about FGM/C law and, because they are generally trusted by the communities in which they work, the information they provide seems to be taken seriously. The success of anti-FGM/C law suggests that multi-faceted implementation approaches that are well-matched to the within-country context are critical to compliance.

While Burkina Faso's strategy relies on some coercive capacity, it could be termed as "facilitation before sanction." Sanctions are used to explain that FGM/C is harmful only when cutting continues despite the attempt to implement facilitative strategies. Mobile Community Courts, despite being courts, are an illustrative example of this "facilitation before sanction" approach. Their purpose is to explain, sensitize, convince, and then to punish in order to deter future cutting. Still, the strength of Burkina Faso's strategy lies in having a variety of key stakeholders who represent diverse aspects of the country's population spread anti-FGM/C messages.

A CONTRASTING CASE: THE MALI EXPERIENCE

In Mali, civil society organizations and government ministries have proposed laws, but the National Assembly has declined to enact them due to the pressure of influential Muslim leaders. However, Penal Code Act No. 01–079, on 20 August 2001, contains certain provisions applicable to violence against persons in general and could apply to cases of FGM/C.

However, in our study, 80 percent of the quantitative respondents in Mali villages think that FGM/C is illegal in this country (87 percent of all respondents in Burkina Faso). At the village level, the Mali results on legal knowledge showed Koury (73 percent), Finkolo (81 percent), and Boura (83 percent) believing that FGM/C is illegal. The Mali results were surprising, in that Mali does not have a specific law that criminalizes and punishes FGM/C practice. Radio was cited as the main source of information about the law in both coun-

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tries for the majority of the study participants. Even some local government representatives in Mali think that FGM/C is illegal in their own country.

> This law states that any person who is caught in the process of carrying out this practice will be punished, and this sanction may result in the payment of a fine in the sense that the practice leads to unfortunate complications on the girl's body. (Female, FGD 35+, Finnkolo, Mali)
> As I said, in Mali, it seems that the law is not enforced; many people are afraid to do it officially [the cutting], they really do it underground. They don't do it openly. (Male, KII, Finnkolo, Mali)
> [Now I would like to know if there is a law against FGM/C in Mali?]
> Yes, there is a law prohibiting FGM/C in Mali, as I said, there was a decision.
> [Is it the same as in Burkina Faso?]
> Well, I cannot say because I haven't read the content of the laws of two countries; I don't know their details, but I think that these countries have about the same views on decision-making against FGM/C, the content of the laws can vary slightly but the main goal of these laws is for women to thrive. (Male, KII, Koury, Mali)

We have no data to explain why respondents in Mali are so wrong (in a good way) about FGM/C law in their own country. We can hypothesize a possible cross-border effect of the FGM/C campaigns that have taken place in Burkina Faso, a cross-border diffusion of ideas and knowledge may explain the surprising Mali results. It is also possible that sensitization campaigns undertaken by anti-FGM/C NGOs in Mali may have affected legal knowledge. Also, some participants in Mali said that they do not know whether or not an FGM/C law exists in Mali.

When it comes to attitudes and behaviors toward abandonment of FGM/C, the reality is different. People openly say they do not respect the sensitization messages they hear on the radio. For example, when the interviewer said, "You heard on the radio that FGM/C is not an almost a general practice good, but do people here respect that?", respondents justified FGM/C with many arguments:

> No, people don't respect it.
> We listen to the radio, but we do not respect it because those who even say not to do it, hide to cut their own daughters.
> No but deciding not to cut a girl is bad in the sense that boys will consider her as "blakolo" [a pejorative expression in Dioula which means an impure person] and will laugh while saying that she will have difficulty finding a husband; this is why it is difficult for us to respect the law. (Females, FGD 18–34, Koury, Mali)
> […] and these girls are really angry of the way they are treated, and they end up doing it. I've witnessed a case in another village […] One day the girl got angry and took a blade and cut herself. […] She had a hemorrhage which made people know and immediately she was evacuated and cut her. (Female, KII, NGO, Finnkolo)
> They say that an uncut girl is exposed to any germs and dirt […] So, the woman has to be circumcised in order to be healthy. (Male, KII, Health Worker, Boura)

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The Mali qualitative data reveal that the drivers for FGM include social pressure, the perception that links FGM and purity, “cleanliness” for women, and religion. There is a religious perception that, if a girl or a woman had not undergone FGM, their prayers would not reach God and therefore they were not real Muslims. This perception could prove to be challenging in a community with strong religious elements and where no specific law condemns the practice and hence few social protection mechanisms exist to protect the uncut.

CONCLUDING REMARKS

The above findings have important implications. Formal law was complemented by other facilitative approaches: ones that were locally grounded and involved cultural/traditional gatekeepers. Those looking to encourage FGM/C abandonment should consider experimenting with aspects of Burkina Faso’s multi-pronged and persuasive FGM/C strategy. Burkina Faso’s experience with community health workers as information providers, as well as other stakeholders within public administration, more broadly suggests that the role when it comes to state capacity, taken by a wide variety of state representatives – not just the police, the courts, the bureaucracy and so on – should be taken more seriously.

They also lend credence to the Douglas et al. (2021) project of examining positive public administration cases. The paired Burkina Faso–Mali comparison suggests that coercively weak states may still be able to secure compliance with their laws and that good public administration can sometimes be found in the most unlikely places. In particular, we point to a mechanism, community health workers as trusted information conduits, that is relevant to public health work throughout the developing world. In the case of Burkina Faso, the use of formal law to regulate a cultural practice was seen as more effective to local attitudes, when complemented with facilitative approaches. The research also suggests that there is much to learn from such cases and that academics and policymakers alike should consider the numerous other capacities states possess beyond simple coercion. Coercively weak states may have hidden, untapped strengths and our findings point to the fact that these states can still successfully tackle complex social challenges.

NOTES

1. French version: https://www.wipo.int/edocs/lexdocs/laws/fr/bf/bf017fr.pdf (consulted 10/04/2020).
2. French version: http://jafbase.fr/docAfrique/Burkina/Le_code_des_personnes_et_de_la_famille.pdf (consulted 10/04/2020).

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