

FGM/C in the Horn of Africa: Accelerating Change

April 2025



ORCHID  PROJECT

WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

END FGM/C
NETWORK AFRICA 

About Orchid Project

Orchid Project is a UK- and Kenya-based non-governmental organisation (NGO) catalysing the global movement to end female genital mutilation/cutting (FGM/C). Its strategy for 2023 to 2028 focuses on three objectives:

1. to undertake research, generate evidence and curate knowledge to better equip those working to end FGM/C;
2. to facilitate capacity-strengthening of partners, through learning and knowledge-sharing, to improve programme designs and impacts for the movement to end FGM/C; and
3. to steer global and regional policies, actions and funding towards ending FGM/C.

Orchid Project's aim to expedite the building of a knowledge base for researchers and activists is being fulfilled in the **FGM/C Research Initiative**.

All cited texts in this learning resource were accessed between July 2024 and March 2025 unless otherwise noted.

Authors: Katy Newell-Jones and Shannon Thomson; Florence Edmondson (ed.)

Recommended citation: Orchid Project (2025). FGM/C in the Horn of Africa: Accelerating Change. Available at: https://www.fgmcri.org/media/uploads/Region%20Research%20and%20Resources/HoA/accelerating_change.pdf

Cover image: Somaliland Family Health Association (SOFHA)



WORKING TOGETHER TO END
FEMALE GENITAL CUTTING

Who is this resource for?

This learning resource explores what counts as change, what counts as evidence of change, and how we can effectively use terminology to discuss FGM/C within Somali ethnic communities. It explores the similarities and differences in Somali ethnic communities across borders within the region and then introduces UNICEF's six elements of abandonment, using these as a framework to explore practical questions for activists and implementing organizations to consider in their work, as well as a self-assessment tool to support greater integration of the six elements.

We see FGM/C as a form of gender-based violence. Through this resource we seek to support and amplify women's voices, respect their roles and responsibilities, and acknowledge the decision-making dilemmas women face in relation to FGM/C. We also recognise the importance of [gender-transformative approaches](#), which actively examine, question, and change harmful gender norms and power structures (1).

It is our hope that this resource will provide a practical tool for greater impact and a framework for development partners, policymakers and other stakeholders to better understand the contextual realities of the work to abandon FGM/C among Somali communities.

This resource is intended for practitioners working with Somali communities towards change around FGM/C. It has been developed through a process of knowledge sharing dialogues conducted between September-December 2024. These dialogues involved Somali practitioners working on FGM/C within the Horn of Africa, alongside academics and researchers building evidence on the practice, as well as policymakers and advocacy organisations working toward an enabling environment for change around FGM/C.

The knowledge sharing dialogue process that contributed to the production of this resource has also led to a foundational briefing paper, called *FGM/C in the Horn of Africa: Signs of Change*, outlining areas of change, decision-making dilemmas, and available evidence among Somali ethnic communities and can be accessed [here](#). In addition, the academic and researcher dialogues have led to a research agenda for the region entitled *FGM/C in the Horn of Africa: Evidence of Change* which can be accessed [here](#).

If you are interested in participating in ongoing dialogues regarding evidence and strategies for change in the Horn of Africa, please reach out to Orchid Project to be added to our mailing list for quarterly dialogue and knowledge sharing sessions. (research@orchidproject.org)

Introduction



Photo 1: Primary school girls talking about school, Qulujeed, Awdal, Somaliland

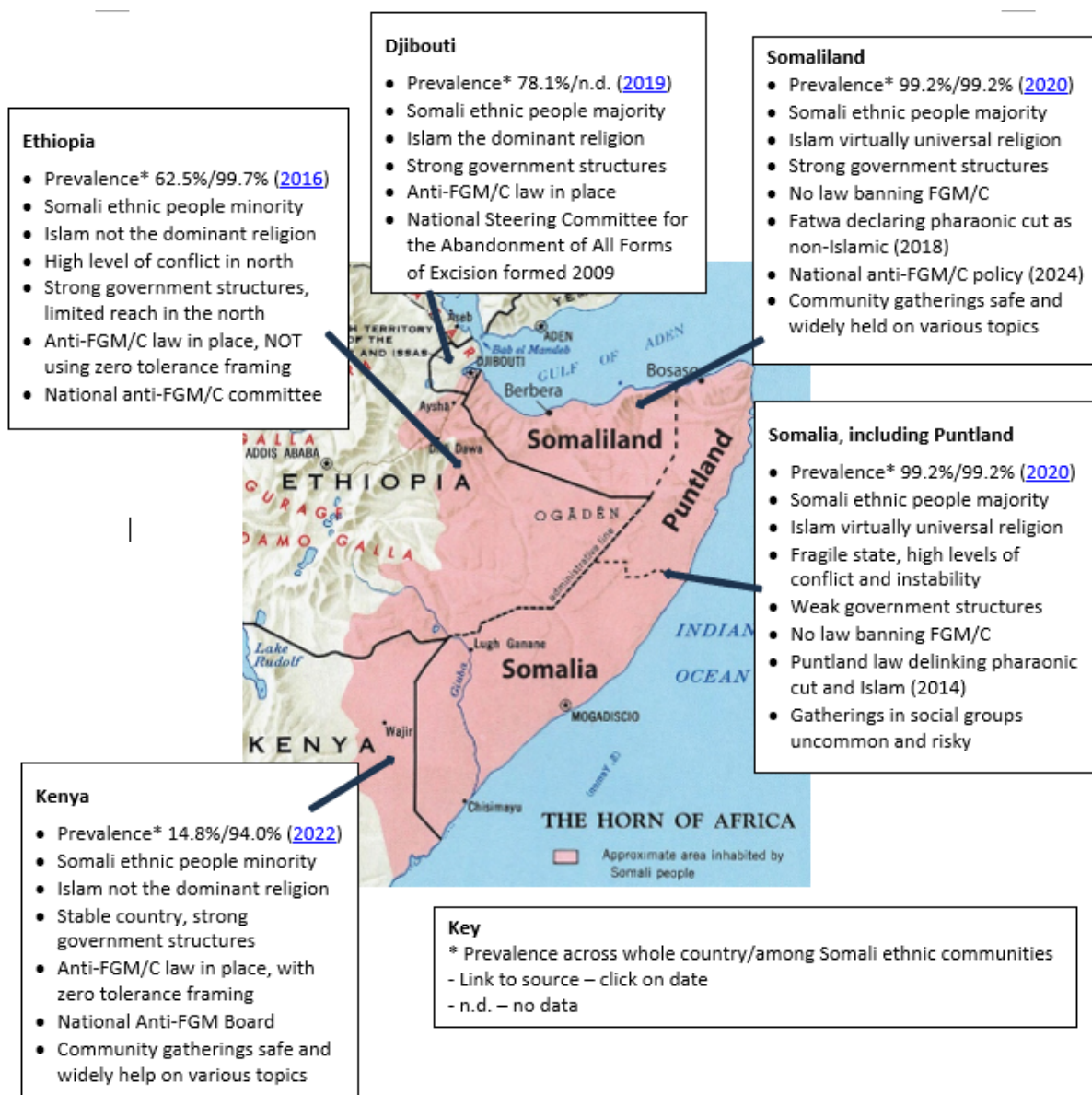
Somali communities live across borders in the Horn of Africa, within Somalia, Somaliland, north-eastern Kenya, eastern Ethiopia (Somali region), and in Djibouti. Somali communities across this region have long been sidelined within the global movement to eradicate FGM/C. It has often been said that nothing is changing in the Horn of Africa with respect to FGM/C; that the practice is too deeply embedded, but these statements marginalise Somali communities, activists, and Somali-led organizations, separating them from resources and support. This learning resource challenges the assumption that nothing is changing and builds on an initial paper called [FGM/C in the Horn of Africa: Signs of Change](#), which showcases the many changes that have occurred around FGM/C in the last 30+ years within Somali communities: the growing political will, the shift in the type of FGM/C, and the increasing awareness and willingness to discuss the issue are just a few examples of where change has occurred.

Within this resource, FGM/C types are referenced in discussion of the practice within the Horn of Africa. For more information on the types of FGM/C, please refer to the WHO website:

[https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation)

Similarities and differences in Somali ethnic communities across the Horn of Africa

Somali ethnic communities live across borders within the Horn of Africa, predominantly in Somalia, Somaliland, south-eastern Ethiopia (Somali region), north-eastern Kenya, and Djibouti. There are considerable similarities between Somali ethnic communities across the region and it is important to consider the cultural practices and beliefs that transcend geographies. However, the experience of Somalis in these different contexts vary as illustrated below.



What difference does language make?

Terminology around FGM/C is fluid and often contested. Research by Mehari (2, p. 70) demonstrated that 'The absence of a common understanding on the very meaning of "FGM" hinders the success of FGM campaigns'.

Clarifying what is, and is not, considered to be FGM/C in a particular context, by a specific group of people, at a point in time, is an important step in developing relationships and selecting interventions.

There are numerous terms used to describe FGM/C, each with its own origin, selected to convey its own message in a specific context. International organisations, including the WHO (3) and UNFPA, tend to use the term female genital mutilation (FGM), emphasising the significant harm caused by the practice, especially through infibulation (type 3). Other organisations, including Orchid Project, choose to use the term (FGM/C) which recognises that not all girls and women feel that they are mutilated by undergoing the practice and that a range of different types of cut are being practiced in varying contexts, resulting in a range of harm, including physical, psychological and social.

Among Somali ethnic communities, female genital mutilation is often translated to ***gudniinka fircooniga*** in Somali, meaning literally pharaonic cut, referencing stitches within the translation. This has led to misunderstandings of FGM/C as referring only to infibulation and not to other types of FGM/C. When the term ***gudniinka hablaha***, meaning the circumcision of girls, is used, this is more likely to be perceived as including other forms of cutting.

FGM/C is not a religious practice, with neither the Christian Bible nor the Islamic Quran supporting the practice.

In Somali ethnic communities, which are predominantly Islamic, the pharaonic cut (type 3) is seen as non-Islamic and not allowed, largely because of fatwas from religious leaders in the region that banned pharaonic cutting and delinked the practice from Islam (3). However, the snipping or pricking of the clitoris (type 1 or type 4) is often called the sunnah (cut) (3). This type of cut is either recommended or viewed as optional but beneficial by some Islamic scholars of the Shafii'i school of thought, the dominant school of Islamic thought among Somali ethnic communities in the Horn of Africa. However, many activists argue that the use of religious language to describe a non-religious practice creates a deeply unhelpful link between religion and FGM/C in the minds of individuals.

Religious leaders in Somali ethnic communities are highly respected and play a significant role in influencing all aspects of community life. There have been several attempts to de-link the Islamic religion and the practice of FGM/C, including a [fatwa in 2014 in Puntland](#), Somalia (4). Primarily, these efforts have tended to reduce the use of the pharaonic cut. Efforts have been made to stop using the term 'sunnah' to refer to the snip or prick, as 'sunnah' is also used to describe other practices in Islamic communities, however, the term 'sunnah' is deeply connected with less severe forms of FGM/C and continues to be widely used.



Photo 2: Primary school girls writing stories, Qulujeed, Awdal, Somaliland

What counts as change in relation to FGM/C?

The prevalence of FGM/C - the proportion of girls and women who have been cut - is an important indicator of change. However, in Somali ethnic communities where prevalence is high, it is equally important to recognise the smaller changes taking place. Examples include willingness to talk about FGM/C, community knowledge on FGM/C, shifts in attitudes, changes in the type of cut being performed, the age at which girls are cut, who is performing the cutting etc. By identifying these changes, we can maintain and even amplify the momentum for change.

Below is an example of a school in a rural part of northern Somaliland where the prevalence of FGM/C was virtually universal. However, changes were happening, which if nurtured over time, could eventually lead to abandonment.

Recognising change at Muse Ma'alesh Primary School, Sheikh, Saaxil, Somaliland

In rural communities, such as Sheikh, girls are cut during the summer break, traditionally with most undergoing the pharaonic cut. Cutting is performed in the girls' homes by a highly respected traditional cutter who performs the type of cut the parents' request. Girls who undergo the pharaonic cut tend to return late to school, sometimes missing several weeks of term, often losing confidence, becoming shy and having difficulty resuming their studies. The Principal favours the snip/prick (sunnah) cut only, but most staff favour the intermediate cut.

In recent years, Muse Ma'alesh Primary School has seen valuable steps towards the abandonment of FGM/C. Their approach on FGM/C includes

- a cross-school policy actively opposing the pharaonic cut agreed by all staff
- sensitisation for teachers with opportunities for them to engage in open dialogue
- active consultation with parents, providing information and listening to parents
- involvement of local CSOs / NGOs in awareness raising sessions
- a school nurse providing support in managing the consequences of FGM/C
- sessions where all students have opportunities to learn about and discuss FGM/C

All girls at the school are still undergoing FGM/C, however, change is happening. There has been a marked change away from the pharaonic cut, towards the intermediate cut, with a few girls undergoing only the snip / prick (sunnah). Girls are experiencing less severe health complications, missing less school after being cut, engaging more effectively with their studies, and accessing support to manage any health complications more effectively.

By celebrating the initial steps of change, further changes can be envisaged and encouraged.

Evidence is the facts or data that demonstrate that change is taking place. In the example of *Muse Ma'alesh Primary School* (above) the following data would be useful to demonstrate change is happening in relation to FGM/C in this particular school:

- timetables of sensitisation sessions with staff, together with a survey or focus group discussion records of how their views on FGM/C changed before and after the session
- a copy of the school policy on FGM/C
- records from interviews or a survey with parents on the types of cut girls are currently undergoing
- records from the school nurse on the type and severity of complications of FGM/C and number of girls accessing support
- school attendance records of girls after holidays during which they were cut
- individual interviews or focus group discussions with both male and female students.

By collecting this data at the beginning of a programme and then at intervals over time, it is possible to identify and track some of the changes that are occurring in this community and gain insights into the shifts in attitudes, knowledge, and practice around the issue of FGM/C.



Photo 3: Young women, walking home from secondary school, Udaan, Maroodhi-Jeex, Somaliland

UNICEF Six Elements of Abandonment

[UNICEF's Six Elements of Abandonment](#) were first published by UNICEF in 2007 (5). They were identified as factors present in the most effective programmes to transform social norms including *Tostan* in *Senegal* (6) and *Deir el Barsha* in *Egypt* (7). Since 2016, Orchid Project has promoted the Six Elements model within knowledge sharing workshops. The model is neither linear nor rigid; each element is equally valuable, overlapping and connecting in many different ways.



Non-judgemental open dialogue

Creating safe spaces for individuals to come together and share their opinions, beliefs, hopes and fears about FGM/C, without being judged by others in the community or by outsiders.



Collective choice

Encouraging people to make group decisions to abandon FGM/C, recognising the power of people coming together and supporting each other in taking important steps towards sustainable change.



Power through human rights

A human rights approach encourages communities to consider the rights of everyone in their community and the ways power can be used to achieve these rights.



Enough people see change

Spreading the positive message that change is happening in relation to FGM/C and creating space for dialogue related to the changes.



Enabling environment

Change is more likely to happen when all the key stakeholders are actively working towards change. This includes political will to enact laws and policies, civil society commitment toward change, and engagement of community and religious leaders within the movement.



Community exchange

Communities which have begun to abandon FGM/C actively engaging with nearby communities to encourage them to join the movement for change.

Three elements: non-judgemental open dialogue, collective choice, and power through human rights have received the most attention from community-based organisations (CBOs) in the Horn of Africa, and there is evidence of these being effective in bringing about change among Somali ethnic communities (see below).

Three elements: enough people see change, enabling environment and community exchange are less well known. However, there is emerging evidence of these also being valuable components in effective programmes to abandon FGM/C and that acceleration of these elements could contribute to increased impact (see below).



Photo 4 : Women after a focus group discussion, Qoyta, Togdheer, Somaliland



NON-JUDGEMENTAL
OPEN DIALOGUE

Non-judgemental open dialogue

UNICEF (5, p. 24) describes non-judgemental open dialogue as 'a non-directive approach that values dialogue and discussion, creating space for people to learn and change'.

Non-judgemental open dialogue involves:

- creating safe spaces for individuals in a community to come together and share their opinions, beliefs, hopes and fears about FGM/C
- actively encouraging people to listen to each other, without judging or condemning each other's views
- avoiding stating that FGM/C is 'wrong' or 'bad' and instead asking community members to talk about what they see are the advantages and disadvantages
- encouraging community members to describe any changes they wish to make in relation to FGM/C and to develop their own action plans to bring about change

Where and how has the element of non-judgemental *open dialogue* been used among Somali ethnic communities in the Horn of Africa?

The German government international development office (GIZ) has supported a dialogue process called Generation Dialogues in Ethiopia, Somalia and Sudan. These non-judgmental spaces and approaches to dialogue have resulted in increased intention to change among parents, committing to not having their daughters cut (8).

The 'Ambassadors for Change' programme by the Network Against FGC in Somaliland (NAFIS) brings together survivors who have benefitted from psychosocial, medical, or surgical treatment with men to share their experiences of FGM/C and to develop plans to end FGM/C in their communities (9).

How could *non-judgemental open dialogue* be used more effectively?

Campaigns about FGM/C often rely on one-directional messaging, providing information to community members on the harm associated with FGM/C and the changes they 'should' make. These often involve large community gatherings led by an activist or CBO/non-government organisation (NGO).

Smaller, dialogue-focused groups will stimulate deeper engagement with the issue and support critical thinking. Skilful facilitation can create safe spaces in which a range of perspectives are shared and heard respectfully. Inviting community members to identify the changes they would like to see, and to discuss how they might bring about these changes will involve people in decision-making and is more likely to have a positive impact.

Providing specific training for community mobilisers, CBO staff and community activists on facilitating non-judgemental open dialogue can greatly enhance the effectiveness of these activities.

Explore your own use of this element: [Self-assessment questions for non-judgmental open dialogue](#)



Collective choice

According to UNICEF (5, p. 22), collective choice refers to acting together to bring about change. “FGM/C is a community practice and, consequently, is most effectively given up by the community acting together rather than by individuals acting on their own. Successful transformation..... rests with the ability of members of the group to organize and take collective action.”

Social norms are maintained by a system of rewards and consequences, either anticipated or real (10). For a social norm to change, the rewards and consequences must change.

Non-judgmental dialogue can be a starting place for exposure of actual rewards and consequences which may challenge those that were assumed. A group must decide together to shift the system as one person who challenges the norm might only face the consequences rather than create change. Collective choice has been promoted through alternative rites of passage and community public declarations in some practicing countries and communities. However, in Somali ethnic communities, alternative rites of passage are not appropriate as the practice is not a publicly celebrated event and does not mark a rite of passage for a girl.

Where and how has the element *collective choice* been used among Somali ethnic communities in the Horn of Africa?

Ifrah Foundation (11) launched the [Dear Daughter Campaign](#) and created non-judgmental spaces for women to share their experiences of FGM/C and the complications they have struggled with. These dialogues created opportunities for participants to discuss the social and religious pressure to have their daughters cut and to explore avenues for change. To date, over 38,000 people have signed a pledge to protect their daughters from FGM/C, joining together in a collective effort toward abandonment (12).

The fatwas in [Puntland](#) and [Somaliland](#) represent a collective decision by religious leaders to abandon pharaonic cutting, delinking this form of the practice from Islam and banning its continuation. Although this collective decision-making has not resulted in total abandonment, it has resulted in a significant shift in the type of cutting that occurs among Somalis even outside of these two regions (Somalia, Kenya, Ethiopia).

How could *collective choice* be used more widely?

Collective choice requires collective decision-making which can be facilitated through non-judgmental open dialogue and engagement with other key elements (enough people see change and community exchange). To move toward collective choice among Somalis, theologically-informed dialogues that involve religious leaders may hold promise, supporting a shift in religiously-informed social norms by reducing the potential risks faced by individuals who consider abandonment.

Explore your own use of this element: [Self-assessment questions for collective choice](#)



Power through human rights

A focus on human rights as it relates to FGM/C requires moving outside of religious and cultural drivers for the practice, and towards a realisation of underlying human rights for the girl child. This can be challenging among Somali ethnic communities as these two forces are often pitted against each other. However, there are examples of how these two positions can be interwoven to promote human rights of women and girls, while also respecting culture and religious beliefs.

Where and how has the element of power *through human rights* been used among Somali ethnic communities in the Horn of Africa?

Youth-led organisations such as Y-PEER, have worked to share messages on social media and radio, as well as through anti-FGM clubs in schools, that integrate a human rights lens within the discussion on FGM/C among Somali communities.

Somaliland Family Health Association (SOFHA) has strengthened rights-based, person-centred communication among healthcare providers, drawing from WHO tools (Balde et al., 2024). These approaches promote non-judgmental, dignity-driven care. SOFHA, with the help of influential Somali Muslim scholars, also integrates faith-based messages that affirm children are a trust who must be protected from harm. This alignment of human rights and religious values has helped shift community perspectives from within.

How could *power through human rights* be used more widely?

The human rights lens among Somali ethnic communities must integrate with the religious and cultural lenses more typically used, particularly by older generations to avoid a rift between these generations and a view that these two positions are in opposition.

Using religious language to promote human rights, engaging with the cultural values of Somalis while discussing human rights, and avoiding phrasing on these topics that are seen to be external or driven by an external agenda, can support more openness and engagement with these topics.

Adopting a rights-based approach emphasises the links between seemingly different human rights. FGM/C impacts on the rights of women and girls to education, to a life without violence, to bodily integrity and decision-making about their bodies, to justice, to freedom of speech, to respect and equal status with men and boys.

Human rights are best communicated as being beneficial to all, rather than as a competition where one group of people, e.g. women, 'win' and others, men 'lose'.

Explore your own use of this element: [Self-assessment questions for power through human rights](#)



Enough people see change

Change in relation to FGM/C has been slower among Somali ethnic communities than in many other practicing communities. With prevalence remaining relatively high and being seen as the main indicator for FGM/C, the assumption is often made that there is little or no change taking place in region with high prevalence. In addition, with the pharaonic cut (type 3) still being widely practised, accounts of girls being seriously harmed when they undergo FGM/C are common and are communicated loudly and widely (3).

However, there is evidence of positive change in the awareness, attitudes and behaviours, with movement towards the abandonment of the pharaonic cut and, in many communities, large numbers of community members wanting to see the abandonment of FGM/C in its entirety.

Negative stories — of deaths and long-term harm as a result undergoing FGM/C — are communicated more widely than positive accounts. Stories of individuals deciding not to cut their daughters, shifts to a less harmful cut, or declarations of abandonment are examples of stories that help demonstrate positive change.

Many people need the support of knowing that attitudes and actions about FGM/C are changing in their local community before they feel able to join this movement for change.

Therefore, the element of 'enough people see change' is about spreading the positive message that change is happening in relation to FGM/C in their community, or communities like theirs. It is important that this information is not exaggerated but is both accurate and credible, reflecting the situation locally, regionally, nationally and globally.

This element recognises that accounts of the harm caused by FGM/C need to be shared to raise awareness and generate dialogue. In addition, it recommends that positive changes, however small, are also communicated among families, communities, schools, councils, regions and internationally, so that the practice is not seen as fixed, but as a changing cultural practice.

Where and how has the element *enough people see change* been used among Somali ethnic communities in the Horn of Africa?

Save the Children identified religious leaders who supported the abandonment of all types of FGM/C, including the snip/prick (sunnah). Community dialogues took place in Somali ethnic communities with these religious leaders to discuss FGM/C.

Community leaders were able to see that not all religious leaders supported FGM/C and that some religious leaders had changed their position. These community dialogues enabled community members who may not have been exposed to religious leaders who held these views (14).

How could *enough people see change* be used more widely?

In communities

- In community meetings and forums, actively seeking out realistic accounts of people who are moving away from FGM/C, towards abandonment
- Providing safe spaces for parents to talk to people who have decided not to cut their daughters, or who have chosen to use a less severe cut

Schools

- Sharing stories of girls who have not been cut during discussions of FGM/C within schools, creating space for dialogue around stigma, negative consequences associated with not being cut, and fear of those consequences among young girls
- Creating space for boys to share their views on FGM/C and encouraging those who are open to marrying women who are not cut to share their perspective openly within dialogues

In health facilities

- Encouraging health workers to focus not just on telling mothers about the health risks of FGM/C but also invite them to talk to others who have decided not to cut their daughters

Religious leaders

- Encouraging religious leaders whose daughters have not undergone FGM/C to talk widely about their decision, demonstrating that attitudes are changing among religious leaders

At a local authority level

- Identifying champions within local government and community leadership who are willing to share their experience of change toward abandonment
- Engaging with local government and community leadership to encourage dialogue about FGM/C within community meetings and forums

At a policy level

- Sharing positive changes made at the policy level with communities to create awareness about the shifting perceptions of FGM/C within government and key ministries

In the media

- Actively and realistically reporting accounts of people choosing not to cut their daughters or choosing a less severe cut
- Portray FGM/C as a cultural practice which is not fixed but undergoing change, perhaps not quickly, but none-the-less change is happening
- Report on the improved life opportunities of girls who are not cut, including increased access to education, employment and new roles in society

Explore your own use of this element: [Self-assessment questions for enough people see change](#)



Enabling environment

Recent programmes to end FGM/C have focused on providing opportunities for community members to increase their knowledge on the harm associated with the practice and to engage in dialogue and collective decision-making. Another crucial yet less developed element is for all the stakeholders at all levels of society to actively support abandonment and provide support as part of their remit. This will result in an environment in which there is an expectation of change and individuals and groups are supported in making changes in their attitudes and behaviours in relation to FGM/C.

Sometimes, particular groups claim that FGM/C is not relevant to their role in society. However, in an enabling environment, the abandonment of FGM/C will be positively promoted in all walks of life, alongside opportunities to gain knowledge, advice, and support. In communities, this means that women, men, youth groups, health workers, teachers, law enforcers and community leaders all play a role in creating an environment where FGM/C is talked about, support is available, and change is encouraged and celebrated.

At the national level, this means having a government with a clear strategy, actively working towards abandonment of FGM/C whilst also providing appropriate support and guidance for survivors. Each government ministry will have their own unique way of promoting abandonment, relevant to their own role in government. Strong commitment of government at all levels is needed to introduce appropriate social norm measures and legislation, complemented by advocacy and awareness efforts.

This element recognises that FGM/C is a practice that affects every aspect of life — including health, education, the roles of women and men in society, justice, employment, the media etc. It calls up everyone in positions of influence to play their role in supporting the abandonment of FGM/C.

Where and how has the element *enabling environment* been used among Somali ethnic communities in the Horn of Africa?

Somaliland was one of the pilot countries in which WHO trained health professionals in person-centred communication skills, with the intention of redefining their role away from performing FGM/C and towards counselling mothers not to cut their daughters (13).

SOFHA has been working in collaboration with the Ministry of Education in Somaliland to redefine the role of teachers in relation to FGM/C. Training courses and curriculum materials have been developed and distributed to encourage teachers to engage with parents and students on FGM/C (Amed and Newell-Jones forthcoming).

Kenya has an [Anti-FGM board](#) which is equipped with a mandate and resources from the national government to work toward specific targets related to FGM/C abandonment (15).

How could the element of *enabling environment* be used more widely?

Nationally

Through greater clarity of policy, cross-ministry policy development, consultation with civil society, dissemination processes, legal frameworks.

All ministries playing an active role on promoting the abandonment of FGM/C, specifically:

- Ministry of Health working with health professionals to collate and disseminate robust data on the harm caused by FGM/C, including the snip/prick (sunnah). In addition, redefining the roles of health workers to supporting the movement towards abandonment of FGM/C, opposing all types of cutting and countering the medicalisation of cutting. The decision-making dilemmas, especially of female health workers, are recognised. Strategies avoid blame and instead focus on supporting persons in making decisions promoting the abandonment of FGM/C.
- Ministry of Education promoting more dialogue about the rights of women and girls in schools, with teachers receiving training and materials on FGM/C, and schools encouraged to develop policies on FGM/C. Support for survivors is available in schools, and girls are actively encouraged to complete their education.
- Ministry of Justice creating legal frameworks that clearly define FGM/C and have actionable measures for enforcement.
- Ministry of Religious Affairs (and its equivalent in different contexts) promoting the engagement of religious leaders in dialogue on the rights of women and girls, FGM/C policy and legal frameworks to promote collective agreement and actionable steps towards abandonment.

Community

FGM/C is discussed among community groups with each group considering the role it can play in the movement towards the abandonment of FGM/C.

Schools, health facilities, mosques/religious leaders, law enforcers and media/social media operators each consider how they can support change towards the abandonment of all types of cutting and develop action plans for such change.

Community groups actively celebrate the abandonment of all types of cutting by individuals, families and groups, (or in the early stages of change, the movement away from pharaonic cut).

Discrimination against uncut girls is addressed and stigma is reduced so that girls who are not cut have more freedom to speak openly and are able to be active members of their communities.

Explore your own use of this element: [Self-assessment questions for enabling environment](#)



Community exchange

Many programmes supporting the abandonment of FGM/C are developed with specific communities in mind and work with them for a set period before shifting focus to new communities. Community exchange is the process where communities which have begun to abandon FGM/C actively engage with neighbouring communities to encourage them to also join the movement for change.

A key part of community exchange is that it is a deliberate and organised process of reaching out and engaging with other communities with the intention of supporting them to go through the same process of change. When a community knows that others nearby are changing their attitudes towards FGM/C, they may be more open to change themselves. Where there is significant intermarriage, trade or collaboration between the communities, there are advantages to sharing social norms and practices. Sometimes the process of community exchange is described as 'organised diffusion'.

The Tostan programme in Senegal uses 'organised diffusion' or community exchange to help spread information through connected communities or social networks (6). This social mobilisation process enhances the impact of their programmes, spreading new ideas organically from person to person and community to community.

Activities include — 'bring a friend' to workshops, encouraging people to go out and talk about their learning right from the start — this establishes the practice of sending out ripples into the community. Later, village exchanges and community visits are embedded in the programme. Tostan identifies and trains community Social Mobilisation Teams made up of people with communications skills to lead organised diffusion, and where appropriate, public declarations of abandonment (6).

Where and how has the element *community exchange* been used among Somali ethnic communities in the Horn of Africa?

The United Nations Joint Programme to Eliminate FGM/C (UNJP) has invested in community exchange as a key strategy within Somalia, particularly among youth and religious leaders (16). UNJP facilitated exchange visits for religious leaders from Puntland to Sudan and from Somaliland to Djibouti to exchange views across borders on the separation of FGM/C and religious beliefs (16).

Similarly, UNJP has invested in supporting youth to utilise community exchange in Somalia. 2,000 students took on the role of raising awareness on FGM/C among their peers, integrating messaging on gender-based violence and FGM/C (16). This approach reached 8,600 young people in 2013 through peer-based outreach (16).

How could the element of *community exchange* be used more widely?

Learning from Tostan and others, community exchange creates a powerful opportunity for communities, especially those who are developing a readiness to change but have not yet abandoned the practice, to connect with communities where there has been movement toward abandonment.

Integrating elements of community exchange into programmes among Somali communities creates this exposure opportunity while also serving to link communities, activists, and CSOs, reducing isolation and promoting partnership.

Community exchange needs both women and men to be actively involved in the planning and implementation of strategies to promote the abandonment of FGM/C. Community women of all ages should have prominent roles in dialogue within their own communities as well as in exchanges between neighbouring communities.

It can be achieved through

- on-going dialogue about FGM/C **within** a community e.g. sharing new learning with peer groups, embedding topics in community engagement initiatives, breaking down barriers to talking about FGM/C.
- informal exchange **between** communities e.g. dialogue about FGM/C when engaged in exchange around trade or intercommunity marriage etc.
- specific community exchange activities - **planned dialogue sharing attitudes and beliefs on FGM/C with** key informers from neighbouring communities e.g. religious leaders, teachers, health workers, community leaders etc.

Explore your own use of this element: [Self-assessment questions for community exchange](#)

Strengthening evaluation

Robust and rigorous evaluation of interventions are crucial in strengthening our understanding of effective approaches to promoting abandonment of FGM/C among Somali ethnic communities.

It is recommended that the following are considered

- Embedding evaluation activities into the project or programme from the outset, involving as wide a range of community members and stakeholders as possible in the evaluation and learning process
- Using a range of indicators of change for FGM/C which include increased awareness, changes in attitude as well as behaviour (17)
- Ensuring clarity and transparency about terms used to describe FGM/C among community members, CBO staff and other stakeholders, e.g. when someone says they oppose FGM/C clarify whether this means some or all types
- Managing confirmation bias by including indirect questioning, particularly where FGM/C is illegal. There is evidence of underreporting of support for the practice when only direct questioning is used (18)
- Undertaking longitudinal evaluations, over an extended period of time that are able to identify the direction and rate of change
- Inclusion of 'comparison' communities where programmes to promote abandonment are not being undertaken
- Disaggregation of data by age, gender, role/status in the community, education, etc., to identify those groups that are, and are not changing in relation to FGM/C and the different changes taking place in different contexts
- Mapping of change pathways
- identifying individuals and families who have abandoned FGM/C (fully or abandoned pharaonic cutting) and exploring how these changes have occurred and the driving factors
- identifying where communities that have abandoned FGM/C (fully or abandoned pharaonic cutting) have been engaged in exchange and learning with others
- exploring change across communities and borders to understand their motivations and successes
- Assessing the impact of the snip/prick (sunnah cut) on the lives of girls and women. Community surveys often show that the majority of community members believe there is no harm caused by such cuts
- Assessing the extent to which human rights have been successfully integrated into dialogue whilst maintaining religious and cultural respect. Has there been resistance to a human rights approach? If so, to what extent and how has it been overcome?

Evaluation tools

A range of tools have been developed to support evaluation of FGM/C programming and advocacy. At the end of this document, there is a [self-assessment tool](#) that can be used to assess your own capacity and use of the UNICEF six elements as outlined above. In addition, the following tools are recommended for strengthening evaluation:

1. **Confidante tool** - This tool was designed by Population Council Kenya/ FGM Data Hub (19) for use by CBOs/ NGOs to track new or recent cases of FGM in order to assess the extent to which their interventions are contributing to reductions in the occurrence of FGM. <https://thegirlgeneration.org/wp-content/uploads/2024/12/Guidance-document-on-the-use-of-the-Confidante-tool-to-track-new.pdf>
2. **Girls and Boys Clubs Self-Administered Tool** - This tool was designed by Population Council Kenya/ FGM Data Hub (20) for use by CBOs/ NGOs to track the participation of the girls and boys in clubs. https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=1395&context=focus_sexual-health-repro-choice
3. **Guidance on the Use Of Opinion Polls And Vignettes to Measure Public Opinion, Attitudes and Behavioural Intentions Related to Female Genital Mutilation** - This tool was designed by Population Council Kenya/ FGM Data Hub (21) and intended to support CBOs/ NGOs to generate robust data on support for FGM/C abandonment, attitudes towards FGM/C, and intentions to perform FGM/C. https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=1363&context=focus_sexual-health-repro-choice
4. **Age at FGM tool** - The age at which female genital mutilation occurs is crucial for programmatic interventions given the decision-making structures behind the practice. This resource, developed by UNFPA (22), helps practitioners adapt interventions and evaluations to align with the age of cutting within a particular context. [https://www.unfpa.org/sites/default/files/resource-pdf/Age at FGM.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/Age%20at%20FGM.pdf)
5. **FGM Research Toolkit** - Participatory research methods empower and encourage participants to discuss complex and sensitive topics in engaging ways that can complement traditional research methods (23). In this Participatory Research Toolkit for Social Norms Measurement, developed by UNICEF (23), nine participatory tools are introduced and an explanation of what each of them measures is given. https://www.unicef.org/media/90816/file/FGM-Research-toolkit.pdf?trk=public_post_comment-text
6. **The Generation Dialogue Approach** - An approach to promoting dialogue about sensitive topics whilst respecting culture. Developed by GIZ (24), Generation Dialogue was first implemented in Guinea in 2021 and can initiate processes of social change in keeping with communities' sense of identity and pride. <https://health.bmz.de/toolkits/the-generation-dialogue-approach/>

Suggested citation:

Authors: Katy Newell-Jones and Shannon Thomson, Florence Edmondson (ed.)

Recommended citation: Orchid Project (2024) FGM/C in the Horn of Africa: Accelerating Change Available at https://www.fgmc.org/media/uploads/Region%20Research%20and%20Resources/HoA/accelerating_change.pdf

Cover photo: Young girls helping their mother in the house, Abdaal, Saaxxil, Somaliland, SOFHA

Acknowledgements

We would like to acknowledge the invaluable contributions of the Horn of Africa knowledge sharing dialogues advisory board and a special thanks to those who reviewed this resource and contributed their feedback:

Ifrah Ahmed and Leonie Kerins, Ifrah Foundation

Sahra Ahmed Koshin, Somali Gender Hub

Mohamed Yussuf, Rescomade

Yassir Mohamed, Silver Lining Kenya

Amal Ahmed, Somaliland Family Health Association (SOFHA)

Rukio Omar and Hayat Ismail, Belt of Somali Women

Ugbad Hashi, Network Against Female Genital Mutilation in Somaliland (NAFIS)

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Self-assessment tool

This self-assessment tool is designed to assist you and your colleagues in reviewing your context and your approach to programmes to promote the abandonment of FGM/C through the lens of UNICEF’s six elements of abandonment. [\[LINK TO EXCEL VERSION\]](#).

Section 1: Consider your context and make notes using the headings.

Section 2: When assessing your organisation against the Six Elements of Abandonment, look at the guiding questions relating to each element in turn, discuss them, make notes, then rate your organisation for each element.

Section 3: Look at the scores you have given your organisation, discuss your strengths and areas where you would like to see change. Agree your action plan for change. Repeat the process of self-assessment after six months or one year.

Section 1 - Understanding your context	
Government	
Legal/ policy situation	
Conflict and security	
Economic development	
Marginalisation / dominance of Somali ethnic people	
Religious diversity and dialogue on FGM/C	
What changes in relation to FGM/C has there been in the communities with which you work in the last 5 years?	
Change	Evidence
What are the key challenges you face now in relation to FGM/C?	
1.	
2.	
3.	

Section 2 - The Six Elements of Abandonment

Non-judgemental open dialogue

1. How does your organisation encourage non-judgemental open dialogue in the communities you work with?
2. What kinds of **organised open dialogue** events have taken place in the communities in which your organisation works? Who organises them? Who decides which topics are discussed?
3. What **actions** have come out of non-judgemental open dialogue in communities in which you work? What has been the impact of these?

Your comments

Rate your organisation on this element

Not aware (1)

Weak (2)

Moderate (3)

Strong (4)

Collective Choice

1. Who are the **key influencers on FGM/C** in the communities in which you work?
2. How does your organisation **promote collective choice** in relation to FGM/C?
3. What might **theologically-informed dialogue** look like in your context to help support collective choice?

Your comments

Rate your organisation on this element

Not aware (1)

Weak (2)

Moderate (3)

Strong (4)

Power through Human Rights

1. How are **human rights perceived** in the communities in which you work?
2. Have you **introduced a human rights** approach to abandoning FGM/C? If so, what kind of response did you have?
3. Who in your communities has **supported a human rights approach** and who has opposed it?
4. How could you **integrate human rights with a respect for culture and religion** in your context?

Your comments

Rate your organisation on this element

Not aware (1)

Weak (2)

Moderate (3)

Strong (4)

Enough people see change

1. When FGM/C is mentioned in the media or on social media in your community, **what is the balance of negative stories reporting the harm and damage caused by FGM/C and positive stories of change towards abandonment?** Does this balance reflect the reality?
2. When and where are **community members encouraged to talk about the positive change** in their community in relation to FGM/C? How can community members (leaders, women and girls, men and boys) be supported to share their experiences without fear of backlash or consequences?
3. How are changes in relation to FGM/C being **disseminated and celebrated** by your organisation? How can you support sharing of more positive stories of change?

Your comments

Rate your organisation on this element

Not aware (1)

Weak (2)

Moderate (3)

Strong (4)

Enabling environment

- 1. Who are the main **influencers in your community**? Which of these are involved in dialogue or actions promoting abandonment of FGM/C? Which are neutral and which are actively supporting FGM/C?
- 2. Are there any groups of influencers you have **not considered** before?
- 3. How has your organisation supported the **development of policies and guidance** to create an enabling environment for the abandonment of FGM/C?

Your comments

Rate your organisation on this element

Not aware (1)

Weak (2)

Moderate (3)

Strong (4)

Community exchange

1. In what ways is your organisation actively encouraging community members to engage others **in their community** in conversations and activities on FGM/C?
2. In what **informal ways** are community members being encouraged to reach out to people in **neighbouring communities** and talk about FGM/C?
3. What **organised activities** are taking place which involve one community communicating with **neighbouring communities** about the changes taking place in their community in relation to FGM/C?

Your comments

Rate your organisation on this element

Not aware (1)

Weak (2)

Moderate (3)

Strong (4)

Section 3 - Your organisation's Action Plan for change

Summarise the aspects you see your organisation as strongest

Summarise the aspects you see your organisation could benefit from strengthening

Priorities for action

- 1.
- 2.
- 3.

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