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OPPORTUNITIES AND CHALLENGES OF FEMALE GENITAL MUTILATION (FGM) SURVIVORS UTILIZING LEGAL, AND HEALTH PROTECTION SERVICES IN AFAR AND SOMALI REGIONS OF ETHIOPIA

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Abstract: Female genital mutilation (FGM) prevalence in Afar and Somali regions of Ethiopia is over 90% among pastoral communities. Given the effects FGM has on women, it is critical that survivors are rehabilitated and protected. However, rarely are the protection services adequate in rural pastoral communities in Ethiopia. As it stands, there lacks a strong empirical framework upon which the protection services can be advanced to survivors in the Afar and Somali regions. The objectives of this study were to investigate the opportunities and challenges FGM survivors encounter by utilizing legal and health protection services. The study used a Participatory Action Research design where participants were sampled purposively and some snowballed from Afar and Somali regions. Data was collected using in-depth interviews and group dialogues. Participants included legal, FGM, and health experts, community members and religious leaders. Data was analyzed using thematic analysis. The study found that utilizing legal and health protection services creates anti-FGM community conversation sessions, and informs survivors on anti-FGM law. Lack of autonomy, poor awareness and inaccessibility challenged cut girls' utilization of health and legal protection services. The study concludes that utilizing legal and health protection services makes survivors aware of the harms and myths/beliefs surrounding FGM. The study recommends that, the government of Ethiopia i) integrate the formal and customary FGM-related laws and coordinate their implementation at the community level to streamline FGM-survivor service delivery by health and legal protection centers. ii) Introduce protection training at school as a compulsory subject.

Keywords: ***Opportunities, challenges, Female Genital Mutilation, Survivors, Protection***

1.1 Study background

The United Nations (UN) indicates that around 200 million women and girls across the globe have gone through Female Genital Mutilation (FGM) and 80% of these cases are from Africa (UNICEF & Frontier*i* Consult, 2022). The African Union Commission (2022) rates Ethiopia, Benin, Egypt, Sudan, and Somalia as the African countries with the highest FGM prevalence rates in the world. Over and above, the commission indicates that over 50 million girls in the continent are at risk of facing the cut.
Approximately 25 million Ethiopian women and girls have undergone FGM, and 65% of them are between 15 and 49 years old (CSA & ICF, 2016). This high prevalence rate is unacceptable by international standards. Noteworthy, Ethiopia has taken measures to mitigate this issue by implementing programmatic and strategic approaches including the national roadmap aimed to eradicate child marriage and FGM by 2025 under the leadership of the Ethiopian government, supported by UNFPA, UNICEF, and other partners (MoWCY, 2019). A similar 5-year programme is undertaken by UNICEF in partnership with the Government of Canada to eradicate FGM by 2024. The focus of these programmes is to stop FGM by empowering girls, and women through equipping them with life skills, inculcating in communities Social and Behavior Change Communication, offering preventive and protective health services, offering legal support, and providing evidentiary data for decision-making (UNICEF & Frontier*i* Consult, 2022). These programmes have attempted to eliminate or lower the rates of FGM although at a slow rate.

Statistics that over 25 million Ethiopians have undergone FGM is worrying. Sadly, some of the cut women end up losing their lives while some live with the scar of the cut forever. Majority of cut women end up living as survivors and are forever tormented by the effects of the cut. The high prevalence rate coupled with the slow reduction of FGM in the country means that the survivor burden is high. As such, there are over 25 million survivors who must be attended to and offered the right support to minimize the effect of FGM scars in their lives. This paper aims to reveal the opportunities and challenges the survivors face in utilizing the legal and health services offered to them.

1.2 Statement of the problem

FGM prevalence in Ethiopia is very high in Afar and Somali regions where the communities are predominantly pastoralists (CSA, 2016). Through FGM, there is widespread abuse of human rights bearing in mind its negative emotional, psychological, and physical effects. In reaction, the Government of Ethiopia, singly or in collaboration with other partners, has initiated interventions aimed at minimizing and eventually stopping FGM. However, these interventions have not resulted in the expected outcomes as the prevalence-reduction pace is sluggish. The high prevalence rates and the slow reduction pace means that the number of women survivors of the cut in these regions is very high. Given the effects FGM has on women, it is critical that these survivors are rehabilitated and protected without which they will wallow in suffering the effects and some are likely to be absorbed into perpetrating FGM practice in their lifetime. Rehabilitation and protection services would be critical to FGM survivors' well-being as well as contribute to the eradication of FGM through survivor advocacy. However, rarely are the protection services available or adequate among the rural dwelling pastoral communities as most of the rural areas where FGM is rampant are unreached. As it stands, there lacks a strong empirical framework upon which the protection services can be advanced to survivors in the Afar and Somali regions which is the gap this study aims to address by identifying the opportunities and challenges the survivors are likely to draw from the protection services.

1.3 Study objectives

The study was guided by the following research objectives.

i) To determine the opportunities for FGM survivors' access by utilizing legal and health protection services in Ethiopia.
ii) To examine the challenges of FGM survivors utilizing legal, and health protection services in Ethiopia.

1.4 Justification

In Ethiopia, 60 percent of all arid and semi-arid land is used by pastoral communities (PC) which make up 14 to 18 percent of the total population (Oromia Pastoralist Association-OPA, 2020). Afar has the second-highest prevalence of FGM in Ethiopia and, 90% of the population are rural dwellers and pastoralists (CSA & ICF, 2016). Somali, the country's second-largest region has a population of 6 million, 99% FGM prevalence, 90% of its people live in rural areas and are predominantly pastoralists (UNICEF, 2019; CSA, 2021). As such, the PCs have high numbers of FGM survivors living amongst them; many of whom, due to lack of awareness or involvement in fighting FGM, are promoters and perpetrators of the vice. Additionally, all the PCs have weak and sparse social services such as health, education, and protection. Their regions also lack or have poorly maintained basic infrastructure like roads, transportation, and communication services which challenge government and non-government organizations to penetrate survivor protection services to the areas. As such, PCs remain to be one of the marginalized groups in Ethiopia, particularly in survivor protection (Desta, 2006). This is unacceptable as it denies the survivors the chance to benefit from the opportunities and synergies of utilizing protection measures hence excluding them from contributing to the eradication of FGM which increases FGM prevalence among PCs and slows the country's efforts of attaining an FGM-free Ethiopia by 2030.

1.5 Theoretical Framework

This study applied resilience theory to explain the concept of survivorship coping in FGM issues. Resilience theory holds that how people deal with adversities in their lives is of greater significance than the adversities themselves. The theory assumes that in one's life, adversities are bound to happen hence focusing people's attention on how they come out of the adversities rather than on the adversity itself (Yates *et al*., 2015). Resilience is packaged as the energy that helps people bounce back after being faced with challenging situations in life. As such, this theory is critical in explaining how FGM victims survive the ordeal to become changed people "survivors" rather than succumb to the effects as victims. Lacomba-Trejo *et al*. (2022) explains that high-resilient people are likely to have good overall well-being than low-resilient people. Thus, this theory does not only allow the explanation of why some women come out of FGM as victors over others but will also be crucial in encouraging the community and non-resilient survivors to be resilient in order to improve their well-being. This will form a good basis upon which to utilize the protection services offered to survivors as these services aim to help survivors become more resilient. Resilience is an emotional reaction that must be built over time meaning that one should cultivate and nurture it as a coping mechanism (Catabay *et al*., 2019). One of the limitations of this theory is its instability across individuals and situations–in one situation an individual could be more resilient than in another; similarly, some individuals could be more resilient than others in similar situations. However, to develop and grow resilience, individuals should combine inner strength and resources from the external environment (Southwick *et al*., 2014). This presents resilience as a non-static reaction to stimuli. Thus, non-resilient survivors should not be condemned but supported to build their resilience.

1.6 Literature Review

The perpetration of FGM is justified on misguided cultural beliefs against the basic human rights of women. FGM is undertaken for socio-cultural fulfillment and is mainly perpetuated by factors like poverty, rural dwellership, lack of awareness, living with an older woman, false belief that cut girls are better for marriage, the misinformed belief that religion demands girls to be cut, and weak enforcement of anti-FGM laws (UNICEF & Frontier*i* Consult, 2022). Critical to note is that the justifications for FGM are misguided and that the negative effects are weightier than the perceived benefits. The practice undermines the rights of women and poses to them heavy short and long-term health issues. According to the WHO (2022), short-term complications include pain during the cutting and healing, hemorrhage, shock, genital swelling and infections, urination problems, and death arising from severe blood loss or infections. Long-term complications include pain associated with damaged genital tissues, chronic infections since the practice of FGM is often done in unsafe and unhygienic conditions, vaginal complications, painful urination, menstruation or pain during intercourse, formation of excessive scar tissue, obstetric fistula, childbirth complications, growth of keloids (excessive scar tissue), risk of contracting HIV, unhealthy sexual lifestyle, and mental health issues.

FGM is looked at as an act through which men exert their masculinity towards women. However, the impact of the cut is not something many men should be proud of yet many girls in Africa undergo the cut. With the increased number of survivors across the continent, survivor protection has, in recent days, proved an important approach to helping survivors cope with effects of the cut (Baillot *et al*., 2018; UNICEF, 2023). The major reasons for practicing FGM in Ethiopia are to meet social expectations determined by culture and tradition, to manage women's sexual appetites while preserving their virginity, and to preserve them for marriage (Mehari *et al*., 2020).

FGM Survivor protection is founded on two themes: access to healthcare and related support and sustainability of the survivor protection support. In terms of accessibility, survivors should be offered appropriate mental and physical health support including surgery if need be. Sustainability of the protection would require that the survivor gets continuous support until they attain stability as well as identifying and prosecuting FGM perpetrators to deter continuity. Community conversation sessions for behaviour change have been found as one of the ways through which intervention organisations protect survivors and thrive best when done in partnership with community members. Community conversation sessions inform survivors of the relevant health support they need and where they can get it. In other instances where the circumcisers are targeted, the conversation sessions are accompanied by incentives that can entertain change of behaviour so as to detour their focus from FGM. Many such interventions are economical in nature and intended to offer an alternative economic activity for circumcisers (Baillot *et al*., 2018).

Protection experts play a big role in offering professional help to survivors to cope with the effects of FGM. These experts include healthcare practitioners, psychiatrists, midwives, and general practitioners. The main awareness-raising points were at the maternity area and in school curricula where survival messages for victims were shared. On prosecution, a victim-centred approach to prosecuting FGM perpetrators is considered effective in tying the mistake to punishment. However, the reviewed studies showed that having a strong legal framework against FGM and strong enforcement underpinned the achievement of these prosecutions (Costello *et al*., 2015; Baillot *et al*., 2018). Baillot *et al*. (2018) revealed that the main entry point to supporting FGM survivors is offering them healthcare services. Many FGM survivors only engaged in health services when pregnant, but this should not be the case as they should be able to access other health services other than ante-natal and

post-natal care since FGM leaves them with many complications. One of the hurdles to accessing health services was survivor reluctance due to fear of being known as a cut woman or the fear of discomfort associated with cut complications. Although reconstructive surgery was considered good for survivors' deformed genitalia, access to this care was average as those who feared it and those who supported it are equally distributed.

1.7 Methodology/Materials

The study used Participatory Action Research (PAR) design that allowed researchers and respondents to equally engage in the research design and execution (Kindon *et al.*, 2007). The design allowed the researcher to focus on the analysis of human interactions and collection of data on the lived experiences and gave room to mix several data collection methods while applying different sources of information to offer the advantage of diverse perspectives out of which resultant data would be blended in order to achieve robust findings. Since FGM is rooted in people's culture, religion, and norms and given its effects on women and girls, it is a complex issue that requires a matching approach to understanding it hence the use of PAR.

The study was conducted in the Afar and Somali regions of Ethiopia which have high population in rural areas, are predominantly inhabited by pastoralists, and have some of the highest prevalence of FGM. FGM is common among women aged 15-19 years compared to other age categories and 89.5% are circumcised before age five (UNICEF, 2019a). The rate of decline of FGM in these regions is very slow despite various interventions being undertaken. Infrastructure is also poor hence challenging accessibility.

The two regions are organized into zones which are then split into Woreda and Woredas are split into Kebeles. Participants were chosen from the regional level, the Woreda level, and the Kebele level. The chosen zones, Woredas and Kebeles were safe to conduct research activities, had high prevalence rates of FGM, and had the majority of people as rural-dwelling pastoralists and were in the vicinity of FGM intervention programmes. Five zones met these criteria (three from Somali, and two from Afar) out of which 7 Woredas were chosen (four from Somali and three from Afar and 14 Kebeles were chosen (two from each Woreda chosen). The Woreda administrators helped in identifying the studied Kebeles. Data was collected from FGM programmes, and community members in the two regions including Women and from Social Affairs officers, experts from justice bureaus, education, and health, NGOs, police, clan, and religious leaders, cut and uncut women, and boys and adult men were included in the study. Group dialogue (GD) and In-depth interviews (IDI) were used to collect data. In the group dialogues, card sorting was used to identify topics of significance to the researcher and respondents while storytelling was used by survivors and other community members to explain their plight. Group Dialogues were held at the regional (one from Afar and one from Somali), Woreda level (one from each of the seven Woredas), and Kebele level (one from each Kebele). Each GD had 5 respondents at the regional level, 8 at the Woreda level, and 9 at the Kebele level all chosen purposively. Women (cut and uncut) and religious leaders were interviewed using IDIs and respondents were chosen using snowball technique. Collected data were coded using the themes identified in the study objectives and analyzed using a thematic analysis method complemented by qualitative analysis from ATLAS ti.

1.8 Data analysis and interpretation

Opportunities for FGM survivors utilizing protection services

Community conversation and awareness

The study found that utilizing legal and health protection services created anti-FGM community conversation sessions similar to the finding by Baillot *et al*. (2018). Participants revealed that by patronising the health and legal protection services, the harms of FGM and the beliefs held towards cut and uncut girls were demystified. Enrolled survivors were educated on the effects and complications of FGM such as pain, excessive bleeding, swelling, problems of wound healing, urinary retention, back pain, prolonged labour, post-partum bleeding, stillbirth, and death of mothers, and how to deal with these effects. Further, the study revealed that the argument that uncut girls would engage in extramarital affairs was unfounded and that men who divorce uncut girls are the problem and need awareness that uncut girls still have all that is needed to be married. While appreciating the power of women exposed to community conversation, a mother of a cut girl from Asayita said:

> "*We did not get much education and did not know the consequences of FGM on the health of our daughters [before]…. Now women are getting education and they know everything about FGM,"* (WRS21, 2023).

The study revealed that patronizing legal protection services, caused the survivors to be informed on the provisions of FGM-related laws that were broken by cutting women. Some of the villagers were unaware that FGM was illegal and their access to legal protection informed them otherwise. It was revealed that FGM is against laws that promote human rights, healthy lifestyles, and child abuse laws that prohibit acts like child marriage and violence against children. This made the survivors aware of the illegal effects of FGM and as a result, elevated some survivors to join the anti-FGM crusade. The study also revealed that those who practised FGM in secrecy were aware of its harms and were doing it secretly to conceal it from authorities. A participant said in part:

> *"…some community members might know that FGM is punishable by law and that is why it (FGM) is done secretly,"* (MRHE4, 2023).

Thus, participants were encouraged to talk about any search secret cuttings. This secrecy of FGM exposed the problem of enforcement (Thomson Reuters Foundation, 2018).

Fights gender inequality

The study found that accessing health and legal protection services enabled survivors to be exposed to gender equality empowerment which gives women a say in matters to do with their bodies. One interviewee volunteering at one protection centre indicated that:

> "*All girls consuming the services in this centre are educated on their rights about their bodies. They are well informed than the girls of yester-years who were less empowered,"* (WRHE1, 2023).

Although FGM was practiced to deter women from being sexually self-aware, survivors had learned that it was an unacceptable practice because women had the right to make decisions about their bodies: they should ask for sex if they wish as long as they are mature enough to make such decisions and are acting within the law. This finding shows that the imbalances of FGM (Baillot *et al*., 2018; UNICEF, 2023) are being overcome by protection support. In this finding, resilience theory is evident— the community implements the cut with an intention of enabling women to cope with sexual desires. However, this coping mechanism is against human rights hence there is a need for a better coping mechanism whose adoption will help fight FGM.

The arrest of FGM perpetrators

The study found that through the legal protection services, survivors and their kin were able to report instances of FGM perpetration (particularly those done in secrecy) upon which arrests were made and prosecution or punishment initiated in tandem with Costello *et al*.'s (2015) findings. One cut girl gave an instance of a report that led to the arrest and charging of traditional healers and parents of circumcised girls. Out of the awareness raised on anti-FGM practices, survivors felt obligated to report cases that would help those uncut in their communities which is another indicator of the legal protection services at play. The legal protection services also attracted community members willing to investigate and inform the authorities of any secretive FGM cases taking place in the communities. For instance, an adult woman participant confessed that out of her working as a spy on perpetration of FGM, she had encountered many community members willing to report this misconduct for action to be taken. However, this reporting was on a small scale as the study found that the reporting was not in all communities; in some communities the practice of FGM went on undetected.

Challenges FGM survivors face when utilizing protection services

Lack of Independence

Participants indicated that mothers were the primary decision-makers for their girls and played a big role in determining whether the girls would be cut or not. As such, cut girls had no autonomy in accessing or utilizing protection services without the consent of their mothers. Mothers played a role in influencing these girls not to access health and legal help hence challenging the survivor's access to protection measures that would make their lives better. This finding shows the subjugation of girls' rights as indicated by UNICEF and Frontier*i* Consult (2022). This is a situation where the mothers failed to provide a conducive environment for the survivors to access services that would make them resilient.

Poor awareness, education, and goodwill toward the law

Poor awareness of the laws of the land challenged survivors' utility of legal protection services. Less informed survivors and community members were not aware of the value of adherence to the law and hence paid little attention to the legal protection services. Although Ethiopia has a formal legal framework in place to combat FGM (Thomson Reuters Foundation, 2018), the study found that customary law was more recognizable and adhered to compared to formal law, yet the customary law was interpreted to indicate support for FGM. A participant argued that:

> "…*there is no customary law prohibiting the practice of FGM, rather customary law supports the continuation of FGM, in the form of Sunnah*" (WRPE4, 2023).

The propagation of this customary law promoted the practice of FGM hence denying survivors access to anti-FGM laws offered by legal protection service providers. This disagrees with Thomson Reuters Foundation (2018) which indicated that the country applied customary and formal law in equal measure.

Moreover, the study found that, through the protection centers, it was a misunderstanding for people to think that *Sunnah* circumcision was allowed. However, it was sad that government's legal protection centers were not taking steps to address this challenge. In line with this, a participant stated:

> "*I know there are no strong law enforcement agencies that take serious legal action towards those practicing FGM with Sunnah backing*," (MRJBE 2, 2023).

This concurs with Thomson Reuters Foundation (2018). Lack of education was also a challenge as many of the community members shunned patronizing protection services because they were less educated or aware of the significance of the services. Without education, survivors could not change

their behavior toward patronizing the protection services (Baillot *et al*., 2018). This not only denied survivors the advantage of benefiting from the protection service providers but also encouraged the progression of FGM activities.

The study also found that there lacked goodwill from the community to implement anti-FGM laws challenging survivor utilization of protection services viewed as traditional. This caused a lack of community surveillance to track the practice of FGM. As such, there was an enforcement challenge (Costello *et al*., 2015). Women discussants pointed out that there was no coordinated effort for the enforcement of formal and customary laws. Participants from Semera suggested the need for integrating and coordinating formal and customary laws at the community level since this coordination was lacking. This would encourage parents to bring their daughters to the attention of protection service providers.

Strong culture/traditions

Participants presented that it was difficult to abandon a cultural practice (FGM) that had been passed on from their ancestors and that this affected their utilizing protection services. As a result of the strong culture, the Ethiopian government had given significant recognition to cultural structures and leaders to the extent that disputes were to be resolved at the community level before they are formalised in a court of law (if need be). This allowed the continuation of cultures (like FGM) that were communally acceptable—whose opposers were calmed by the traditional dispute resolution or intimidation to deter reporting to authorities. Such strong cultural inclinations also limited access to protection centres and awareness creation on protection services thus challenging the survivors' continued utilization of the services.

Accessibility barriers

Accessibility was one of the most mentioned challenges that hindered FGM survivors from utilizing protection services. Many survivors failed to utilize the protection services as required because they could not access the protection centers. For instance, in the Somali region, poor coordination of FGM-related protection service providers, limited cooperation between all the service providers, inaccessibility of the services to the rural communities, shortages/lack of medicines to improve the health of survivors/victims, and the negligence of government bodies are some of the barriers in accessing and seeking FGM-related protection services. Some of these barriers are mentioned in the literature (Baillot *et al*., 2018). The majority of rural dwelling communities had members who experienced greater difficulty in accessing legal and health services pertaining to FGM issues. One of the participants said:

> "…*My daughter has never attended either health facilities or legal institutions for FGM-related issues because they are far. Maybe she can attend if these facilities are closer*," (WRS14, 2023).

The absence of legal protection for health professionals, low awareness of girls/parents in PCs about the availability and accessibility of health services (facilities), and shortages/lack of medicines and medical equipment in the health facilities, were additional barriers mentioned.

In some places of the Afar region, **t**hough protection and health services were available, the majority of the community members were not aware of the use of these services. As such, there was low service utilization among communities residing in rural areas. Additionally, women respondents said that they are interested in taking their FGM surviving daughters to health and protection service providers although there seem to be misunderstandings about the correct services to receive.

Intimidation and shame

Participants indicated that many of the workers in protection services centers were often mistreated and threatened so as not to continue their anti-FGM services. Those who succumbed to the intimidations closed their centers or operated in fear and secrecy which challenged the reach of many survivors. One of the participants reported:

> "*it's challenging unless the service provider has legal protection*. *Sometimes the service providers are beaten by people who are benefiting from the FGM practice,"* (MRJBE6, 2023).

The group therefore strongly indicated the necessity of availing police protection for the workers at protection centers. The resilience theory can come into play here since the workers need more resilience in order to overcome the challenges, they face in offering protection services. Additionally, some women fail to seek health protection services due to shame. An expert from Amibara remarked:

> "*From the community side, most girls are ashamed to come to the health post immediately after FGM which exposes them to different health complications like fistula,"* (WRHE6, 2023).

The other challenges are shortages/lack of medical supplies and medicines at the health post level."

1.9 Conclusion

Opportunities

By utilizing the legal and health protection services, FGM survivors are made aware of the harms of FGM, the myths/beliefs surrounding uncut women, legal provisions on FGM, and why FGM should be discontinued for the betterment of women hence positioning them to be champions against the vice. Accessing health and legal protection services exposes survivors to gender equality empowerment where women are encouraged to make decisions about their bodies. The utilization of legal protection services enables survivors and their kin to report instances of FGM perpetration upon which arrests are made. However, due to the cultural heritage of FGM, the reported cases are few and only involve a few communities. Legal and health protection services promote follow-up and surveillance of communities to ensure survivors and other community members lead healthy lifestyles and support anti-FGM practices.

Challenges

Lack of awareness of FGM-related laws compromises survivors' ability to utilize protection services. There is a misunderstanding of what the FGM law says about survivor protection and the place of customary laws in relation to ending FGM. Additionally, the legal and health awareness services increase FGM awareness in communities hence prompting perpetrators to continue FGM practice in concealment. FGM survivors whose decision–maker mothers are against FGM have no access to protection services without the mothers' consent. This denies the survivors chance to benefit from the protection measures.

Having a strong connection to culture/tradition, inadequate education and awareness on protection services, lack of goodwill on anti-FGM activities, poor coordination of FGM-related protection service providers, poor cooperation between service providers, inaccessibility of protection services to rural communities, shortages/lack of medicines to improve the health of survivors, community unwillingness to access the protection services, and government negligence and poor commitment towards supporting protection services challenge survivor utilization of protection services. The

absence of legal protection for health professionals and intimidation from pro-FGM community members challenged the provision of protection services which in turn challenged utilization.

1.10 Recommendations

There is a need for the government of Ethiopia to integrate formal FGM-related and customary laws and coordinate their implementation at the community level to streamline FGM-survivor service delivery by legal protection centers. Government should also enhance anti-FGM law implementation and enforcement and enhance punishment for all lawbreakers. The government of Ethiopia should enhance awareness creation on the functions and importance of protection centers, build infrastructure that will make access to these centers feasible, decentralize some of the protection centers to rural areas near the people, stock protection centers with necessary supplies and resources and arrest and prosecute any persons intimidating workers at protection centers. This will enhance the utilization of protection services. Awareness creation can be enhanced by incorporating the impacts of FGM and the functions of protection centers into school curricula and holding community sensitizations and awareness forums.

To deal with the issue of survivors having to ask for permission from their mothers in order to utilize protection services, Ethiopian government should introduce protection training as a compulsory subject in schools. Similarly, the government can partner with religious leaders and mass media to offer awareness. The government and other partners against FGM should partner to develop a mobile application that can be used to broadcast protection messages to people. This will ensure privacy as well as limit the need to physically access a protection center.

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