



TOGETHER TO END FGM

THE GIRL GENERATION

Do No Harm Guidance Note

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THE CONTEXT

This guidance note has been produced by The Girl Generation, a communications programme which aims to galvanise a global movement to end Female Genital Mutilation (FGM). The guidance covers The Girl Generation's own activities, and is shared freely with and promoted among its partners, who may find it useful or thought-provoking in the context of their own work.

For more information on The Girl Generation, see www.thegirlgeneration.org.

1. Do No Harm in the Context of FGM

“FGM is a sensitive, taboo and sometimes highly political and perceived religious issue that goes to the heart of gender identity and gender relations. Insensitive approaches and implementation could risk driving the practice underground, undermining existing efforts to end the practice, contributing to a backlash, adding to other political/conflict tensions, etc.”

‘Do No Harm’ (DNH) is an ethical principle underpinning much research and health and social programming. It means that those undertaking research and/or intervention should not, intentionally or otherwise, cause harm. There is a risk of social change interventions inadvertently creating societal divisions, particularly in contexts of conflict and fragility. Negative effects are often unforeseen and unintended.

FGM is at the core of the control of girls’ and women’s sexuality in FGM-practising communities. In the case of FGM, harm can arise as a result the actions of well-meaning individuals and organisations, who want to do something to address FGM but have limited understanding of the complexity and the sensitivities around FGM. The types of harm that should be avoided include:

- Reinforcing support for the practice of FGM
- Cultural insensitivity evoking backlash and denial which could set back efforts to end FGM
- Undermining local efforts and leadership to end FGM by reinventing the wheel rather than building on existing work
- Fragmenting efforts or causing divisions among actors working to end FGM
- Rigid donor-led approaches which may be out of sync with local realities
- Putting activists, survivors, young people or other potentially vulnerable people at risk
- Stigmatising or causing emotional distress to those who have undergone FGM
- Replacing the most severe forms of FGM with so-called minor forms
- Increasing corruption

In the context of efforts to end FGM, and the nature of the global movement in particular, the realisation of the principle of Do No Harm is complex. We recognise that some form of backlash, particularly from social and religious conservatives, is unavoidable when social change results in shifting power dynamics. For any social change to happen, some people will lose out in terms of power, influence or economic resources. We see some forms of backlash as being a sign that positive change is occurring, and backlash or protests against change can pose a positive opportunity to discuss the issue more openly, engage in dialogue, and move towards conflict resolution.

An example is a recent protest by Maasai women to have Kenya’s anti-FGM laws repealed following an arrest of a local chief who had organised the cutting of a little girl. The backlash helped to bring various issues into the open and enabled them to be addressed to a certain degree. After dialogue and

consultations, the women changed their position. They now agree that promoting education for girls is better than FGM.¹

In some situations, some types of harm will be unavoidable to some people (e.g. the abandonment of FGM will lead to loss of income and status for those who perform the practice or those who preside over FGM; some women who have undergone FGM and men from FGM practising communities may be angered by calls for change (particularly if they are perceived to be from external actors)). Putting this in a historical context of western colonisation of the south, the people affected may perceive any criticism of FGM as cultural imperialism. In rebutting such claims supporting FGM as culture, the issue of credibility of those responding is crucial.

It is important to avoid unnecessary (non-productive) backlash that actively sets the movement for change back, e.g. that which alienates or discourages those who would otherwise have supported an end to FGM (e.g. conservative parents, men), or that which politicises FGM even further. Examples of the types of intervention that can lead to non-productive backlash include:

- Simplistic media exposé of FGM, which is sensational and demeaning to girls and women who have undergone FGM (e.g. focus on graphic images on mutilation and screaming of girls)
- Criticism of the culture as a whole instead of the practice
- Use of terms like 'barbaric' and 'savage' in relation to the 'other' (those practicing FGM)
- Lack of authenticity of messengers becoming the public face of campaigns
- Poor messaging on health consequences of FGM whereby Type III FGM complications are assigned to Type I, Type II and some aspects of Type IV
- Inability to translate international human rights law on FGM into convincing local messages that make sense to the grassroots
- Blaming one religion or ethnic group for FGM
- Strident or aggressive messaging focusing on women's rights and sexual freedoms which may alienate some social conservatives who otherwise might support an end to FGM
- Blaming all men as responsible for FGM
- Inflexibility on the use of terminology of FGM
- Using FGM to attract political votes, drive organisational membership and funding for other issues not necessarily connected to FGM
- Lack of transparency and accountability in the use of FGM funds

It is important to note that the role of The Girl Generation is catalytic, and once the programme has been launched, it will be virtually impossible to control all of the activities that take place under its banner. We cannot control the communications approaches of all supporters, but programme platforms will promote responsible and ethical use of imagery and language.

2. Do No Harm Approach

Analysis, risk assessment (sensitive to political and cultural context), identification, monitoring and mitigation strategies will be applied at all stages of the programme cycle. We will draw up questions for work in focal countries. These include:

- *How might key actors potentially perceive x?*
- *Who might be harmed by x? (Including emotional harm)*
- *What political impact might x have? (Political economic analysis)*

¹ Sarro S, and Odhiambo F, 2014. School can make girls into women, not FGM., New Internationalist 1973-2014. Available at <http://newint.org/blog/2014/08/13/maasai-women-fgm>. Accessed on 15 September 2014

- *Does x meet our key guiding principles?*
- If any potential harm has been identified:*
 - *Do we need to revise the approach?*
 - *What risk mitigation strategies do we need to put in place? What needs to be prepared in advance?*
 - *Does the balance of benefits outweigh the risks? How/why?*

All brand and message development will be aligned to our Do No Harm approach. The approach will be incorporated into a quality assurance process for all programme outputs (e.g. field testing and peer review where appropriate, ensuring outputs are evidence-based, accurate, appropriate and sensitive).

We will operate a robust monitoring mechanism across focal countries and in relation to the programme activities, to rapidly identify and respond to negative unintended consequences, and revise our strategic approach where necessary. This will be supported by the Strategic Advisory Group.

Central to our Do No Harm strategy is reframing the discourse around FGM to maximise positive impact and minimise opposition (e.g. celebrating positive change, valuing and empowering women and girls, focusing on solution-based and practical action where everyone can play their part). This is in contrast to former approaches which focused narrowly on the negative health consequences of FGM or the suffering of the girl child.

This guidance has been developed to ensure that the principle of Do No Harm is systematically applied, in order to control and mitigate potential harm. It outlines guiding principles, recognising that in different situations, a degree of judgement will be required, and expert, local or external advice may need to be sought.

3. Some Examples to illustrate the 'Do No Harm' Strategy

- The politicisation of FGM has been reported by a number of stakeholders. Right-wing Islamic fundamentalist politicians, largely from the north of Sudan, are increasingly using FGM as a flagship issue for their movement. When the Muslim Brotherhood came to power in Egypt, one of the first things they did (unsuccessfully) was try to alter the legislation on FGM to make it legal to choose to have it done from the age of 10.
- Following Arabic Islamic scholars being invited to Mali to debate the issue of FGM on air, Malian religious leaders rallied to promote and protect FGM. Islamic Fundamentalist and conservative religious leaders in focal countries such as Mali, The Gambia, and Somalia (except for Puntland) may respond to FGM campaigns by advising or issuing a fatwa that followers carry out FGM, quoting hadiths to support this.
- There is a growing anti-western sentiment amongst some Africa intellectuals, e.g. Dr. Fuumbai Ahmadu, who sees western discourses round FGM as part of cultural imperialism and racism, comparing FGM to western cosmetic surgery, which the West is silent about.

4. Areas of Potential Harm and Guidance

The following guidelines have been developed to ensure that the principle of Do No Harm is systematically applied, in order to control and mitigate potential harm.

Area of Potential Harm	Do No Harm Guidance
<p>Reinforcing the practice: communications and messages designed by external actors, which communicate judgemental or inappropriately framed arguments, can result in a negative backlash that reinforces the practice of FGM as a symbol of cultural identity and resistance to outside forces of change. Although the life-long health implications are very important, communications emphasising only the health consequences or ‘barbaric’ way in which it is carried out risk promoting medicalisation rather than abandonment.</p>	<ul style="list-style-type: none"> • Change must be led from within (Africa-led), and should be informed by knowledge. • Avoid approaches that could be interpreted as western imperialism, underhand tactics, scaremongering or insulting to local sensitivities. • On the other extreme, over-simplification of the issue and patronising approaches do not have impact but reinforce stereotypes and perceptions of Africans as children who are mutilating girls out of ignorance and can be cajoled out of it with superficial programmes. • Westerners involved in the campaign must adjust their profile according to the context (e.g. should not have a high profile at national events, or in local media, and should not be seen as fronting the campaign but working in partnership and supporting local action). • Careful selection of ambassadors/public figures to represent the programme. To understand the local political context and make sure that public figures used in the campaign are accepted by community members. • Careful explanation of why the British government is supporting this work (coming behind and supporting the Africa leadership).
<p>Compromising the dignity of human subjects/human rights (visuals): However well intended, showing video-footage and photo-images of child abuse can be seen as a form of re-abusing that child. Children cannot consent to such footage being shown. This also isolates FGM from other forms of gender-based violence (which do not tend to use such tactics). Watching child abuse and torture can be shocking, disturbing and potentially traumatise audiences. Viewing torture is classified as a form of torture. It can create flashbacks for survivors and is ineffective for audience engagement (people turn away in horror or denial). When communities themselves see such footage, they feel their dignity is stripped as they feel implicated. Such footage gives only one view of how FGM is practiced - when in fact, it also takes place in clinical conditions with anaesthetic. For these reasons, The Girl Generation will avoid using such approaches.</p>	<ul style="list-style-type: none"> • We will not use imagery in the public domain which compromises the dignity or privacy of human subjects, e.g. graphic photos and videos of girls undergoing the procedure, or photos that directly suggest the procedure (pools of blood on the floor, bloodied razors). • Exceptions: closed spaces with no minors, e.g. for the purposes of training professionals or key decision and policy makers where the graphic nature/content is disclosed in advance, to allow people to leave if they do not wish to see the content.

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<p>Compromising the dignity of human subjects/human rights: negative terms can reinforce racism and discrimination in the diaspora. People do not feel the terms apply to them if they are practicing a medicalised form of FGM.</p>	<ul style="list-style-type: none"> • We will not use language which compromises the dignity or privacy of human subjects and culture, e.g. barbaric, uncivilised. A language and messaging guide will be developed which will provide more details. • We will not use language or images that suggest that girls and women who have undergone FGM are 'spoiled' or otherwise stigmatised.
<p>Inaccurate or incomplete information and evidence: Factual errors or facts which cannot be backed up with evidence opens the campaign up to criticisms from opponents e.g. 'oh no, this does not happen in Nigeria, they are peddling lies about us'. In addition, it weakens the credibility of the campaign (lack of professionalism).</p>	<ul style="list-style-type: none"> • All materials for external publication will be checked and fully referenced by the MEL coordinator, against agreed data sources (e.g. UN publications, peer reviewed journals). • We cannot control all the factual outputs of members/partners, but will create country fact-sheets to encourage use of accurate evidence. • All communications approaches will be informed by the best available evidence about effectiveness (e.g. we will not promote alternative income generation for cutters, which has been shown to be ineffective and to potentially cause harm).
<p>Vulnerable people: Some of the particular risks and vulnerabilities relating to working with women and girls at risk of, or affected by FGM (including awareness raising communications):</p> <p>Women who have had FGM may:</p> <ul style="list-style-type: none"> • Not correctly understand the type of FGM that they have experienced, and be shocked and traumatised when they realise this (especially if they have more severe forms). • Not link or understand other symptoms that they are experiencing with FGM (e.g. recurrent urinary tract infections, or mental health issues). • Have very little access to services that may help them, or know what those may be (for example, clinical services (such as deinfibulation), or mental health support services). • Have few sources of social support where their experiences of FGM can be discussed in a safe way. • May be experiencing other forms of abuse (e.g. domestic violence). • May be coming under pressure to have FGM committed on their own child. 	<ul style="list-style-type: none"> • Where appropriate and possible, mobilising appropriate protection mechanisms. • Risk assessments included in all national and local strategizing (e.g. when developing the national campaign strategy), including locally appropriate child protection guidelines and referral links. • Outline child protection obligations of core team, consultants and consortium members in different contexts. • Guidance will be provided for staff working with survivors of FGM and other potentially vulnerable people, e.g. Individual minors or other vulnerable people will not be identifiable in mass media contexts, unless in exceptional circumstances where appropriate safeguarding and support mechanisms have been put in place. • Provide guidelines/due diligence for recruiting/working with survivors and other potentially vulnerable people, e.g. not putting vulnerable people, minors, people at immediate risk, etc. in the spotlight; developing different appropriate levels of engagement for survivors; developing a checklist of systems that need to be in place before launching a survivor-led campaign (e.g. group/counselling support, information sheet with link to support services, links to police). This will be context-specific, as this may not be available in many contexts.

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<ul style="list-style-type: none"> • May be in contact with girl children who are at risk of FGM (their own child, or others within their household). <p>Young women and Girls at risk of FGM may:</p> <ul style="list-style-type: none"> • Be forced to undergo FGM at marriage. • Be too young (e.g. when performed on babies or not fully aware of FGM/C, or be able to spot signs of risk). • Have few sources of social support where they can discuss FGM in a safe way. • Have low awareness of who they can approach if they feel that they are at risk. • Not be clear about how they can be protected from FGM, if this is a risk.² 	<ul style="list-style-type: none"> • Concrete ways of ensuring survivor empowerment as a key consideration at every stage of the process.
<p>Cultural imperialism: Anti-FGM initiatives seen as a threat to cultural traditions/sovereignty. Human rights approaches seen as neo-colonial. As a document from the UNFPA notes: “People with no education do not respond to the idea of human rights. They think it is a reflection of Western values, not African values.” Externally imposed messaging, priorities, or pace of change can set the campaign back.</p>	<ul style="list-style-type: none"> • Focus on strengthening the civil society foundation for the campaign – bringing together unified local voices. A broad-based civil society foundation will own and drive the national campaign, and will be able to respond to its critics. • Consultation, participation, and a bottom-up approach will guide our work at all levels. Participatory, broad-based development of national campaign strategies, such that the agenda is set by local priorities and according to local expertise. • Aligning all work with national plans and priorities, and working through national coordinating/stewardship structures (e.g. National Task Force, UNJP in country focal points) - we will work with countries, building on the work that has already been done, as opposed to telling countries what to do. • Recruit traditional or religious leaders as advocates: as in this example in Kenya by UNFPA.³ • African leadership for the Global Movement (Strategic Advisory Group, national stakeholders and campaign panels). • Diaspora contributions will support national and community efforts to end FGM, rather than enforcing ‘diaspora’ solutions or messages. • Promoting the importance of African/local leadership for social change among

² Guidelines for ethical standards on interviewing women affected by FGM/C, Options Consultancy Services/UK FGM Initiative

³ <http://www.unfpa.org/public/news/pid/5410>

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<p>Risks relating to team members' conduct and wellbeing</p>	<p>international partners.</p> <ul style="list-style-type: none"> • When working in focal countries, our team and anyone directly contracted to work for the campaign will: <ul style="list-style-type: none"> ○ Observe protocol and consider local sensitivities, including dressing appropriately ○ Avoid aligning with any one NGO or political party ○ Undertake media engagements/interviews only with prior agreement of the Programme Director and Strategic Communications Specialist ○ In any public communications, stick to agreed campaign messaging, as appropriate to country/target audience. • Staff and consultants working on the Programme undergo a sensitisation module to ensure full understanding of the issues of FGM. This will include sensitising people to the particular risks and vulnerabilities relating to working with women and girls at risk of or affected by FGM. • We will support members of the core team to deal with stress or uncomfortable feelings linked to their work, recognising the particular difficulties that may arise when working on issues involving violence and abuse, e.g. structured supervision, peer support, or more formal provision of counselling services
<p>Negative backlash to the campaign: Backlash can result from cultural insensitivity, non-involvement of communities and governments etc in the design of targeted intervention</p>	<p>We will:</p> <ul style="list-style-type: none"> • Enable people to access materials and messages which arm them with well constructed and locally meaningful arguments against FGM, which will be developed from a deep understanding of the issue in context, and which enable the issue to be discussed openly in public forums to raise public and community awareness. • Tailor all messages and materials to national and local context. There will be no 'one size fits all' approach to our work. • Respect culture, while protecting universal human rights and understanding culture as dynamic and mutable. Demonstrate that the momentum for change is from within communities themselves and from within the culture. • Engage a wide cross-sector of society as well as men in community discussions on people's or human rights, not just women's (language is important). Include both those who already hold power and those who have been traditionally marginalised.

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	<ul style="list-style-type: none"> • Engage local traditional or religious leaders as advocates against FGM. • Frame implications of FGM in a way wider society will be receptive to: not just in women’s health and human rights terms – also economic, familial, sexual, etc.
<p>Further politicisation of FGM (by Islamists, other radical social campaigners, religious leaders etc.)</p>	<p>We will:</p> <ul style="list-style-type: none"> • Work with a broad variety of groups, and never concentrate on just one sector of society (e.g. religious leaders), so that we do not encourage any particular dominant voice to control the discourse and use FGM as a political tool. • Base all references to religion or ethnicity on facts and the evidence. We will diversify information in the media on ethnic groups practising FGM so that one ethnic group does not feel they are under attack
<p>Corruption, fragmentation or commercialisation of the sector: A flood of money and global attention could do harm to the very sector that we are looking to support.</p> <p>Throwing money at a problem without necessary measures put into place for accountability will lead to corruption, whether at government level or at civil society level. Without appropriate accountability, a number of FGM projects have ended up as individual family businesses. This has had the effect of discrediting the movement.</p> <p>The long-term future of the movement to end FGM will be central to all strategies (e.g. ending FGM in a generation prioritised over quick-wins and publicity which might harm the longer term goal).</p>	<p>We will:</p> <ul style="list-style-type: none"> • Influence institutions and donors in the global north in terms of the way they allocate their resources and attention; identifying appropriate channels for resourcing which include a capacity building element particularly on M&E and transparent accounting. • Emphasise local leadership, and the importance of working through national plans and stewardship. • Design a global movement identity that is as inclusive and non-divisive as possible, bringing benefits to all parties who share the overall vision. • Coordinate between NGOs, government bodies and international funders. • Activities should be coordinated and resources shared freely. This is a key role for the campaign secretariat. • Provide Guidelines on Engagement (e.g. criterion for who we will and will not partner/engage with).
<p>Containing/managing the Global North: As interest in FGM grows in the global north, there is a risk that enthusiastic people and institutions will flood countries/diaspora communities with their efforts, which in the absence of in-depth understanding, expertise and insight, may do considerable harm.</p>	<ul style="list-style-type: none"> • We will aim to influence and channel these energies so that they can bring something positive, and get behind the Africa-led movement.

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<p>Working with the media: It is important to take into consideration how the Campaign will influence and inform others (including journalists) working towards an end to FGM such that they Do No Harm (e.g. communications guidelines).</p>	<p>We will:</p> <ul style="list-style-type: none"> • Provide guidance for our work with the media i.e., how can we minimise the harm that they do. • Provide positive, sensitive messaging, stories and imagery to influence and inform media reporting of the issue.
<p>Sending the practice underground: There is a risk that younger girls are being cut; anti-FGM law is hard to enforce/results in the practice going underground/becoming medicalised. The World Health Organisation (WHO) mentions the case of Egypt whereby anti-FGM law has not only failed to decrease significantly numbers of FGM cases, but has led to the medicalisation of the practice thereby providing false legitimacy to it. It is also very hard to implement and has not resulted in widespread behavioural change.</p>	<ul style="list-style-type: none"> • Mainstream anti-FGM initiatives. WHO cite success in Burkina Faso where anti-FGM initiatives were mainstreamed into government ministerial departments of health and education. Promote a holistic response to ending FGM (prevention, protection, provision of services, partnerships, prosecution), including prosecution as a last resort/deterrent. • Community approaches and Behavioural Change Interventions are needed to complement the law.
<p>Medicalisation: Focusing narrowly on the health Implications of FGM may lead to medicalisation – as has happened in Indonesia and Egypt.</p>	<ul style="list-style-type: none"> • Use a human-rights approach • It is especially important to recruit doctors to support anti-FGM measures and not merely encourage the medicalisation process. In Egypt for example, an initiative of Doctors Against FGM has started to address the medical sanctioning of the practice in that country.⁴
<p>Ineffective communications: narrow ‘Information, Education and Communications’ Interventions (IEC) can result in desensitisation. The WHO cite the case of Ethiopia where posters of a girl and blood on a knife became such a common sight that no one paid any attention. Since IEC interventions do not target the root cause of FGM, they could indirectly contribute to its continuation by making community members less receptive to anti-FGM messages. Inappropriate messages of IEC interventions can increase support for FGM. The WHO also provide an example of a poster stating that FGM reduced female sexual enjoyment, which is precisely what supporters of the practice want.</p>	<ul style="list-style-type: none"> • Instead of focusing on IEC interventions, we should focus on Social and Behavioural Change Interventions which address multiple challenges at the same time. IEC interventions rarely yield successful results on their own. • Make abandonment initiatives relevant to the local population. Rely on local authorities, not international ones. Approach the issue through concepts already present in communities’ own daily languages and ordinary experiences, e.g. local folklore and other pieces of oral history that portray positive images of women and girls. • This is also important to make communities more likely to adopt anti-FGM messages. WHO state that often anti-FGM are unsuccessful because their messages are too broad, e.g. ‘FGM is violence against women’. Since FGM is deeply

⁴ <http://www.unfpa.org/public/home/news/pid/5566>

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	<p>culturally-embedded, anti-FGM messages need to relate to the specific community so that they feel invested in the issue.</p> <ul style="list-style-type: none"> • Principles for collecting information, feedback and conducting research with target audiences.
<p>Risks with engaging the diaspora: Although the Diaspora has a degree of political power and influence in their countries of origin, it is difficult to manage, difficult to predict, and could do harm. It is hard to identify and verify who those with power and influence are. Diaspora interventions can be seen locally as top-down and undermining of grass-root efforts as diaspora members are seen as competing with locals in a narrow job market.</p> <p>With distance and time, Diaspora members' links, networks and connections with their country of origin can become distended. Second or third generation Diaspora young people might never have visited their parents' country of origin, do not necessarily speak local languages or know local cultural codes. Through integration processes, long term immersion in the global North means that diaspora members have internalised some expectations and aspects of the European/American way of life that can cause tensions when visiting countries of origin.⁵</p>	<ul style="list-style-type: none"> • We will balance the tension between wanting a focus on FGM, whilst recognising the holistic approach needed to end it. In practice, this will involve encouraging the integration of FGM into wider policy and programming on child welfare, health and development linking up with other girls' rights campaigns e.g. campaigns on child early forced marriages.

⁵ Discussion, Somaliland Journey and Development, event held March 2014, FORWARD FGD Cardiff and London, April 2014

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