|  |  |
| --- | --- |
| **Title of the Project** | Help end Female Genital Mitulation through education and information |
| **Implementation area** | MALI/Region of Segou (centre of Mali) |
| **Project Manager:** | NGO Action pour le Developpement de la Femme- ADF |
| **Person contact** | Kadiatou TANGARA |
| **Project Amount** | US $ 191,072 |
| **Project Duration** | 3 years |
| **Brief summary of the project** | This project is planned for 3 years, 2020-2022. It aims at promoting Reproductive and Sexual Rights by contributing to the reduction of the frequency of FGM through information, training and advocacy activities.  The choice of this theme as subjects of intervention is justified to the extent that its reduction contributes to the promotion of the Rights of the girl and the woman in particular. The project will be implemented in the 22 villages of the commune of Niamana.  Moreover, by choosing these villages, the project wants to address the concern of the common approach which consists in covering all the villages of the commune so that the populations can have access to the information at the same time and that they take together informed decisions. |
|  | |

1. **Problem analysis:**

FGM is a violation of girls as well as women’s rights. In fact the consequences of the practice affect the life of the child regardless of gender. It is the most common form of sexual abuse of girls. Because they cannot refuse to be excised, girls often run serious health risks (sexual transmitted infections, infertility, complications during childbirth, fistula etc.) related to this practice.

Globally, Female Genital Mutilation affects more than 200 million of girls and women (UNICEF 2016).

Mali is among countries the most affected by this scourge (91%). According to the Demographic and Health Survey (EDSM-V, 2013), among all the harmful traditional practices, FGM and excisions remain the most common with a prevalence rate of 69% among girls from 0 to 14 years old; 83% among girls aged 10 to 14 and 91% among women aged 15 to 49.

With one of the highest rates of Mali, the practice of FGM is still a big issue in the region of Ségou, the region targeted to implement the project and (which the commune of Niamana is part of), where more than 89% of girls are cut. Suffering from these practices at an age that they lack the spirit of discernment, girls are deprived of their rights to free consent recognized by the Universal Declaration of Human Rights (UDHR), their right to physical integrity and protection against inhuman and degrading treatment (Child Right Convention -CRC, Convention on the Elimination of All Forms of Discrimination against Women -CEDAW, the African Charter on the Rights and Welfare of Women and Child Rights Convention -ACRWC…

According to World Health Organization (WHO) estimations, between 100 and 140 million girls and women in the world undergone one of the first three types of mutilation.  
Estimates based on the most recent prevalence data show that in Africa, 91.5 million women and girls over the age of 9 are currently living with the consequences of female genital mutilation. Still in Africa, it is estimated that 3 million girls per year are at risk of this type of mutilation.

In Mali, this cultural practice, commonly known as "Excision", has been strongly observed by communities since long time; by its dimension and serious consequences on the health and integrity of women, FGM in Mali is a real public health problem. More specifically the following facts and behavior sustain the practice:

* **Hygienic and esthetic considerations**

In many communities, it would be difficult for a non-excised woman to be married; or even if she gets married, she would be the laughing stock of her other co-spouses and can be divorced from her husband because she is not cut. Thus, she is considered not to be at the same level as the other women.

Also some hygienic reasons are advanced for this purpose. Some people think that the genital organs of the non-excised women are ugly and smelly.

In the framework of esthetic, others speak of an abnormal enlargement of the external genital organs, particularly the clitoris that can 'lie enormously to reach the size of a penis'.

* **Religious considerations:**

FGM is often related to an obligation of Islam in Mali and in many Muslim countries. Doubtful interpretations often created confusion that a non-excised woman could not do her prayers.

Female sexual hygiene is cited as one of the causes of FGM because in some areas of Mali it is called “selidji”, which means purification in Bambara (main language spoken in Mali).

In these areas, it is believed that a non-excised woman is not able to make the Muslim ritual prayers because she would have a stain in her that only FGM would purify.

This is particularly tenacious prejudge in urban areas where all types of preachers abounds. As said, FGM is mentioned nowhere in the Koran. In fact all religious leaders in favor of FGM refer themselves to hadiths. But there is no reliable hadith that considers this practice as obligatory or recommended.

* **Considerations related to control female sexuality**

In Mali, in a general way an important function is attributed to FGM that is reducing female sensitivity as an old belief runs that non-excised women are “easy wife”.

* **Considerations on the preservation of virginity:**

In many communities the concept of virginity was primordial. Still it is the case in some parts of the country especially in rural areas and traditional societies. And, unfortunately if the girl was not a virgin on the wedding day, her family was dishonored and often her mother was repudiated because it is generally considered that the mother is responsible for the education of the girl. So it happens that the mother is chased from the house for the behavior of her daughter. The girl can be excluded from the community or married an old man.

The virgin girl was respected and received a lot of rewards/gifts for her good behavior. For these reasons in some communities they insist that girls be excised.

* **Considerations related to the evil effects of the clitoris:**

It is argued that a man can become powerless when having sex with a non-excised woman. Some also evoke that during delivery; the baby can die or have a diminished mental faculty by touching the clitoris.

The fear of the effects of the clitoris is so alive in some areas when the absence of excision of a woman or a child is recognized at her death; FGM is practiced on her body before burial. They often think that the burial of a non-excised body can be the source of many troubles like epidemics, infertility of women, poor harvests, disagreements within the community etc.

* **Considerations** **related** **to** **fertility** **and** **childbirth** **of women**:

Some people believe that FGM facilitates sex and makes women more fecund. By removing anything that might block sex (clitoris, labia minora ...) the child's conception and birth would be without any complications.

* **Considerations** **of** **initiation order**:

An initiation rite is a long series of physical and moral tests which aim to introduce girls to religious life and to adult world. The appropriate ceremonies are supposed to achieve this metamorphosis. FGM as a rite of passage requires suffering on the part of the initiated. That suffering serves to prepare in blood and in pain the girl to be a wife.

But nowadays, FGM is very rarely linked to initiation rites and revealed social conformity.

* **Considerations** **related** **to social** **conformism:**

Today FGM become individual and is happening in the greater anonymity. Just some relatives are informed. FGM become a routine practice that people perpetuate by habit: "we have always done and will continue like that ...." said a woman. It is increasingly practiced on young children (on average, less than 3 years) and many parents are practicing it by social conformity. The fear of the marginalization of girls and their exclusion from the circle of marital exchange are stronger than the fear of complications that can occur after FGM.

In fact, some parents ask themselves how to subtract from FGM in a community where the practice is generalized?

* **Prejudices related to the non-excision:**

People who are in favour the practice of FGM always developed speeches to support their options.  
They argue that:

* Excision allows woman to avoid sexual assault of men because she will not exposed herself by harassing as it is the case of non-excised women;
* A woman with the clitoris is much sensitive. They are quickly excited; this scares men and makes them go away;
* Non-excised girl is called "Bilakoro" (means immature in Bambara) even in adulthood; FGM allows a woman to have a good behaviour; to be faithful to her husband;
* FGM makes a woman beautiful and facilitates first sex;
* A woman is excised so that she cannot be the laughing stock of her fellows;
* According to Islam, FGM is a mark of respect for woman, we practice it to please God and in addition it diminishes the sexual appetite of woman and make her closer to God;
* Excision allows women to remain pure;
* The reason is to safeguard of the family dignity;
* FGM is practiced to facilitate childbirth etc.
* **The argument of cultural values to safeguard:**

The struggle for the elimination of FGM in Mali is sometimes perceived as a violation of "authentic" cultural values.

But they forget that knowledge evolution sometimes requires a new way of living, of seeing the world and adapt ourselves to that.

Cultures are progressing and knowledge too. So do not close ourselves to the world.

The infringing elements to physical integrity and which could harm to the health are to be rejected no matter where they come from and whatever justifications people advanced.

Due to the crisis of 2012, activities toward the fight against became shy and even disappeared in some places. This situation makes that there is no control of the issue and efforts undertaken in the past were lost.

Finally, it should be noticed that the ownership of the fight against FGM by the communities has never been a key strategy due to the sensitiveness of the issue.

1. **General objective of the project:**

Contributing to the abandonment of the practice of FGM through the education/training, information and advocay.

1. **Methodology/project activities:**

Key elements of the intervention methodology:

1. **Identification of the villages for the project:**

Correspondence will be sent to the mayor and the prefect of San (Chief town of Niamana) to notify them of the implementation of this project in their commune; then a meeting will take place between the Department of the Promotion of Women, Children and Family and the communal authorities to discuss the objectives, the activities and the expected results of the project and also to obtain their implication in the project activities.

The villages will be identified in the commune of Niamana.

The identification will take 10 days, divided as follows:

* 03 days of round trip,
* 07 days of activities.

1. **Baseline study on FGM in the intervention area :**

ADF and field workers will conduct a baseline study at the beginning of the project in the 22 villages to know the attitude and behavior of the populations in the target areas in relation to the practice of FGM. For this, a precise sampling will be done in order to retain people to interview before the start of the project and at the end of the project (after these same people have benefited from the project's actions)

A questionnaire and interview guide will be sent to target populations to measure their knowledge and attitudes towards excision. The results from this baseline study will be used for the formulation of awareness messages.

1. **ADF to recruit an agent for activity monitoring at the villages level :**

Her/his role will be to represent the project locally, to supervise and support the field agents, to facilitate the organization of trainings and other events, to ensure contact with the Niamana’s administrative, health and politic authorities.

She/he will also provide quarterly monitoring of the project, prepare reports and participate in various consultation meetings. She/he will be provide with a motor bike and a computer which are essential for the good execution of the project.

ADF Project Manager will do quarterly supervision.

1. **Training ADF team :**

The staff in charge of the implementation of the project will benefit from 2 training sessions per year of 5 days each to reinforce their knowledge of female genital mutilation and their interpersonal communication skills. Emphasis will be placed especially during the training on information and communication techniques that should help them to face with respect but creativity the themes on FGM (value, perception, stereotypes, myths, beliefs, consequences etc.) and the reasons that support the continuity of this practice up to now by the communities.

1. **Development and monitoring of Communication for Behavior Change in villages :**

* **Making contact with villages :**

A first contact with the villages will be ensured by a delegation composed of the President of ADF, the monitoring agent, a representative of a village and an administrative authority (prefect/mayor). The aim is to present the objectives of the project and to stimulate a participative dynamic. In particular, each village will be asked to design its own action plan, the implementation of which will be ensured and monitored by the field agents.

* **Field agents and facilitators training organisations :**

In each village, 2 field agents, including 1 man and 1 woman and 2 facilitators who will be hired to be the focal points of the project at villages level. For the 22 villages, there will be 44 field agents and 2 facilitators who will be trained for the implementation of the project.

During the project duration (3 years), they will benefit from 3 training sessions of 5 days each and 3 retraining sessions of 5 days each to enable them to learn and to strengthen their knowledge about female genital mutilation, to have skills for interpersonal communication, for giving clear and credible information on the practice of FGM, for communication for behaviour change.

Each facilitators will be provide with a tablet and a mini video projector essential for the good execution of the project. They will be used for the screening of microfilm that will be designed for the activities of Behavior Change Communication/awareness sessions, conferences and other outreach activities requiring audiovisual support.

1. **Making microfilm on FGM in local languages :**

Microfilm will be produced and screened during education sessions to help target audiences have basic knowledge on the risks and harms associated to the practice of FGM. More widely, they will benefit from global information on human body, sexual health and procreation.

1. **Organization of education sessions with microfilm projection on MFG :**

The facilitators trained to organize sensitization sessions twice a month during the duration of the project in their village.

Each facilitator, organizes a training session for population and community leaders in the company of the ADF agent.

1. **Project monitoring/evaluation and supervision**

* At the beginning of the project, a list of indicators will be finalized and shared to all the stakeholders (facilitators, project coordinator, technical support staff, trainers). The process indicators (number of talks debates, training, women supported ...) will be informed monthly. Each training will be evaluated by the participants. Mid-term, focus groups will be carried out with the communities. The results indicators will be filled in quarterly.
* The two facilitators will produce an activity report each month, describing the activities carried out in the villages and the difficulties encountered.
* The project coordinator will undertake a follow-up mission each month to Niamana. She will produce a monthly report based on the facilitators' reports, providing information on the previously defined indicators. These reports will be sent to the donors.
* At the end of the project, an internal monitoring/evaluation mission by the project team will also be conducted. In addition, an external evaluation mission will evaluate the project according to the expected results defined in the project document and logical framework. These 2 evaluations should lead to concrete recommendations for the development of the new proposal for 2023-2025.

1. **Area of the project and the reasons which encouraged us to choose this place**

The implementation area is the commune of Niamana. The commune is located about 365km from Bamako (capital of Mali), 150km from the region of Ségou (centre of Mali) and at 50km west of San, its chief town. A laterite road of 7km from the main road allows access to the commune.

The commune is composed of 22 villages with a population of 8 565 inhabitants in 2010 (source revisions roles). The average density of the commune is 10 hts/square km.

The population is consists mainly of: Bambara, Sarakolés, Minianka, Peulh, Dogon.

The main activities are: agriculture, animals breeding, small trade and crafts.

We chose Niamana for the implemmentation of this project because the commune is recognized as reluctant to abandon the practice of FGM. Indeed, parents practice FGM on their daughters to receive a reward as FGM fees from their daugthers’ family in law the day of marriage of these ones. These fees may be animals such as beef, sheep or even money etc.

This reward is kept as the source of income for the beneficiary family.

It is on the basis of this observation that we initiated this project to contribute to the abandonment of such a practice and to promote the reproductive and sexual rights of girls/women in Mali.

1. **Target population**
2. **Target beneficiaries/Direct targets:**

These are :

* Girls aged 0 to 18 who may be cut in the areas covered by the project: 50 girls per village and per year, which are 3 300 girls for the 22 villages;
* women aged 15 to 49 or childbearing age women who are likely to experience the consequences of FGM: at least 30 women per village and per year, which are 1980 women for the 3 years.

1. **Indirect targets:**

These are :

* Religious leaders who can positively or negatively influence decision-making regarding FGM;
* School authorities well listened to and often consulted by communities and involved in decision-making at community level;
* Commune and village authorities: they can influence decision-making at the community level and include FGM in the development program of the commune;
* Young people, boys and girls;
* Traditional and modern communicators;
* Community relays/field agents.

1. **Expected results**

* 44 field agents and 2 facilitators are trained and have skills for interpersonal communication for behaviour change;
* At least 80% of field agents and facilitators know the consequences of FGM and maintain a permanent social dialogue with their village communities to abandon the practice ;
* 1 584 sensitization/awareness raising sessions (2 sessions per month and per village) are carried out;
* At least 9000 people are touched by awareness raising (considering that the average person per session is 15);
* At least 3960 home visits (5 visits per village and per year) during the project;
* At least 110 counselling (5 counselling per village) are carried out;
* Communities' knowledge of FGM and its consequences are improved and they take measures to better protect their daughters;
* At least 10% increase in the rate of uncircumcised girls in the new areas (reduction of the practice of FGM in the Commune of Niamana);
* At least 12 monitoring of activities are carried out;
* The 22 villages in the Commune of Niamana become aware of FGM as gender-based violence, mideeds of the practices and abandon it.
* 95% of activities are achieved;
* 95% of indicators are satisfied;
* 90% of project objectives are reached.

1. **Equipment/products**

New equipment/products needed to facilitate the implementation of the project:

* Computer for the Project Manager for office works;
* 3-in-1 printer for office works;
* Education tools for education sessions;
* 2 motorbikes for the 2 facilitators of the project to visit and to do education session (each of them will be responsible for visiting and organizing educational sessions in 11 different villages);
* 5 tablets and 5 mini projectors will be purchased for film screening during education sessions,

1. **Conclusion and recommandations**

Although significant actions have been carried out for more than 20 years, the abandonment of FGM still faces residual cultural resistance, the disappearance of which calls for bold decisions and innovative strategies. These strategies include girls' schooling and women's empowerment, which remain challenges in Mali. That's why we want to focus on the education and information that is the key to eradicating female genital mutilation.

**Poject Budget**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROJECT BUDGET** |  |  |  |  |  |  |
|  | **implementation dealine** | **Quantity** | **Number of day** | **Unit Price** | **Total budget in local currency** | **Total budget in US $** |
| **I- Exploitation Costs** | | | | | | |
| **Staff salary** |  |  |  |  |  |  |
| **I.1. Staff expenses** | **3 years** |  |  |  |  |  |
| Project Coordinator |  |  |  |  | 7200000 | 13090,90909 |
| Facilitators |  | 2 |  |  | 7 200 000 | 13 091 |
| Secretary accountant |  |  |  |  | 5 400 000 | 9 818 |
| INPS/social security |  |  |  |  | 4 692 600 | 8 532 |
| **Sub total** |  |  |  |  | **24 492 600** | **44 532** |
| **I -2 Activities** |  |  |  |  |  |  |
| Baseline study |  |  |  |  | 1 000 000 | 1818,181818 |
| Project launching |  |  |  |  | 1 000 000 | 1818,181818 |
| Training of ADF staff |  | 3 | 12 |  | 1 200 000 | 2 182 |
| **Sub total** |  |  |  |  | **3 200 000** | **5 818** |
| **I- 3Training of field agents and facilitators** |  |  |  |  |  |  |
| Perdiem of participants |  | 46 | 10 | 7500 | 3450000 | 6273 |
| Fees for trainer |  | 1 | 10 | 120000 | 1 200 000 | 2 182 |
| Trainer transport fees |  |  |  |  | 100 000 | 182 |
| Food |  | 50 | 10 | 5000 | 2 500 000 | 4 545 |
| Renting of the training room |  |  | 20 | 50000 | 500 000 | 909 |
| **Sub total** |  |  |  |  | **7 750 000** | **14 091** |
| **I -5 Materials for Education** |  |  |  |  |  |  |
| Micro films making for sensitization sessions |  | 1 |  |  | 2 000 000 | 3 636 |
| Purchase of tablets |  | 3 |  | 60000 | 180 000 | 327 |
| Purchase of mini projectors |  | 3 |  | 125000 | 375 000 | 682 |
| Organisation of education sessions |  | 1 584 |  | 10000 | 15 840 000 | 28 800 |
| Banner making |  | 5 |  | 15000 | 75 000 | 136 |
| **Sub total** |  |  |  |  | **18 470 000** | **33 582** |
| **I.6.Monitoring, Evaluation** | | | | | | |
| Monthly supervision |  | 36 |  |  | 13600000 | 24727,27273 |
| Quarterly supervision |  | 12 |  |  | 6 000 000 | 10 909 |
| Mid term and finale evaluation of the project |  | 2 |  |  | 3 000 000 | 5 455 |
| **Sub total** |  |  |  |  | **22 600 000** | **41 091** |
|  |  |  |  |  |  |  |
| **II, Materials** | | | | | | |
| Purchase of motorbikes |  |  | 2 |  | 1000000 | 1818,181818 |
| Communication, fuel, maintenance of motobikes etc |  |  |  |  | 200000 | 363,6363636 |
| Purchase of a computer and a printer |  |  |  |  | 400000 | 727,2727273 |
| Kits for training |  |  |  |  | 250000 | 454,5454545 |
| Office fournitures |  |  |  |  | 500000 | 909,0909091 |
| **Sub total** |  |  |  |  | **2350000** | **4272,727273** |
| **TOTAL BUDGET OF THE PROJECT** |  |  |  |  | **78 862 600** | **143 387** |
| **III- Administrative expenses of ADF (10%)** | | | | | | |
| Administrative expenses of ADF |  |  |  |  | 7 886 260 | 14 339 |
| **GRAND TOTAL** |  |  |  |  | **86 748 860** | **157 725** |