

Euronet Stockholm Panel 21.05.2011

Notes by Tobe Levin

Topic: Building Bridges between Europe and Africa

Round Table Discussion:

Chair: Dr. Tobe Levin with Participation of Mr. Elis Envall; Dr. Els Leye; Mrs. Khadidiatou Diallo; Mrs. Naana Otoo-Oyortoy and Mrs. Lul M Osman

1. Tobe opened with a specific case of bridge-building and cooperation between Germany and Ethiopia. A case arose in 2009 concerning a ten-year-old Ethiopian called (pseudonymously) Dinah. The NGO "Taskforce" learned that the child would be sent to Addis Ababa in the company of a family friend. The NGO got a court order preventing her from leaving the country. One year later, after adjudication, Dinah was permitted to go. In the meantime, FORWARD-Germany's then vice-president Fadumo Korn had been in touch with the IAC in Addis Ababa as well as the German Embassy and visited Ethiopia herself to ensure that the child remained unharmed. (This is a highly abbreviated outline of events for which an entire dossier has been compiled.) The case was broadly discussed and, of course, highly controversial.
2. Elis Envall of the National Board of Health talked about his mandate on VAW with FGM as subordinate to that. Challenges he faces lie in getting the attention of medical personnel. He also finds it difficult to gain interest for an approach to FGM based on violence against children. **Sweden *did* have a national action plan** developing materials for various professional groups in cooperation with NGOs, especially RISK, doing preventive work through information and knowledge transfer, especially concerning risks of the procedure. They had been training social workers and school nurses in recognizing danger and how to handle it. Mr. Envall referred to eradicating foot binding as a model for an effective approach to eradicating FGM. Action by government dwindled, however, in the absence of a precise mandate and above all funding. The unit to which Mr. Envall belongs is in fact a semi-governmental organization. In the last few months, government has begun talking about FGM again – following a February report. "I've been trying hard to stimulate government interest but they haven't given me any release time to do research. There had been a group but lacking leadership, many NGOs have gone on to other things. One thing we have never been able to answer – how many girls are actually affected? About twelve years ago we extrapolated from population figures – estimating then that 20,000 girls here were at risk, but this didn't take into account other factors such as the impact of integration into Western society. So it remains to be seen how many are at risk and how many have already been affected, so we can better meet arguments put to us, that this isn't really a problem anymore. Has our work had an effect? We feel that we have had some development. We have been successful in getting a number of religious leaders to sign a joint statement and tried to follow up, to see what more they might be willing to do. Sadly, not much; nor did we have great success in reaching the African imams. We are also challenged to do more in healthcare for children and women since we don't know how, in general, women are treated by healthcare professionals – even though we have the supervision authority."
3. Els Leye, Center for Reproductive Health, has been working on FGM since 1997 when the International Centre for Reproductive Health did the first project at the request of the European Parliament to confront a rising problem in Europe, so they suggested the DAPHNE look into FGM. Two aspects are crucial in strengthening global work: lobbying policy-makers, for instance in Strasbourg, and international agencies so that they know what to put on the agenda. Second is networking among organizations in Europe and in Africa – despite logistical and practical obstacles. The UNICEF/UNFPA Joint Programme "Accelerating Change" and the FGM Donor Working Group are important to push the agenda, as well as the END FGM European Campaign of Amnesty International Europe with their 5 key strategic points (Data collection, Health, Violence against women and girls, asylum and development cooperation of the EU). The last point is of importance with regard to bridge building (for more information, see <http://www.endfgm.eu/en>). La Palabre is the personal link for me, putting into practice our stance against FGM by building a shelter for girls fleeing excision and forced marriage."

4. Khadidia Diallo is with GAMS Belgium, launched in 1996. Here we thank Caroline, her translator. “Since then we have had various projects. We profited from Els’ publicity for FGM when she did the first project in 1997-1998, in Belgium. We started working at the grassroots with the community as well as lobbying politicians. They supported passing a law in Belgium and dealt with asylum. We’ve helped two hundred people to receive asylum. For instance, a mother arrives; the mother has been excised; she has legitimate worry for her daughter. We also have a project for refugees – drawing on European refugee funds – so we train officials in the asylum centers, not only medical staff but social workers, psychologists, etc. We’ve spoken to the Health Ministry asking to find out for 2008-2009 how many FGM victims were living in Belgium. The figure given was 8265 in the community who have undergone FGM. In general, GAMS has been involved in a ‘concerted strategy’ to provide a frame of reference for professionals in the French-speaking areas of the country. Our aim is include the entire health sector, educators and others coming in contact with the Diaspora. Furthermore, GAMS has asked government to include FGM in high schools and medical school curricula. GAMS also asked government to check on girls’ genital status. They want the already obligatory health check to include genital exams for boys and girls, and for girls of all ethnicities. (Contribution from Norway: their letters are sent to parents offering them the option of having daughters examined. Current research is looking at how many have taken advantage of the offer.) Back to Khadidiatou: asylum seekers, starting in 2004, could find trained physicians to offer certificates. However, the Flemish region has not yet been covered. (Els contributed that such a gynecological check up is very controversial, and not supported by many organizations in Flanders, including gynecologists, child protection officers, etc. There is indeed a significant debate on the issue. (For details of this discussion, contact Els directly.) GAMS is asking that the procedure be standardized for both French and Flemish areas to include annual check-ups for the girl (uncut) requesting refugee status and allowed to stay provided she remains intact.
5. Naana, working with FORWARD UK, recognizes different aspects of partnerships at various levels. She notes little collaboration in country but proposes as a model the multi-agency partnership between FSAN and Coventry with still another NGO in Belgium: how are communities changing that brings a new level of evidence? We’ve heard a lot around different models of change. What works? There’s been considerable talk about communities knowing. Who is teaching in communities? We don’t know. We are looking at what’s happening in Holland, training advocates who go house to house, supported by government, the AI campaign and EuroNet itself. The partnership issue is significant because a good deal has been invested in leadership skills, but we should invest more, especially in young people. We need to bring more youth on board. And we need evidence. Where is the evidence that a girl who remains intact, reaching 18, won’t go and get herself cut? As for partnerships between Europe and Africa – we must share lessons from our experience. FORWARD UK has been engaged with African partners; we find that some formats work and some don’t. Do we set up our own African associations or choose existing partners?” Concerning partnerships between Africa, Europe and North America, Naana attended a three-day conference in Winnipeg, Canada, several weeks ago. In sum, we must document in websites, include men, and develop clear messages ...
6. Lul M. Osman from Italy is working with northern regions—explaining to Italians what FGM is by personal testimony. When speaking to Italian audiences, Lul invites questions without taboo. Audiences are interested to learn about the person and also to discuss specific obstetric difficulties encountered by infibulated mothers. Lul accepts to be examined in an educational spirit by physicians looking for knowledge in order to improve their services. She also addresses the Somali communities directly and recalls a 1988 signing of Somali challenges to FGM, an initiative sadly dropped due to the ensuing war.
7. Ambara Hashi Nur, in Denmark, heads a committee that has been lobbying ministries for funding but has not been successful. Nonetheless, despite limited resources, a decade of work has indeed been done. With adequate resources, of course, progress would have been greater. Regarding bridges, Ambara personally checked on a child sent back to Somalia for FGM and concludes with the importance of focusing on exactly these bridges.

Discussion: Norway calls for strengthening ties between Europe and Diaspora ... Elis calls for strengthening cooperation in the Nordic countries.

We conclude with the suggestion that EuroNet take up the issue of examining girls to seek for some acceptable common solution.