



FEDERATIE VAN SOMALISCHE ASSOCIATIES NEDERLAND



Project Evaluation

Female circumcision in the Netherlands From policy to practice September 2000 – December 2002

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Foreword

Many countries already have a policy or legislation on the subject of female circumcision, yet putting such policies into practice remains difficult. This is also the case in the Netherlands, where all forms of female circumcision have been banned since 1993 and a number of short-term projects have been implemented.

The project entitled '*Female circumcision in the Netherlands, from policy to practice*' is based on two threads: the empowerment of the Somali community in the Netherlands and the promotion of expertise in the Dutch health care sector.

The aims of these two threads were to facilitate discussion of the serious risks associated with female circumcision and to address the matter of protecting girls from this practice.

It is a serious problem with many uncertain aspects. Everyone asks about the scale of the problem, but no figures are known. There is still very little invested in thorough qualitative and quantitative research.

How many instances are there? Where does it happen? What kinds of female circumcision are practised? What are the reasons for it? Haven't people's opinions now changed?

To find the answers to these questions, the cooperation of the people concerned is required.

A 'reaching out' approach is required: approaching people from the target group, involving them, explaining the project, and entering into dialogue. Such a 'reaching out' approach is a process that takes time to get going. Time needs to be invested in order to find things out. Only then does it start to take shape, people become enthusiastic, keen to help out, and then the project ends. This disturbs the development of a process that is already underway.

The Somali forerunners involved in the project (key figures and educators) also indicate this clearly: 'we cannot stop such an age-old practice in such a short period of time.' A prevention policy and long-term investment are lacking.

This project has succeeded in unearthing people's current opinions on the matter. Although there are already a number of supporters of a ban on the practice, the education meetings have brought to light the fact that there are still many Somalis who want their daughters to be circumcised. This is the most serious result uncovered by this project by means of networking, collaboration and a 'reaching out' approach.

The further mobilisation of the health care sector with regards to this topic remains necessary, but is not a fast process either. There is no institutional policy. Female circumcision is just one of the many matters with which the health care sector and individual care workers are confronted. It is still difficult to encourage dialogue about female circumcision.

In spite of the fact that a lot of work has been done in a relatively short space of time, the prevention of female circumcision cannot rest on a single collaborative project and the involvement of a number of people. This topic requires a broad policy and more coherence in the Netherlands between various organisations and ministries, each one working on the basis of its own strengths and opportunities, specific points of view, professionalism and responsibility.

This project evaluation looks briefly at the background and preparatory phase of the project. A short description of the project then follows, with a detailed evaluation for each element of the project. The evaluation is concluded with a summary and recommendations.

The execution of this project was made possible by a grant awarded by the Ministry of Public Health, Welfare and Sport, for which we offer our special thanks.

We would also like to thank everyone who has been involved and who is still active, in particular the Somali key figures and educators, without whose efforts the project would not have been able to take the form it has.

The same goes for my colleagues within the project group, Zahra Siad Naleie and Gerda Nienhuis. During all the highs and lows that characterise this topic, we have jointly tried to lay good foundations, step by step, in the knowledge that banishing female circumcision completely is something that cannot be done overnight. Yet our determination meant that we continued our battle. As Zahra and Gerda often put it: 'it is a battle from the heart.'

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Utrecht, July 2003

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Contents

1.	Introduction	5
2.	Preparatory phase of the project: joining forces	6
3.	The project ‘From policy to practice’	7
4.	Evaluation per project element	8
4.1	Dutch NGO Platform and Advisory Group meetings	8
4.1.1	Results	8
4.1.2	Conclusions and follow-up	9
4.2	Activities and research targeting the Somali community	10
4.2.1	Working method	10
4.2.2	Results	11
4.2.3	Conclusion and subsequent action	15
4.3	Activities aimed at the Dutch health care sector	17
4.3.1	Working methods	17
4.3.2	Results	17
4.3.3	Conclusions and follow-up	19
4.4	International collaboration and exchange	21
4.4.1	Results	21
4.4.2	Conclusions and follow-up	22
5.	Summary	23
6.	Recommendations	26
7.	Consulted sources	28

Appendices

- Appendix 1 Overview of education activities in the pilot locations
- Appendix 2 Overview of contribution of Pharos – FSAN in publications and interviews

1. Introduction

Female circumcision – an operation with various forms, carried out on the female genitals – is a sensitive and awkward matter. It is a centuries-old tradition, seen particularly in Africa, and women themselves attach great value to it.

Female circumcision became an issue in the Netherlands over ten years ago with the arrival of female Somali refugees. These were women who had already been circumcised as well as girls who had yet to be circumcised in accordance with the tradition.

Sooner or later, the issue of the circumcision of girls arises in Somali families, despite the fact that all forms of female circumcision have been banned since 1993. During the short FSAN (Federation of Somali Associations in the Netherlands) campaign in 1996-1997, it emerged that there are both advocates and opponents of female circumcision. Many Somalis appear to be inadequately informed of the consequences of infibulation, the most radical form of circumcision (the complete removal of the genitals and the closing up of the vulva of girls aged between six and twelve), as all the health problems and pain are considered to be a normal part of the life of a woman. Parents struggle with the ban, because they – incorrectly – see the circumcision of their daughters as a religious duty.

There is a great need for more information, education and communication among Somalis.

The women who were circumcised in their youth in their country of origin come up against resistance and a lack of acceptance for what they see as a valued tradition. The consequence of this is that they become reluctant to discuss female circumcision, as they cannot relate to the reactions of health care workers. This is an awkward situation for both parties. Dutch care workers find it difficult to adopt an appropriate attitude towards this age-old custom.

Female circumcision is covered briefly during training and within the health care sector, but it is not the focus of any structural attention. The seriousness and the complexity are seen, but the problem is not considered to be widespread enough for specific expertise among the many issues seen as being more urgent and that arise more frequently. In addition, there is the assumption that there are effective policies in place and that it is a transitory phenomenon.

After all, the ban should mean that girls are no longer circumcised. However, it is performed illegally. The magnitude of the issue is difficult to determine, as there are no figures. We hear about it and read about it, but it remains an incomprehensible and intangible phenomenon. Female circumcision must be a constant issue on the agenda, otherwise its existence is forgotten. Banning such an age-old custom does not happen overnight, and requires the collaboration of the target group.

The public and political interest in female circumcision in the Netherlands has subsided since its initial topicality in the early 1990s. Rumours that Somali girls are being circumcised in the Netherlands in secret are regularly heard by the FSAN and Pharos, who are still closely involved with this topic.

In September 1999, a Somali mother broke the silence by going on Dutch radio, telling of how her daughter was circumcised against her will while on holiday in Somalia. After that, more women started to talk about their experiences and it became clear for the first time that circumcisions may also have been taking place in the Netherlands.

This incident gave rise to a number of questions in parliament, renewed political and public interest and ultimately led to the Ministry of Health, Welfare and Sport providing funding for the collaborative project between Pharos and the FSAN, which had been in preparation since 1998.

2. Preparatory phase of the project: joining forces

Without the personal involvement and determination of forerunners in the field of female circumcision, both at Pharos and FSAN, this collaborative project would never have got off the ground so quickly. It is therefore important to devote attention to this.

The topic of female circumcision has been the focus of the attention of two officers at FSAN and Pharos since the mid 1990s. Individually, they developed themselves as points of contact within the Netherlands, kept each other updated and assisted each other.

During the second European conference on female circumcision in Gothenburg (Sweden) in 1998, both officers became even more convinced of the importance of collaboration, the joining of forces with regards to this topic. Two heads are better than one when trying to combat female circumcision. At that time, female circumcision was no longer a focus of much attention or activity in the Netherlands. Both officers felt like they were voices crying in the wilderness, which was also the experience of many organisations in other European countries. Collaboration means setting to work on both threads simultaneously: focusing on both the African community, starting with the Somali community, and the Dutch health care sector.

Once public and political interest in the topic exploded in September 1999 in response to the story of the Somali mother, the contours of the collaborative project 'Female circumcision in the Netherlands: From policy to practice' started to take shape. Both officers were frequently asked for their opinion as 'experts,' and the explanation was just as frequently given that a policy had been in place since 1993, that guidelines had been in operation since 1994 (Medical Inspectorate of Health Bulletin), but that the reality in practice is more stubborn. This is the reason behind the name of the collaborative project 'From policy to practice.'

The incident in 1999 led to the establishment of the Dutch NGO Platform against Female Genital Mutilation (FGM) on 1 January 2000, consisting of Pharos, FSAN and the Netherlands branch of Defence for Children International (DCI-NL). The three organisations entered into a collaborative relationship to prevent female circumcision, each one from its own perspective: the promotion of health care of and for refugees, the representation and promotion of the interests of the target group and the promotion of children's rights.

The platform intends to develop activities in the field of education, research and the representation of interests, and wants to involve as many other organisations and individuals as possible by means of the establishment of an Advisory group with an open and informal character and the possibility to become an active or correspondence member.

The first meeting of the Platform and Advisory group was held within a short space of time, on 21 March 2000. A wide range of people and organisations were invited to attend: representatives from the African target group, various ministries, umbrella organisations of occupational groups, the Dutch Health Authorities, all regional Medical Care for Asylum Seekers foundations, parliamentary parties, researchers, people active in practice; refugee organisations, human rights organisations and children's rights organisations.

Those in attendance – a wide range of people and organisations – experienced this initiative as an initial step towards a united effort. Everyone was convinced of the importance of joining forces and of the implementation of more preventive and educational activities in order to combat female circumcision.

3. The project 'From policy to practice'

After the preparatory phase, the implementation phase of the project was set up in September 2000. This phase had a duration of 28 months, lasting until December 2002.

Starting point for the implemented activities is the project plan of August 2000..

According to this project plan, the core of the Pharos-FSAN collaborative project lies in:

- actively setting in motion the processes of change among the Somali target group by means of the recruitment and training of key figures and 'native language health educators' , who implement a series of education meetings.
- setting up a platform where all developments at national and international level surrounding female circumcision can be exchanged, and setting up an advisory group to bring together experiences and initiatives.
- increasing knowledge and skills in the health care sector with regards to dealing with the many facets of female circumcision.

Although female circumcision is also practised in other African communities residing in the Netherlands (e.g. from Sudan, Sierra Leone and Ethiopia), the decision was made to start with the Somali community. In terms of numbers, the Somali community is the largest group in the Netherlands (approx. 25,000). They are also the group with the highest prevalence and the most extreme form of female circumcision and they had indicated that they were willing to enter the process of change. The experiences gained with the Somali group provide the required input for new projects to be set up in the future for other African groups.

The project is aimed at prevention and education. The aim is to make female circumcision a topic of discussion within the Somali community, so that fewer mothers/parents have their daughters circumcised, and also within the Dutch health care sector in order to prevent problems and misunderstandings.

In order to achieve these goals, the following interconnected elements of project activities were set up and/or implemented:

1. Platform and Advisory Group meetings
2. Activities and research targeting the Somali community
3. Activities targeting the health care sector
4. International cooperation and exchange.

Three half-yearly progress reports were written during the project: one at the end of March 2001, one in November 2001, and one in July 2002. The general outlines of these reports can be seen in the evaluation of the project elements.

These reports provide details of the progress made in the project, the activities developed and also how the project was taking shape in practice. In this sense, it is a pilot project, from which a lot can be learned along the way.

Making female circumcision a topic of discussion – both within the African community and within the health care sector – requires patience, tact and perseverance. For both sides, it is a matter of getting the ball rolling.

4. Evaluation per project element

4.1. Dutch NGO Platform and Advisory Group meetings

The reason for establishing this body was to create a larger support base for the topic of female circumcision in the Netherlands, to bring various initiatives and people involved together and to join forces with regard to the matter.

The Platform against FGM consisting of Pharos, the FSAN and the DCI-NL is a small, active group that monitors national and international developments. The Platform initiates the advisory group meetings, and makes the necessary preparations with regards to the content. Pharos is responsible for organisational matters and the secretariat. The exchange of national and international developments, of practical experiences and topics related to the matter occupy a central position.

The project plan of August 2000 assumes one meeting per year.

4.1.1 Results

The attendance at the first meeting demonstrated that a great many people and organisations felt an involvement with the topic of female circumcision (approx. 55 people in attendance). One meeting per year is insufficient to maintain that concern and involvement, to create greater unity and a larger support base around a topic with so many different facets.

A total of six advisory group meetings were held: two in 2000, two in 2001 and two in 2002. On average, between 50 and 60 of the approximately 100 active members attended each meeting (half or more of whom were members of the Somali target group, along with a number of Sudanese people).

In addition, there were approximately 25 correspondence members. They receive a copy of the report.

Minutes were taken at every meeting and used to produce reports: six Dutch meeting reports are available and five English translations. The sixth report is currently being translated.

Overview of topics that were covered:

First meeting:

- Presentation of Platform work plan
- Female circumcision: past, present and future. An overview
- Performance of 'Idil, a girl' by the Banoul theatre group

Second meeting:

- Developments in policy and legislation in the Netherlands
- Female circumcision in Somalia
- Creation of and developments in European Network
- FSAN-Pharos collaborative project
- Developments in the pilot location of Tilburg
- Role of the Advice and Report Centre for Child Abuse and Neglect

Third meeting:

- International developments relating to children's rights and the circumcision of girls
- 'Reference group' initiative in response to signal report of previous advisory group
- State of affairs with regards to FSAN-Pharos project
- International developments and the strength of young people
- Views of young people on female circumcision
- Developments in the pilot location of The Hague by Somalian grass-roots organisation

Fourth meeting:

- Initial experiences with the 'training the trainers' course for the Somali community
- Discussion of manifest: 'Elimination of Female Genital Mutilation (starting with the Netherlands)

Fifth meeting:

- International developments relating to children's rights and the circumcision of girls
- Developments in the FSAN-Pharos project
- The medical aspects for female circumcision explained by a gynaecologist
- Experiences of a Somali health educator

Sixth meeting:

- National and international developments
- The position of Islam with regards to female circumcision, explained by an Imam
- Results of the FSAN-Pharos collaborative project to date
- Initial results of female circumcision survey carried out by the VU Amsterdam (Free University of Amsterdam)
- A dialogue with young Somalis.

4.1.2 Conclusions and follow-up

The establishment of a platform and an advisory group have proved to be a good method of creating a support base and of having a central forum where people concerned with the topic of female circumcision can meet and exchange their experiences. The accommodating set-up, the open and informal character and the communal lunches after the meetings are important factors in the high attendance levels at the meetings. The work on both threads simultaneously – towards both the African community and the Dutch health care sector – is at its clearest in these meetings. Somali poems and songs were performed during a number of meetings. 'It was a visibly moving moment for all the people at the meeting. The beauty and power of these performances touches everyone. It was a moment in which we all felt a unity in the battle against female circumcision' (from the draft handbook: G. Nienhuis, Z. Naleie). The presence of the many Somalis was mainly thanks to the encouraging role played by the FSAN. The FSAN invested a great deal in approaching involved Somalis verbally and individually (generally by telephone in the evenings), explaining the aim of the meeting, who else would be present, what would be expected of them if they were to present something, and encouraging them to attend.

One of the aims is to continue the Platform and Advisory group in the future, with a few modifications: the expansion of the Platform, adding new partners, and organising a meeting of the current advisory group once a year, as well as a special youth board. The future strength and the hope for future changes lie with young people. During the last advisory group meeting, they clearly expressed their keenness to be involved in the FSAN-Pharos collaborative project.

The special character of the meetings of Platform with the advisory group can only be guaranteed if there is an active follow-up to the activities involving the African target group.

4.2. Activities and research targeting the Somali community

Dialogue regarding female circumcision within a community needs to be initiated by the community itself.

The importance of education was strongly emphasised during a meeting of experts in Ghent in 1998 regarding female circumcision: help the community and its own organisations to take action from the inside, for example through 'bottom-up' community based approaches. From the perspective of the empowerment vision – the target group seeks and acquires knowledge itself in order to achieve the intended goal under its own steam – the most important output is the setting in motion or the further stimulation of the raising of the awareness of the Somali target group.

In accordance with the project plan of August 2000, the activities aimed at the Somali community comprised: the recruitment and training of key persons and 'native language health educators', who will organise education meetings for Somali women, men and young people in a number of pilot locations in the Netherlands.

Per province, there will generally be two key persons. A three-day training programme will be held for 25 people who will subsequently run three education meetings. In addition, a club of seven 'wise people' will be formed for the purposes of mediation and support.

A training module will be developed in consultation with the NIGZ (Netherlands Institute for Health Promotion and Disease Prevention), to be implemented nationwide as part of the training for health educators, in order to embed education and information about female circumcision in a structural manner.

Pharos, the FSAN and the DCI (Platform) have always argued for research coupled with the activities targeted at Somalis. The Ministry of Justice intended to carry out research into incidence rates and prevalence. In the 2000 project plan, research was still a point of discussion, partly also in response to questions in parliament and the results of the subsequent meeting of experts on 6 June 2000, organised by the Ministry of Justice.

4.2.1 Working method

a) *Combination of health educators and key persons*

Right from the very beginning of the project, it was clear that the initiation of a dialogue with the community about female circumcision is not something that health educators can do alone.

The combination of educators and local key persons is valued by the Somalis. Both are necessary, each having their own roles. They complement each other.

Health educators are trained to provide information. It is not their task to recruit people or to organise sessions. Some educators work on a freelance basis, while others have an employment contract, for example with an Area Health Authority, a home care organisation or a health clinic.

At the start of the project, there were a total of twelve trained Somali educators available, nine women and three men.

Key persons are people who enjoy trust and respect within their own community, but who also know their way around Dutch institutions, are able to work in a team and organise things, and have the confidence to take part in conversations about female circumcision.

The task of the key person as an intermediary is crucial. The key persons are the people who make initial contact, who manage to start a conversation with people in an approachable

manner. This could happen anywhere, for example in the family circle, on the street, at the market or at festive gatherings where a lot of people come together to meet.

When recruiting key persons, and health educators, everyone is approached individually (working in a bottom-up manner) in order to provide an explanation of the project, to hear people's viewpoint with regards to female circumcision, to explain their role and what is being asked of them and to establish whether they would be prepared to devote themselves to this cause and to follow training.

b) Cooperation requires flexibility and time

The FSAN project workers have invested a great deal in approaching educators, key persons, grass-roots organisation chairmen etc, face-to-face and individually.

After the first recruitment process, a meeting was held with a number of interested educators and key persons, partly to provide an explanation of the project and the various roles within it for educators and key persons, and partly to hear their ideas on how to initiate dialogue on the topic of female circumcision.

It was considered important that the interest in group sessions should be linked up with the issues that are important to Somali women, men and young people. The Somali people like to get together, but dislike situations that have been structured and worked out beforehand. A combination of music, nibbles and discussions appeals to them. The spoken-word culture remains important. They like to listen to well-educated people. It must be taken into account that people have not learned how to talk about female circumcision in public or how to exchange experiences.

FSAN also had a coaching role in the execution of the education meetings. Many meetings were held at weekends, as that was when people had time. Attention was also paid to the best locations and times for linking up educational sessions with existing activities, such as after Friday prayer in the Mosques for men, or in the community centres where women regularly come together anyway. Sometimes women also organise meetings at one of their homes in the evening.

It is also important that the material pre-conditions for participation in this project are well arranged: reimbursement of general expenses, travel expenses and child care costs.

This requires flexibility and time invested in finding things out, such as the fact that the national points of support health educators applied different price rates for educational sessions implemented by the trained educators. Key persons do not have a recognised position in the Netherlands, in contrast with the health educators. No rates apply to them.

4.2.2 Results

The training

In the summer of 2001, a five-day trial version of the 'training the trainers' course was developed for Somali educators and key persons, along with a draft version of an accompanying basic handbook. The development and execution of the training was carried out by two project workers from Pharos and FSAN.

The first two consecutive training days were given on location: in September 2001 in The Hague for 17 participants (men and women from The Hague and Ede), in October 2001 in Tilburg for nine women and in January 2002 in the northern region of the Netherlands for 11 participants (men and women from Leeuwarden, Groningen, Emmeloord and Arnhem).

The last three training days took place during a joint training weekend in April 2002 in the Beukbergen conference centre in Huis ter Heide instead of being held on three separate return days as originally planned. During this training weekend, work was continued on the transfer of knowledge, skills in bringing up female circumcision in discussions, recruitment and

education by means of role-plays and exercises, for example. The participants appeared to value visual materials. A number of videos were included in specially compiled 'education kits' for each pilot location: a basic pack of materials for educators.

Two guest speakers were invited: an imam with an impressive story and an advice centre doctor from the Advice and Report Centre for Child Abuse and Neglect, who told of how the Netherlands is carefully trying to deal with child abuse and the role of this centre. This was one of the themes of the closing sketches performed by the participants for a number of invited guests. As a conclusion to the training, a certificate was granted to the 29 participants present.

Within the framework of research (see point on research and the report of the sixth advisory group), participants were interviewed regarding the training, which was judged to have been a very positive experience.

The fact that men and women can discuss the subject together is a big step forwards. New knowledge was gained regarding the various forms of female circumcision, where the practice takes place, the consequences and how to provide and organise education and information, for example. The fact that female circumcision was placed in a broader context had a positive effect: through seeing (on video) and hearing that female circumcision is a worldwide problem, and the activities being developed in other countries, the participants felt strengthened in their role as an opponent of the practice. All of them consider the continuation of the educational activities to be of the utmost importance.

The limitations of time were a minus point for everyone involved: the five-day training programme was considered to be too short.

There was insufficient time available to spend on matters like recruitment, which is always a complex matter, how contacts can be made with local Dutch organisations and how to draw up reports.

The adaptation of the training on the basis of the initial experiences has been put to one side due to the long-term sickness of one of the project workers, as has the further elaboration of the basic handbook accompanying the training programme.

In consultation with the NIGZ, the conclusion was drawn that the subject of female circumcision can be included in the training of health educators. That training is currently being modified. This opens up the possibility to run the 'training the trainers' course on female circumcision once again, before this is adapted into the form of a training module for the educators. There is already a number of new Somali organisations and individuals interested in this training programme.

The pilot locations

The places with large Somali populations and the distribution across the country were taken as the starting point when choosing the pilot locations. Initially, the focus was placed on Tilburg, The Hague and Lelystad, with a link to the northern parts of the Netherlands: three locations with existing interest and initiatives on the part of local organisations.

Ultimately, six pilot locations were selected: The Hague, Tilburg, Arnhem, Emmeloord, Leeuwarden and Groningen.

In The Hague, a large Somali grass-roots organisation named SBSS (Stichting Bewonersorganisatie Van Somaliërs in de Schilderswijk, the Foundation of the Somali Residents' Organisation of Schilderswijk) took on the responsibility for the execution of a number of activities for their members. This was also the case in Leeuwarden, but the grass-roots organisation concerned was smaller in scale.

In Arnhem and Emmeloord, the activities executed were led by individual key persons. In Groningen, no educational sessions were held other than a well-attended initial meeting. This came about chiefly as a result of differences of opinion between the key persons and a phase of transition between two executive committees of the local grass-roots organisation that was responsible for the implementation. Furthermore, no trained health educator was available in Groningen.

The organisation of an initial meeting was a new activity that was not included in the project. The SBSS organisation in The Hague took the initiative in this, and Tilburg, Arnhem and Groningen followed suit. The aim of this initial meeting was to inform the local Somali community about the project and to improve their knowledge regarding the issue by means of a talk by an FSAN project worker on backgrounds, developments in the Netherlands and the rest of the world, religious aspects and health consequences, in order to encourage participation in the educational sessions.

Tilburg was the only location in which the Dutch health care sector was closely involved in the project. There was no umbrella grass-roots organisation. The collaborative partner was the Centrum Buitenlandse Vrouwen (CBV, the International Women's Centre), which worked closely with the Area Health Authority. In spite of regular contact for coordination purposes, the responsible representatives of the CBV and the Area Health Authority felt insufficiently involved – in terms of both content and organisation – in the implementation of activities by the Somali key persons, who were also directed and supported by the project organisers, particularly by FSAN.

For subsequent projects, the idea is that five ready-trained key persons act as points of contact and with the role of regional intermediary, towards Somali organisations and key persons as well as Dutch organisations.

There is a difference between the working methods of professional Dutch organisations and grass-roots organisations. Once ready, Somali organisations or key persons want to organise a meeting at the earliest opportunity, as free and flexible in its structure as possible. Dutch institutions want a certain amount of clarity first: they want to know the policy and the objective, and they want to see the plans and ideas on paper. On several occasions, this formed an obstacle for Somali educators and key persons who were keen to make a start.

See appendix 1 for an overview of the activities implemented in the pilot locations.

The educational meetings

The following educational meetings were held in the pilot locations:

6 sessions for men	117 participants
19 sessions for women	441 participants
2 mixed sessions (men and women)	191 participants
3 sessions for young women	79 participants
3 sessions for young men	88 participants
3 mixed sessions (young men and women)	96 participants
A total of 36 educational meetings:	1012 participants.

Concluding sessions were also held in Tilburg and Arnhem, playing host to 54 and 26 female participants respectively. Education and information provision also formed part of this session.

Most of the educational meetings took place in community centres, sometimes in people's homes, twice in an asylum seekers' centre and a number of times at the premises of *VluchtelingenWerk* (the Dutch Refugee Council).

The ages of the participants ranged from 16 to 60 years.

During the sessions, a number of Somalis were reached directly. However, the dissemination of information also takes place indirectly, through the informal network. Somalis are a community with a spoken-word tradition, and the information given during such educational sessions is passed on by word of mouth.

Reactions of the participants

Various reactions were expressed during group discussions.

- Female circumcision is a part of our tradition and culture, and we want to preserve it.
- Female circumcision is connected with our religion; that is why we want our daughters to be circumcised.
- A male point of view: female circumcision is a women's issue
- Female circumcision is a disease; we must stop this shocking practice.
- The responsibility for the problem of female circumcision lies with men, as they insist on having a wife who has been circumcised.
- Young Somali women feel double afflicted: they were circumcised in Somalia and are afraid that their chances of marriage may be reduced if young men here in the Netherlands are given such information that would make them turn away from female circumcision.
- Some young men state that they would not want to marry a woman who has been circumcised, whereas others are considering having their daughters circumcised at some point in the future because they have been told by some religious leaders that circumcision (Sunna) is compulsory.
- Education must take place not only in the Netherlands but also in Somalia.

The general impression – particularly in the eyes of FSAN, representatives of which attended several sessions as observers – is that there are still many Somalis who would like to have their daughters circumcised. Somalis themselves also say that this is the case. Many still believe that it is a rule set by their religion. Religious leaders do not take a clear stance on the matter. An important future point for attention is to devote more attention to this aspect.

The notion that in the event of remigration to Somalia nobody would want to marry a daughter who has not been circumcised also plays a role.

Parents who do not have their daughters circumcised do not dare to say so, as they are afraid of the criticism they would receive from the community.

On the other hand, there are also clear responses from participants at the training sessions, the forerunners, who are already several steps further:

'Due to our migration and the passing of time, we have come to think differently, and we now see the harm caused by our tradition. However, our parents could not have acted otherwise and it is out of the question to suggest any kind of abuse. They wanted the best for us, their children. After all, we all looked forward to the day we were able to announce in the school playground that we had been circumcised too.

We are now able to express the sadness and pain in our history and that the circumcision of girls is no longer appropriate in this day and age. We want to give our daughters a happy future, a future in which they can fully develop emotionally, and a future in which they can be allowed to play and feel protected.'

Wise people

The formation of a group of about seven 'wise men' for the purposes of mediation and support has not been realised. A meeting took place with a few potential candidates, but this process was not continued further. The timing of this was probably too soon.

In addition, this construction is 'too loosely connected.' There is no imbedding in the project. In the group of trained key persons, who have been involved since the very start of the project, there are certainly individuals to be found who could act as 'wise people.'

Research

Thorough research, linked with the preventative activities targeted at the Somali community, has been the objective of various initiatives right from the start, particularly with a view to gaining more insight into the knowledge and attitudes of Somalis in the Netherlands and in order to ascertain the extent to which education influences the decision process regarding whether or not to have a daughter circumcised. In other words, the aim is to gain insight into the effectiveness of this approach.

In collaboration with the VU Amsterdam (Free University of Amsterdam), various research proposals were submitted in 2000 and 2001 to ZON (*Zorg Onderzoek Nederland*), to the NFGV (*Nationaal Fonds voor Geestelijke Volksgezondheid*, the National Fund for Mental Health) and to the Research and Documentation Centre of the Dutch Ministry of Justice (WODC). These research proposals were rejected, for various reasons, such as: doubts regarding the implementation of actions in response to the results; the view that it is a difficult problem for which no figures are available; budget limitations in combination with other priorities; the view that this issue would be more appropriately explored elsewhere. Here, too, we are confronted by the tendency of the various groups to 'pass the buck' to each other with regards to this issue.

In 2002, the VU's Research Information Centre made a small budget available (principally for the reimbursement of general expenses, costs of interpreters and travel expenses) to allow five students to carry out research. The same commitment applied to the year 2003.

Three (female) students elected to look at the trained key persons and the health educators from a different perspective. One research report has already been completed –

Vrouwenbesnijdenis in Nederland: gedragsbepalende factoren Somalische sleutelpersonen en voorlichtsters (Female circumcision in the Netherlands: factors determining the behaviour of Somali key persons and educators) – and was presented during a congress of the Research Information Centre for Ethnicity and Diversity in November 2002. Pharos and the FSN also made a contribution to this in the form of a workshop on female circumcision (see the report of the sixth advisory group for the results of the initial surveys). A number of students are still working on their research.

4.2.3 Conclusion and subsequent action

A process has been set in motion with regards to Somalis.

There are **29** people who have been trained and awarded a certificate: 12 health educators and 17 key persons.

The number of trained Somali health educators in the Netherlands is relatively small. There is a limited availability of male educators (only three). In order to increase this number, Pharos has launched a project, in cooperation with the NIGZ and the Verwey Jonker institute, for a new training programme for refugees with a higher educational background.

The 29 trained key persons and educators, who have been involved since the very start of the project, have already done a great deal of work.

Briefly summarised, the following activities were carried out in the six pilot locations:

- four initial meetings with an direct reach of 385 participants;
- 36 educational sessions, reaching 1012 participants;
- two concluding sessions, with 80 participants.

In addition to the direct reach, there is also indirect dissemination of information through the informal network.

A sound basis has been laid for the facilitation of discussions regarding this issue. However, the educational sessions have demonstrated that there are still many Somalis who want to have their daughters circumcised. The key persons and educators have clearly indicated their wish to continue the work, for which the material pre-conditions will need to be guaranteed. Five days of training is a start. Further capacity building represents a long-term investment. These individuals would need a number of refresher training days per year in order to exchange experiences, to be informed of the latest developments and to improve their knowledge and skills relating to certain topics, for example how to make the best contacts locally, not only with their supporters but also with Dutch organisations (an intermediary role), and how to write 'Dutch style' reports.

Bridges are also built in this way. Even now, one can already see that in spite of the differences in working methods between the Dutch and the Somalis – paper-plan-structure versus talking and action – a number of key persons sometimes try to put together a plan in the 'Dutch style,' putting their ideas onto paper, having been encouraged in this by FSAN. The 'train the trainers' course for Somalis has been run once so far, and will need to be repeated at least once before it can be made transferable. In this respect, the option is being considered of implementing the entire training programme on location with smaller groups, thus allowing the participants a more active role in the programme. In a few locations, such as Amsterdam, Rotterdam, Alphen aan de Rijn and Purmerend, grass-roots organisations and individuals have already indicated that they are keen to get to work with the topic of female circumcision.

The working methods were different in each of the six pilot locations, dependent of the local situation. This initial experience has not yet provided sufficient clarity on which methods work best. Further exploration is therefore required. In any case, it is clear that there is not just one way of doing things.

The topic of female circumcision has not yet been imbedded, locally or regionally. By means of regional points of contact, consisting of five ready-trained key persons, work can be done towards giving the topic a place on the agenda both locally and regionally.

The same construction can be applied to the Dutch health care sector (see Dutch health care sector).

Regional or local joint financial responsibility for activities relating to female circumcision also means a step towards imbedding. However, this is a process requiring the investment of a certain amount of time.

Cooperation is important with regards to this topic. Pharos and FSAN joined forces. They collaborate at national level, and they can act as role models with the important task of stimulating, supporting and coaching increased cooperation, regionally and locally.

In addition, materials can be further developed nationally, the website designed and new initiatives be developed, such as bringing in other nationalities and devoting more attention to the target groups of young people and religious leaders (Islamic and Christian).

4.3 Activities aimed at the Dutch health care sector

It is ten years since the government formulated its stance on female circumcision and made it a punishable offence.

In 1994, the Medical Inspectorate of Health put forward guidelines by which three objectives would be pursued:

1. Prevention, with the ultimate goal of preventing female circumcision in the Netherlands.
2. Uniform policy: registration of every reported case.
3. Gaining an impression of the extent of the problem.

Care workers of various disciplines are invited to incorporate these guidelines into their own protocol regarding this issue.

The project 'From policy to practice' chiefly focuses on the first of the three objectives: the prevention of female circumcision by means of actively making it a topic of discussion, within health care as well.

Within the project plan 2000, the activities focusing on the Dutch health care sector are summarised as follows:

'Further develop education, training and consultancy for the health care sector by means of developing tailored training modules per occupational group, a systematic inventory of all requests for advice and consultancy, and updating existing manuals on education and publishing in professional journals.'

4.3.1 Working methods

At the start of the project, the aim was to mobilise both the Dutch health care sector and the Somali community in the pilot locations simultaneously, thus making it a jointly supported topic. Contacts were made in and around the pilot locations, principally with the Area Health Authorities and regional Medical Care for Asylum Seekers foundations. Promises to call back were often not kept. Reorganisations, overfull schedules, sickness-related absence, and other priorities were often to blame for this, along with the fact that the topic is considered to be complicated.

It is therefore a question of persistence, continuing to maintain contacts and being aware that it will all take time. You set things in motion and then don't hear anything for a while. This doesn't mean that nothing is happening. The reality is that this is a process that takes a long time, and that female circumcision – although a complex issue – is one of the many matters with which the health care sector and individual care workers are confronted.

4.3.2 Results

A few developments:

- Partly as a result of the project, a working group is now active within the Medical Care for Asylum Seekers foundations, both regionally and nationally. The members of this group attend meetings of the advisory group and receive the reports. They are working on an action plan.
- In the pilot location Tilburg, the Area Health Authority has actively taken part in the thought processes and in taking action, including activities targeting Somalis. Initiatives regarding the provision of active training for the health care sector, which were first implemented in 2001 and 2002, took shape in February 2003 in an initial introductory session: 'The care worker as an intermediary.' The turnout from various organisations, including Youth Health Care, Medical Care for Asylum Seekers, the Child Protection

Council, and the juvenile and vice police, exceeded expectations and the level of interest was great. The offer of having expert intermediaries 'in house' was well received and is now being communicated back to the various organisations.

- In Flevoland in 2000, a motion was tabled regarding the prevention of the circumcision of girls in Flevoland. Following consultation with experts in this field and the Flevoland Platform for the Assistance of Refugees, Axion (with its supporting role for provincial welfare institutions) was designated as the coordination point for questions on female circumcision and its consequences. Axion is working closely with Pharos.

Various efforts have finally led to the completion of an action plan, publicly presented by Axion-Flevoland in the provincial government building in Lelystad on 18 March 2003.

This action plan means that a provincial working group has been formed, (comprising a general practitioner, a midwife, a gynaecologist, a Somali key person and the Advice and Report Centre for Child Abuse and Neglect), who provide information, advice and support.

- The Advice and Report Centre for Child Abuse and Neglect in Utrecht contributed to the training programme for the Somali key persons and educators, and is now requesting assistance in maximising its expertise itself.

Training

On request, Pharos has given approximately 35 training sessions within the framework of training for midwives, medical students and nurses, for example. This was also a topic of discussion during the Youth Health Care conference organised by Pharos in 2002.

Female circumcision is not always the topic specifically asked about; rather, the topic is interwoven with other themes such as intercultural matters or youth/parent and child care.

Pharos is currently developing a methodology specifying 'where, what and when' the most appropriate intervention can be performed within the professional care provision circuit for the prevention of the circumcision of girls. This development has been delayed by the sickness-related absence of the project worker concerned.

This methodology under development will be tested during the training sessions, in other words tested against the practical experience of the care workers.

One problem area that keeps raising its head is the determining of an appropriate attitude when entering into the dialogue, and the creation of a low threshold enabling the topic to be raised in discussions and for those discussions to continue at some length.

The need for a methodology (in book form or otherwise) is clear.

Asking for information, advice and consultancy

From mid 2000 through to the present day, the most important questions relating to female circumcision – over 150 – have been registered, mainly by the project workers at Pharos.

There are certainly at least as many questions that have not been registered.

Of those 150 questions, approximately 60 questions have come from the care sector: nurses (at Asylum Seekers Centres/Medical Care for Asylum Seekers foundations, specialised in obstetrics), Youth Health Care, midwives, Area Health Authorities, general practitioners, gynaecologists, the Child Protection Council, the Advice and Report Centre for Child Abuse and Neglect, 'Nidos' supervisors (youth protection for refugees), teachers and the police. The questions are wide ranging, relating to: background information, rectification operations, how to bring up the topic in discussions, what to do in the event of threatened circumcision, whether there are support groups of people in the same situation, matters relating to

circumcision and childbirth, medical complaints as a consequence of circumcision, education, dealing with family pressure, asylum in relation to threatened circumcision.

The questions do not only concern Somalis, but also people from Egypt, Sudan, Eritrea, Ethiopia, Togo, Gambia and Guinea.

The questions provide sufficient casuistry for use in training sessions as appropriate.

There is a wide range of people with questions alongside those in the care sector:

- More and more students are asking for information for their essays and dissertations, often also wanting to interview a circumcised woman (students of medicine, social work, education sciences, maternity care, etc).
- A growing number of lawyers, *VluchtelingenWerk* workers (the Dutch Refugee Council) and people working within other organisations, in connection with the threat of circumcision in their own country.
- Many questions from the media (including the publications *Trouw* and *Bijeen*, the broadcasting company BBC London, the Dutch radio station Radio 1, local radio stations and local newspapers), along with various requests for contributions in the form of an article or interview (*Transact*, *Justitie* (Justice), *Vakblad Kraamzorg* (maternity care journal), *Medisch Contact*). See appendix 2.
- Requests for information from other countries (including Germany, Italy and Belgium).
- A large varied group, such as people from the target group itself who want to get involved, other interested parties who want to do something to contribute and requests for presentations at themed evenings held by various general organisations.

The page on female circumcision is currently one of the most frequently visited subject pages on the general Pharos website.

Reference group

In response to a concrete case during the second advisory group meeting and a few other cases around the country, this group was set up to take threatened cases of the circumcision of girls seriously, particularly by examining how reported and suspected cases can be dealt with better, since the general guidelines of the Medical Inspectorate of Health bulletin offer little to go on in practice.

This reference group (consisting of members of the Platform, the Inspectorate, the Advice and Report Centre for Child Abuse and Neglect, the juvenile and vice police, the Child Protection Board and the Tilburg Area Health Authority) has met twice so far. For the time being, Pharos will continue to occupy the leader's role.

4.3.3 Conclusions and follow up

The aim to run the activities for the Dutch health care sector concurrently with the activities aimed at the Somali community in the pilot locations has turned out to be unfeasible. Reasons for this included external developments, outside the scope of influence, such as reorganisations, which many care institutions face, sickness-related absence and other priorities (such as the national immunisation campaign run by the Area Health Authorities). However, the fact that there is no institutional policy regarding this topic also plays a major role.

The mobilisation of the health care sector with regards to this topic remains a necessity but is a slow process. Looking at the results – taking Tilburg and Flevoland as examples – it becomes clear that there are long-term developments.

The question is whether the development of training modules per occupational group (in accordance with the project plan 2000) is a realistic option and whether it ultimately yields sufficient results. A better alternative could be the training and coaching of intermediaries concerned from various care provision groups active locally/regionally in the field of female circumcision. The first session held in Tilburg showed that the care workers involved respond enthusiastically to this working method.

A general methodology is also under development, giving various occupational groups a handle on making female circumcision a topic of discussion. The experiences with this methodology can be used to develop a textbook for training curricula.

The many requests (from students, amongst others) for a brief interview with a circumcised woman also demonstrate that there is still a long way to go with regards to attitudes. For the women themselves, it is an intimate topic that they certainly do not want to discuss with strangers for the purposes of a project or dissertation. The special Pharos/FSAN website on female circumcision, created in the spring/summer of 2003, will focus attention on the complexity of the subject and how it can be made the topic of a discussion.

The advice and consultancy function will be continued, as will the publications in professional journals and the provision of training sessions.

4.4 International collaboration and exchange

Internationally, the global ban on female circumcision (also known as FGM, Female Genital Mutilation) occupies a prominent position as an action item on the agenda of various organisations, including the WHO, UNICEF, United Nations Population Fund (UNPF), UNHCR, Amnesty International and the Council of Europe.

The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC), established in 1984, operates in 28 countries, focuses on working within communities, makes contact with religious leaders and people who carry out circumcisions and motivates young people to take a stand. To date, six European countries have joined the IAC, including the Netherlands, represented by the FSAN and Pharos.

The European Network for the prevention of female circumcision was facilitated by the International Centre for Reproductive Health at the University of Ghent (Belgium) towards the end of 1999. The participating members (including the Netherlands) are from Europe, with both African and European origins. The mutual exchange of developments and experiences is of vital importance, as is the support for each other in the sometimes lonely battle. The network can also be put to use for joint lobbying efforts. For the purposes of exchanges between Europe and Africa, a link with the IAC was sought in order to monitor developments and to build bridges.

The importance of international cooperation and exchange is emphasised in the 2000 project plan and attendance of at least one meeting per year is assumed.

4.4.1 Results

2000

- Three meetings of the European Network were held in Gothenburg and Ghent, with contributions from Pharos and the FSAN. A report was given during the advisory group meeting in October.
- Membership of the IAC was gained in October.
- Meeting of European countries in the European Parliament, Brussels, in November.

2001

- Participation at the fifth IAC Conference in Tanzania in late February/early March, where the 'From policy to practice' project was presented. A report was given during the advisory group meeting in April.
- The FSAN and Pharos received an anatomical model via the IAC, to be used in Africa for education about female circumcision, as demonstrated in the Fatusch Productions film '*Een dorpstraject. Hoe een Malinees dorp anders gaat denken over de traditie van vrouwenbesnijdenis*' (A village's progress. How a Malian village can think differently about female circumcision). This film was part of the 'Ridding the world of female circumcision' programme organised by KIT/Novib.

The anatomical model was introduced during a number of educational sessions for women within the framework of the 'From policy to practice' project and proved itself to be very enlightening.

2002

- Meeting of the European Network in Paris in March, in order to discuss statutes and to allocate tasks. The Netherlands occupies a seat on the board, fulfilling the role of treasurer.
- Sweden requested that a collaborative project be given shape.

- In April, the Institute for Reproductive Health in Ghent submitted a proposal to Daphne for a joint qualitative research project aimed at the double thread policy for basic health care and the African community in Belgium, Spain and the Netherlands (with the FSAN and Pharos as partners). The research proposal was rejected in late 2002, but a new attempt will be made in a later round.
- In March, the FSAN attended the first meeting of a two-year, part subsidised European project – IDIL (Instruments to Develop the Integrity of Lasses) – in Frankfurt. IDIL is a Somalian girl's name meaning ‘intact.’ The partner organisations are chiefly African/Somali organisations from a number of European countries. The aim is the development of new educational and informative materials.
- Presentation of the project during International Conference on Female Circumcision, held in September in Denmark by the FSAN.
- Two meetings of the European Parliament in Brussels late in the year.
- Meeting of the European Network and media in Rome in December

2003

- Attendance of International IAC Conference in Addis Ababa, Ethiopia ‘Zero Tolerance to FGM’ in February. (already planned in 2002)

4.4.2 Conclusions and follow-up

Internationally, there is a great deal of activity in the field of female circumcision. This has an encouraging and supporting effect for the exchange of experiences and working methods and for learning from one another. It also promotes the joining of forces in the battle against female circumcision. It forms a good opportunity for joint lobbying efforts, for example in the field of research concerning prevention and education.

In the meantime, a sizeable network of international contacts has been built up. There is international interest in our experiences, especially in the way activities have taken concrete shape in ‘practice’.

International cooperation also supports the work being done nationally. The recent IAC Conference in Addis Ababa, at which young people and religious leaders were named as important target groups for the future, is confirmation that we are on the right track.

With an eye to the future, the course of action with regards to international activities will be continued: attendance of international meetings, the sharing of knowledge, collaboration and research. Relevant informative material will be translated.

5. Summary

The collaborative project between Pharos and the FSAN has taken shape in practice. A 'bottom-up' working method means the investment of a considerable amount of time in finding things out. In this sense, it is a learning project, a pilot. The experiences gained will act as input for the follow-up stage. Collaboration involves simultaneous work being carried out on both 'tracks': both for the African community, starting with the Somali community, and for the Dutch health care sector.

By project element

Platform and advisory group meetings

A platform and an advisory group appear to be good ways of creating a support base and having a central forum where the people involved with the issue of female circumcision can come together and exchange their experiences.

The advisory group has met six times. A report was made of every meeting, available in Dutch and English.

These meetings will be continued in the future, with a few modifications:

The Platform will be expanded, with new partners and the organisation of the current advisory group once a year, along with a special youth board.

Somalis do not generally attend meetings simply as a response to a written invitation. The attendance of the many Somalis is chiefly thanks to the bottom-up work done by the FSAN: talking to the Somalis concerned individually and explaining the purpose of the meeting, who will be present, what would be expected of them if they give a presentation and encouraging them to attend.

Activities and research aimed at the Somali community

From the perspective of the empowerment vision – the target group gathers knowledge itself in order to achieve the intended goal under its own steam – the most important output is the setting in motion or the further stimulation of the raising of the awareness of the Somali target group.

In order to achieve this goal, the combination of key persons and 'native language health educators' was used: both had their own role. Educators are trained in the provision of education. The role of the local key person is crucial. Without local key persons, who enjoy trust and respect within their own communities, the issue cannot reach the community. This working method will also be used in involving other nationalities.

Key persons and health educators have followed a common five-day 'training the trainers' course, developed and implemented by project workers from Pharos and the FSAN. Placing female circumcision within a broader context has a supportive effect for the participants, namely to know that female circumcision is a global problem, and the various activities developed in other countries. A basic handbook accompanying the training for participants is in development.

A certificate was presented to **29** people (17 key persons and 12 health educators).

Future supplementary training is necessary for this group of 'forerunners,' who are motivated to continue.

In consultation with the NIGZ, the conclusion was drawn that the subject of female circumcision can be included in the training of health educators. That training is currently being modified. This opens up the possibility of running the 'training the trainers' course on

female circumcision once again, before this is adapted into the form of a training module for health educators.

There are six pilot locations where activities have been implemented: The Hague, Tilburg, Arnhem, Emmeloord, Leeuwarden and Groningen. The working method was different in every location.

These initial experiences have still not provided sufficient clarity on what works best. Further exploration is therefore required. Furthermore, it is clear that there is not just one way of doing things.

The organisation of an initial session was not included in the project. The SBSS organisation in The Hague took the initiative in this, and Tilburg, Arnhem and Groningen followed suit. It was a good initiative to mark the start of the 'local education campaign.'

The following activities were implemented in the six pilot locations:

- four initial sessions, reaching 385 participants;
- 36 educational sessions, reaching 1012 participants;
- two concluding sessions, with 80 participants.

The formation of a group of seven 'wise people' has not been realised. It was probably too soon for this. It would be better to select a number of 'wise people' from the group of forerunners – who are closely involved with the project – when appropriate.

Cooperation is important with regards to this topic. Pharos and the FSAN joined forces right at the start of the project. They work together at a national level, and they can act as role models with the important task of stimulating, supporting and coaching regional and local cooperation. For a continuation of the project, the idea would be to deploy five trained key persons as regional points of contact.

In the future, it will be important to bring in other nationalities and to devote more attention to the target groups of young people and religious leaders (Islamic and Christian).

Activities aimed at the Dutch health care sector

The mobilisation of the Dutch health care sector with regards to this subject remains a necessity, but is a slow process. Female circumcision is just one of the many matters with which the health care sector and individual care workers are confronted. The promotion of cooperation between a limited number of professionals in the region who will be given training could yield more fruit than providing training to everyone. The first training of this kind in Tilburg, entitled 'The care worker as an intermediary,' was enthusiastically received. Making female circumcision a topic of discussion continues to prove difficult. There is a clear need for a methodology. Such a methodology is under development and will eventually form the basis for the development of a textbook for training curricula.

A central information and advice point for matters relating to female circumcision, also involving other nationalities, clearly meets a need, and is also important to guarantee continuation in the future. The special Pharos/FSAN website on female circumcision took shape in the spring/summer of 2003.

More attention must be devoted to improving the response to indications of the threatened circumcision of girls. The so-called reference group was formed as an initial initiative, a concept also applied in the United Kingdom and Sweden.

International cooperation and exchange

International cooperation and exchange are a good opportunity to join forces and for joint lobbying, for example in the field of research.

International cooperation also supports work nationally.

The experiences gained through our project will be shared within the European Network and elsewhere. Relevant informative material will therefore be translated.

Looking to the future, the line followed in relation to international activities will be continued as far as participation at international meetings, the sharing of knowledge, cooperation and research are concerned.

6. Recommendations

General

The strategy for the contribution towards prevention of circumcision by means of active cooperation with the target group works. This links up with the knowledge that an effect is only achieved if there is genuine cooperation with the target group concerned.

At a national level, Pharos and the FSAN have shaped that cooperation. They can act as role models with the important task of stimulating, supporting and coaching regional and local cooperation.

Further cooperation must be continued and expanded and also applied to other African nationalities.

Somali community

Alongside health educators, who carry out the educational work, key persons play a crucial role in the initiation of discussions and the making of initial contacts with regards to this issue in an accessible way. Without key persons, the issue cannot reach the community.

They must be given additional training, so that they can fulfil their role serving their own community as well as an intermediary role: building bridges with the Dutch health care sector. This intermediary role extends further than the issue of female circumcision alone.

The educational meetings have brought to light the fact that there are still many Somalis who want their daughters to be circumcised for various reasons. People do not alter their behaviour after just a couple of educational meetings. Continuity is necessary for actual behavioural change.

Specific sessions must be organised for and by young people.

Religious leaders must become actively involved in the problem of female circumcision. Here too, it is important to work step by step.

Dutch health care

In view of the extent of the problem, it is not realistic to attempt to train everyone in the prevention of the circumcision of girls. The project has demonstrated that the promotion of cooperation between a limited number of professionals in the region yields more fruit. For this purpose, this committed group will receive training collectively.

The topic of female circumcision must be included in training curricula. In order to bring this about, both top-down and bottom-up efforts must be made.

A methodical textbook must be developed as a supporting tool for care workers when entering into discussions on female circumcision and its prevention.

More attention must be devoted to the improvement of responses to indications of the threatened circumcision of girls in practice. A national reference group has been set up by Pharos for this purpose. Further explorations regarding its form are necessary: whether it should continue in its nationwide form or be organised on a regional basis.

A central information and consultation point for matters relating to female circumcision, also involving other nationalities, clearly meets a need, and is also important to guarantee continuation in the future.

Policy

A broad policy with greater coherence and more efforts in various fields is desirable in order to keep the issue on the agenda for a number of years and in order not to be dependent on short-term projects.

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Lecture by G. Nienhuis, Pharos, during Presentation of Action Plan: preventing the circumcision of girls in Flevoland. Provincial government building, Lelystad, 18 March 2003

Appendix 2

Overview of contributions by Pharos – FSAN, publications and interviews

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Female circumcision / Radio 1, date of broadcast 27 November 2002. Interview with Marina Hendriks and Marjan Kabi. 15 minutes.

Appendix 1

Overview of educational activities + number of participants in the six pilot locations:

- initial meetings
- number of educational sessions
- concluding session

Activities	Number of sessions	Participants The Hague	Number of sessions	Participants Arnhem and area	Number of sessions	Participants Leeuwarden	Number of sessions	Participants Emmeloord	Number of sessions	Participants Tilburg	Number of sessions	Participants Groningen
Initial meeting		140 (male/ female)		70 (female)						55 (male/ female)		120 (male/fem- ale/youth)
Education for men	3	72			1	12			2	33		
Education for women	2	65	7 (Arnhem, Ede, Veenendaal, Wageningen)	148	3	66	2	53	5	109		
Mixed education (male/female)	1	160					1	31				
Education for young women	1	36			1	21			1	22		
Education for young men	2	74			1	14						
Mixed education (young men/women)	1	44					1	20	1	32		
Concluding session		110*		26						54 (female)		
Total		451*		174		113		104		196		

* The concluding session in The Hague coincided with the sixth advisory group. The figure is not included in the total for The Hague.