



# Evaluation Report

*Migrant Women's Health Services Project – AkiDwa Female Genital Mutilation Project*

*Sharon Foley, MSc, MA*



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## Foreword

In my working life but especially during my time with AkiDwA I have met many women who are victims of gender based violence. Since 2002 I have been contacted by social workers, nurses, legal advisors and other service providers such as women refuges who, themselves, were coming into daily contact with victims of FGM (female genital mutilation). In coming to AkiDwA, all of these professionals admitted a lack of awareness on the subject of FGM and felt that they were ill equipped to deal with the cases being presented.

I too have felt this sense of powerlessness from time to time. In 2003 I met one woman who had been mutilated in her country of origin at the age of nine and again at ten. As she explained to me the pain she endured, subsequent complications during the birth of her son, how sexual intercourse is a pleasure less burden and she hates that time of the month when she has her period due to the sheer pain that she endures, I became numb and felt helpless. In my mind this woman needed psychological and medical attention – but where could I refer her? I had previously referred women to a counsellor working in a women's refuge even though I knew that they were neither properly informed nor equipped to deal survivors of FGM.

Based on our experiences AkiDwA started advocating for greater awareness raising and training, culturally appropriate services, government recognition of the extent of FGM and GBV as well as the introduction of gender asylum guidelines in 2004. Currently there is increasing recognition of FGM as an issue of global concern. This has seen evolving collaborations between nations; international donors; regional and local non-governmental organisations; communities and individuals. In our own small way, we in AkiDwA like to think that we have been part of this global collaboration for change.

Our efforts to commence investigations into the extent and understanding of FGM commenced in 2005 with four focus group discussions involving 15 women from 7 different ethnic communities that practice FGM. Our major objective was to establish a baseline as to knowledge and an understanding of FGM among African Women living in Ireland. As I facilitated these discussions it became apparent that all the 15 women had a very good understanding of FGM. Seven declared that they had undergone FGM and the remaining eight either had family members and/or friends who were victims/survivors. One woman declared that her mother who is a matron in Nigeria has circumcised children as many of the mothers don't want to leave hospital without it being done. This woman held a misguided view from her own training many years ago that a child's life could be in danger if this wasn't done. This has highlighted for me that strong cultural practices and beliefs remain predominant even in countries where the practice

of FGM has been outlawed. The discussion also highlighted that pressures from home within some practicing communities could facilitate its continuation in Ireland.

Towards the end of 2007 AkiDWA received a one year funding from the Office of the Minister of Integration under the Fund to Support Initiatives for the Integration of Legally Resident Immigrants. The key focus of the project was to conduct an Action Research Project (action research is problem centred, client centred and action oriented) on the health needs, in relation to FGM, of African/Migrant women in order to improve and inform service delivery and to influence mainstream policy. The project commenced in early 2008 and was led by an employed project coordinator. During this one year project AkiDWA commenced the training and up skilling of health-care professionals, social workers and counsellors in relation to the practice and consequences of FGM. Desk research was also carried out to determine the prevalence of FGM in Ireland.

If FGM is to be completely eliminated a holistic and global approach is needed. All agencies groups, organisation and individuals working on the elimination of FGM need to coordinate their efforts and work from a common shared perspective. Their work needs to have a human rights focus and incorporate legal protection. It also needs to take a health risk approach and look to train health workers as change agents and attempt to convert advocates of circumcision on the one hand but always legally protect potential victims on the other. Coordination among governmental and civil society actors at the local, regional, national, and international levels is also needed. Resources and long term commitment is needed to ensure successful and sustainable outcomes.

The Irish Steering Committee, of which AkiDWA is a key member, has developed a Ireland's National Plan of Action to Address FGM and has come up with many recommendations. This Committee has been advocating for legislation to be put into place in Ireland as the first step. It's time the Irish government takes up this call and puts the necessary legislation in place to prohibit FGM in Ireland. This is important and needs to be presented as a protective measure which should be promoted through a delicate balance of law enforcement, public education, and dialogue in order to protect children and future generations of women.

We want to acknowledge the support of the Minister and staff of Pobal for supporting us to bring our work to where it is today. There is still a lot of follow up needed for us to continue to support survivors/victims and the service providers who come into daily contact with the sad consequences of FGM. We hope that we will continue to secure support for this work. But more importantly, we hope that the legislative framework will become a reality, sooner rather than later.

**Forward by Salome Mbugua, National Director of AkiDWA**

## Acknowledgements

This evaluation could not have been completed without the participation and assistance of the AkiDWA FGM Health Forum members, the board and staff of AkiDWA and the courageous women who have endured FGM and are seeking supports and services in Ireland.

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## 1. Introduction

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This report on the evaluation of the Migrant Women's Health Services Project – (AkiDwA FGM project) outlines the development and delivery of a 12 month action research project focused on improving access to health care for women who have experienced female genital mutilation (FGM). This project ends in March 2009.

This report is aimed at non-governmental organisations, service planners, health and social care professionals, non-governmental organisations and policy makers charged with the delivery of services to women who have experienced FGM. This evaluation is intended to contribute toward plans for the further development of supports for women who have experienced FGM as well as providing learnings and reflections to inform policy and practice in this emerging field.

### 1.1 What is FGM and how prevalent is FGM?

The World Health Organisation (WHO) defines FGM as any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM is mostly carried out on girls between the ages of 0 and 15 years mainly in parts of Africa and in some Asian and Middle Eastern countries. FGM is also practised amongst some immigrant communities living in Europe, North America and Australia. The WHO estimates that between 100 and 140 million girls and women worldwide have been subjected to some form of FGM and a further 3 million girls are at risk each year. Within Africa, prevalence can range from over 85% in seven countries to lower prevalence rates (0 to 26%) in other countries.<sup>i</sup>

Recent Irish research indicates that the prevalence of women living in Ireland who have experienced female genital mutilation may be at least 2,585 women.<sup>ii</sup>

*Female genital mutilation (FGM) is a harmful practice that violates the human rights of women and girls, perpetuates negative gender based stereotypes, infringes upon children's rights to special protections and has serious social, health and psychological consequences. International human rights instruments including the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa specifically target FGM as a practice that jeopardises the sexual and reproductive health and rights of women and girls and call upon all States to enact measures leading to its abandonment.*

*Ireland's National Plan of Action to Address Female Genital Mutilation, November 2008*

## 1.2 Why was the AkiDwa FGM Project established?

Prior to 2008, there was no single Irish policy or strategy to protect and support women from FGM, yet both statutory and non-governmental organisations had identified needs in this area.

Akina Dada wa Africa (AkiDwa) is an authoritative minority ethnic-led national network for migrant women living in Ireland. Initially created in 2001 as an African women's network, the organisation has grown to become a strong voice in advocating for migrant women from diverse backgrounds and in providing necessary services and supports to women in need. Its mission is to promote equality for migrant women living in Ireland in order to ensure positive change and social justice. The organisation provides support, information and a platform for advocacy on behalf of migrant women.

Through its work on gender based violence since 2001 and through the knowledge base of the staff working in AkiDwa (many of whom are from Africa), AkiDwa was aware that FGM was a real issue for many African women living in Ireland. In early 2008, AkiDwa published a booklet '*Understanding Gender based violence: An African perspective*'. This work was based on interviews and workshops completed over the previous year and contained stories concerning FGM<sup>iii</sup>. AkiDwa's experience showed that these women felt unable to articulate the significant and enduring health impacts of FGM (both physical and mental) to service providers they encountered. This was both as a consequence of the stigma surrounding FGM but also as a result of the lack of knowledge on the part of these providers. As a result, women found it nearly impossible to source appropriate and empathetic health and social care within an Irish context.

The significance of the issues of FGM was also highlighted by the Women's Health council in 2008. This government agency with a mandate to explore health issues related to women, had placed a strategic priority on addressing gender based violence and identifying the health care needs of women from new communities. In 2007 they commissioned a literature review, entitled '*Female Genital Mutilation/Cutting; A literature review*' to draw together available research in this area and to provide an overview of all aspects surrounding FGM.<sup>iv</sup> This work provided a valuable foundation for subsequent work on FGM.

Earlier the work of Comhlámh (the association of development workers) had been instrumental in driving a coalition against FGM up to 2004. In 2002, they produced, in partnership with other agencies, a booklet entitled '*Understanding Female Genital Mutilation*'<sup>v</sup>. In 2004 they transferred the secretariat for this work to the Irish Family Planning Association (IFPA). In 2008, EuroNet FGM<sup>vi</sup> received funding under the DAPHNE project<sup>vii</sup> to assist 15 countries develop national action plans against FGM. In Ireland the IFPA undertook to develop an action plan to address the issue of FGM within Ireland which would have the input of a broad representation of statutory and NGO interests. AkiDwa was seen by the IFPA as a natural and very legitimate partner for this work given their experience and credibility among the African community.

In 2007, AkiDwa applied for funding, under the Fund for Non Government National and Regional Organisations to Support the Integration of Legally Resident Immigrants<sup>viii</sup>, to complete a one year action research project which would explore and document how Irish service providers could improve access to health care for women who have experienced FGM. This fund was provided by Reception and Integration Agency of the Department of Justice, Equality and Law Reform through the Office of the

Minister for Integration and administered by Pobal. The target group for the fund was legally resident immigrants and their families and excluded asylum seekers. The purpose of this fund was to provide financial support that would

*“enable non-government, national and regional organisations, in close co-operation with all relevant stakeholders, to initiate strategies and actions that will contribute to the successful integration of legally resident immigrants and their families into all aspects of Irish society in a manner that embodies a spirit of welcome, mutual accommodation and respect for cultural diversity”*

The project received €100,000 funding in late 2007. This funding enabled AkiDwA to employ a project coordinator and a part time administrator.

This evaluation was conducted over a two month period. The evaluation methodology used a combination documentation review alongside one to one interviews with key stakeholders, to establish the main achievements of the project and lessons emerging from evaluation. Eleven interviews were completed with the following;

- Staff and management of AkiDwA FGM project (coordinator and financial administrator)
- Director and Board member of AkiDwA
- Representative from Women’s Health Council
- Representative from Irish Family Planning Association
- Representative from Cairde. (Cairde is a community development organisation working to tackle health inequalities among ethnic minority communities by improving ethnic minority access to health services, and ethnic minority participation in health planning and delivery)
- Representative from Christian Aid (also a Board member of AkiDwA)
- Pobal representatives from the immigrant fund
- Representative from Dublin Aids Alliance
- Two African woman who had worked with the project

### 1.3 What did the AkiDwA FGM Project aim to do?

The project set out to work with women from migrant communities, in particular those from African communities (where FGM is most prevalent) to increase their capacity to discuss FGM and to source health and social care service which would be aware of the impacts of FGM and be able to deal with these women sensitively and with empathy. The strategic aims of the action research project were twofold;

- To conduct an action research project on the health needs of African women, among the African communities and mainstream community and statutory service providers with a view to influencing mainstream policy and improve future service delivery to African women (and other communities of migrant women).
- To initiate and document (as part of the action research project) outcomes from a number of pilot actions designed to provide appropriate health services to African women including survivors of gender based violence.

The project planned to centre its focus on four main action areas



- **Capacity Building:** This action would essentially identify and mobilise those partners with a strong interest in acting against FGM and provide a networking and information sharing forum for these partners.
- **Information provision:** This action recognised the lack of relevant information regarding FGM in Ireland and intended to meet this need by gathering relevant information and disseminating it in an accessible format to relevant partners and communities.
- **Service provision:** The application aimed to develop a number of pilot interventions. Specifically the project aimed to reach women who had experienced FGM and link them where appropriate with supports and services. In addition, specific training and information sessions would be offered in a range of settings by qualified personnel to target health care professionals, midwifery students, medical students, counsellors and social workers in order to up skill them on all aspects of FGM.
- **Research:** This action research project included an action centred on researching relevant areas and dissemination of the findings of the research project.

*“In essence, the project aimed to create pathways and processes whereby women impacted by FGM could be linked to referral services – we planned to work with both aspects – the women themselves and the services”*

(Quote from project staff)

## 2.0 The AkiDwa FGM Project Evaluation

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### 2.1 What did the Migrant Women’s Health Services Project - AkiDwa FGM project deliver?

The outputs from the AkiDwa FGM project are detailed in table 1 and summarised within this section. This section is informed by interviews with key stakeholders as well as reviews of progress reports.

#### 2.1.1 Needs assessment and data collection

The project commenced with an investigation of the **needs of women within migrant communities**. This was achieved through workshops with women themselves and additionally by using the experience of AkiDwa and other agencies to inform the needs assessment.

At the outset an extensive network of contacts within the health and community sector was established by the project to inform the project of the needs of health service providers. At the project set up phase, the coordinator worked to **establish contacts with key stakeholders** and met with service providers, training colleges, state agencies and non-governmental organisations that had experience of working with women who had undergone FGM or who had an interest and mandate to address issues related to sexual or reproductive health. These meetings provided context and an assessment of the current needs of service providers in relation to FGM.

In parallel to this work the project conducted seminal **research** into the estimated prevalence of women impacted by all forms of FGM within Ireland<sup>ix</sup>. This research provided the first real estimate of the prevalence of FGM within Ireland. The prevalence research used a previously tested model (developed by Forward UK) to produce a robust and credible measure of FGM within Ireland and conservatively estimated that 2,585 women, with African backgrounds, had been subjected to FGM. This research proved to be a powerful tool for the project and combined with the Women’s Health Council research on FGM, and provided the evidence base which informed the work of the AkiDwa FGM project. The research also highlighted the gaps within the field and the need for further quality research particularly in the maternity and migrant communities.

*“This estimate of 2,585 is most likely an underestimate of the numbers of women who have received FGM and are now living in Ireland. Patterns of migration could mean it is much higher”*

Sudha Patel (2009) Duke University, USA, speaking at the launch of the resource for health professionals in Dublin, January 2009

#### Key learning Number 1

**The collection of robust and statistically reliable data on the prevalence of FGM amongst African women living in Ireland has demonstrated that FGM is a real and live issue for service providers. At the very least 2,585 African women now living in Ireland, may have undergone FGM. However there remain significant data gaps, particularly in relation to the number of women presenting at maternity hospitals who have undergone FGM.**

### 2.1.2 Capacity building

The AkiDwa project staff established an **FGM health Forum** to advise and debate issues arising for the project. This was intended to be a forum for professionals to meet and allowed the project staff to draw on the skills, experience and networks of relevant agencies and staff. Four midwives, with experience from countries where FGM is routinely practiced, formed the foundation of the Forum. This Forum met four times over the course of the project and contributed extensively to the work of the project.

An early finding from the project was that service providers readily identified themselves as having little knowledge or skills on the subject of FGM. As a consequence, the project staff shifted the emphasis of the work, from more direct work with women themselves, towards the up-skilling and training of health service providers as a primary aim. This work included;

- The identification of their needs through work with the forum and from meeting service providers. Use of International training models and examples of good practice inform the development of **training tools** for service providers.
- Establishment of key partnerships with colleges of midwifery and medical training centres (RCSI, TCD, UCC and Dundalk Institute of Technology (DKIT)) which allowed the project to deliver training programmes to medical and midwifery students.
- Formation of a team of trainers with expertise in aspects of FGM which was utilized to provide training to doctors and midwives. To date nearly 500 health care professionals and students in Ireland have received training.
- Use of an international expert on FGM, who teaches the only accredited course for health care professionals globally and who came to Dublin to deliver 5 sessions to midwifery, social work, medical and maternity hospital staff and students.

To increase the long term impacts of the project and as a method to further increase the capacity of service providers to respond to the issues of FGM, the project developed a **resource 'Female Genital Mutilation (FGM): Information for Health-Care Professionals Working in Ireland'** aimed at service providers. This resource is comprised of a series of factsheets regarding FGM (see appendix 2 for contents) and was developed by the project in partnership with the Royal College of Surgeons in Ireland (the students on the Masters in Women's Health prepared the initial drafts of the resource) and the FGM Health Forum. The materials were proofed and approved by an international expert on FGM (Dr. Comfort Momoh). Both the RCSI and the Irish College of General Practitioners (ICGP) have endorsed the resource and made it available to members.

#### Key learning number 2

**Health service professionals, identified through this project, feel ill equipped to deal with the issue of FGM. They noted their lack of information on the subject and a deficit of knowledge and skills on how to meet the needs of women presenting with FGM to their services. These needs can be addressed through appropriate training.**

### 2.1.2 Work to influence policy and practice

At a policy level, the project aimed to begin the process to raise the awareness of FGM as a significant issue affecting migrant women living in Ireland and to place the topic on the agendas of key policy makers.

In parallel to the FGM Health Forum, the IFPA, as part of a DAPHNE funded project, convened a **national steering group on FGM**. This group was tasked with the development of a national action plan and replaced the earlier FGM consortium led by Comhlámh. Its focus was broader than health and many of those agencies involved with the AkiDwA project were also involved with the national steering group. It allowed for a broad range of interest to come together and work around issues of common concern culminating in the production of the **national action plan against FGM** which was launched by Senator Fiona O'Malley in November 2008. AkiDwA, through its staff from the FGM project, was a strategic partner in this work. This plan provides a clear pathway for the management and prevention of FGM within an Irish context.

At a political level the project raised the issue of **FGM with the Minister for Integration** (who launched the FGM health resource in January 2009), the Minister for Health and Children and through the Seanad via a specific debate on the national action plan. The project coordinator made presentations on FGM to the Joint Oireachtas Committee on Health and Children which resulted in a renewed call for legislation to the Government.

*The Joint Oireachtas Committee on Health and Children has called on Justice Minister Dermot Ahern to introduce specific legislation which would outlaw FGM in Ireland and prohibit parents of Irish-born children from sending them to countries where FGM is an accepted practice. .... Chairman Sean O'Ferghaill said the committee will be writing to the Minister of Justice asking him to look at this matter urgently "as there is no place in Irish society for this barbaric practice."*

(Irish Examiner, January 29th, 2009  
following a presentation to this committee on January 27th)

The project also looked to engage at a governmental level with African countries through the specific targeting of African ambassadors. This aspect of the work was less effective but was considered by AkiDwA as a starting point.

Policy tools employed by the project included the launch and dissemination of the research on the prevalence of FGM, the use of key speakers at launches and events, press releases and extensive utilisation of the networks developed by AkiDwA and its partners to disseminate information. These approaches combined to achieve strong media coverage and informed public and political debates.

These actions at a policy level provided a range of policy platforms from which the project could begin to inform and influence policy agendas. Although the project was only in place for one year, this range of coverage is impressive and reflective of a mature and well networked staff and host organisation.

*"We wanted to provoke the debate on FGM and get things started"*

(Board member of AkiDwA)

## 2.2 What were the outputs of the Migrant Women’s Health Services Project - AkiDwa FGM project?

|                              | <b>Themes</b>   | <b>Objectives</b>   | <b>Outputs</b>   |
|------------------------------|---|---|--|
| <b>Needs assessment</b>      | <p><b>RESEARCH PROJECT COMPLETED</b></p> <p><b>ASSESSMENT OF INFORMATION NEEDS OF MIGRANT WOMEN &amp; SERVICE PROVIDERS</b></p> | <p>To identify the needs of the two target groups for needs assessment</p> <ul style="list-style-type: none"> <li>- African women living in Ireland and</li> <li>- Service providers working with women who have experience of FGM</li> </ul> | <p>Meetings with African women – focus groups completed</p> <p>Collection of documentation on FGM within Ireland and international research on FGM and approaches towards addressing this issue</p> <p>Meetings with service providers and those providing care to women impacted by FGM. Within the project this aspect focused on maternity providers (midwives and doctors), family planning providers and GPs.</p>   |
| <b>Capacity building</b>     | <p><b>ESTABLISHMENT OF SUPPORTIVE NETWORKS AND CONTACTS</b></p> <p><b>ESTABLISHMENT OF HEALTH FORUM</b></p>                     | <p>To build a health forum, comprised of NGO, Statutory or Academic service providers to advise and assist the project</p>  | <p>National and international organisations were consulted on the project and informed of AkiDwa work. An extensive network of contacts was established.</p> <p>The Forum comprised of nine FGM Forum members, 4 meetings have taken place, active participation, steering and involvement of the Forum in the project.</p>  |
| <b>Information provision</b> | <p><b>CONSULTATION &amp; INFORMATION WITH MIGRANT WOMEN</b></p>   | <p>To ensure that migrant women are facilitated to share information and are consulted on FGM.</p>  | <p>Over 63 migrant women attended discussion groups. 4 groups held in Cork, Dublin and AkiDwa Offices. Collaborative work with other NGO’s and organisations (i.e. Cairde, Dublin AIDS Alliance, Cois Tine, IFPA, etc.) was very important to progress this action.</p>  |
| <b>Service provision</b>     | <p><b>INFORMATION &amp; TRAINING TO SERVICE PROVIDERS RESOURCES FOR HEALTH PROFESSIONALS</b></p>                                | <p>At least 70 key health and social care providers and students across Ireland would receive information and training sessions related to the project.</p>   | <p>The project provided 14 training sessions. Through these, 430 health care professionals and students (midwifery, social work etc) received training on FGM. Four academic midwifery training centres received training on FGM (RCSI, TCD, DKIT, UCC) as well as UCH Galway, Medical Social workers.</p> <p>An information session as part of the ICCI Health Awareness week also took place with 40 participants.</p> <p>An international expert on FGM, who teaches the only accredited course for health care professionals globally, came to Dublin to deliver five sessions (Comfort Momoh).</p> <p>The WHC contributed to these training sessions and used the literature review developed by the council as a learning tool.</p> <p>The project in collaboration with the Royal College of Surgeons in Ireland, MSc Women’s Health programme produced materials on FGM for health care professionals. These materials</p> |

|                    |   |  |   |
|--------------------|---|--|---|
|                    |   |  | <p>were collated into a guide for service professionals, entitled '<i>Female Genital Mutilation (FGM): Information for Health-Care Professionals Working in Ireland.</i>' These were approved by the RCSI and the ICGP and were launched by the Minister for Integration in January 2009. 1,000 copies were produced and the materials are available on the AkiDWA website with plans to have links placed on the websites of the; RCSI and ICGP. There is considerable demand and interest in the materials from professional organisations.</p>   |
| <b>Research</b>    | <p><b>RESEARCH ON PREVALENCE OF FGM</b></p> <p><b>RESEARCH ON MATERIALS FOR HEALTH SERVICE PROFESSIONALS</b></p>  | <p>The research would be completed and document printed. It would be distributed to funders, forum members and all interested persons.</p> <p>The resource materials would be researched, produced and launched for health care professionals.</p> | <p>Research, documents and medical guidelines and books on FGM were collated. Relevant information was gathered from meetings, workshops and was fed into research, resource development and training of front line health care.</p> <p>A statistical study to estimate the prevalence of female genital mutilation in Ireland was undertaken in summer 2008 and was launched in October 2008. This was the first study of its kind in Ireland. Considerable media interest in the research. The project sourced input from the Geary Institute UCD and Duke University USA on the research methodology.</p> <p>Project report (Action Research) was completed. Entitled "Migrant Women's Health Services Final Project Report, January 2009".</p>  |
| <b>Policy work</b> | <p><b>NATIONAL ACTION PLAN</b></p> <p><b>POLITICAL AWARENESS</b></p> <p><b>MEDIA WORK</b></p> <p><b>WORK WITH KEY COMMUNITY AND STATE REPRESENTATIVES FROM AFRICAN COMMUNITIES./COUNTRIES</b></p> | <p>No policy objectives were set.</p>  | <p>The AkiDWA FGM project contributed extensively to the IFPA/DAPHNE funded project to develop Ireland's National Action Plan to Address FGM. The healthcare needs of women who have undergone FGM are a key focus in Plan. This plan was developed by a multi-agency steering group and was launched 25<sup>th</sup> November in conjunction with EU 15 countries.</p> <p>The project approached leading figures in the African community and was successful in engaging the Somalian community in Dublin and Cork and African ambassadors (through the launch of the FGM action plan and a separate presentation from AkiDWA).</p> <p>The outcomes of the project and in particular the national action plan were discussed at a Seanad Oireachtas debate. Subsequently the coordinator of the project presented to the Joint Oireachtas Committee on Health and Children on FGM. Policy submissions were made by AkiDwa to the new immigration (IRP) bill and the Joint Oireachtas Committee on Health and Children.</p> <p>The project attracted significant media attention (see appendix III)</p> |

## 2.3 How did the AkiDwA project engage with its partners and target groups?

The coordinator and administrator of the project brought a network of contacts to the project through their previous experience. Together, they worked with AkiDwA to ensure that stakeholders were identified and appropriate strategies designed to ensure their involvement in the project. The evaluation showed that it was effective in many areas in reaching stakeholders.

### 2.3.1 Women impacted by FGM and migrant communities

The AkiDwA FGM project identified two key target groups, women impacted by FGM and health and social service providers. At a community level, the AkiDwA project was able to connect with groups of migrant women living in Ireland. It did this primarily through regional events and by working in partnership with the AkiDwA officer for gender based violence. This work highlighted just how sensitive an issue FGM is for these women, many felt very reluctant in speaking about their experience. Some women were willing to speak publicly against FGM but the service providers for migrant communities noted that additional supports are needed to ensure women have the capacity and confidence to speak out publicly against FGM. One woman who spoke out noted that she was speaking out against her culture and as a consequence she had received disturbing text messages as a result from others in her community.

*“I had to be careful how my words were interpreted by my community and I am wary of the interpretation of the media and their big headlines [in response to a sensationalized headline about FGM]”*

(African woman involved with the project)

At an early stage in the project it became rapidly apparent that there were no specific services for women impacted by FGM and furthermore, staff within existing services were poorly skilled and lacked knowledge on FGM. In many ways, the project staff felt it was unethical and inappropriate to raise the issue of FGM amongst women without being confident that appropriate services, to which women could be referred, were in place. As a consequence the project staff shifted the emphasis from a focus on working with women themselves, to a concentration of focus on service providers as key points of contacts for women impacted by FGM. This meant that less work than anticipated was completed with women impacted by FGM. This remains an ongoing need, especially as new communities begin to progress and develop within Ireland.

As part of the work to meet communities where FGM is routinely practiced, and to engage these communities on this issue, the coordinator established relationships with the Islamic Cultural Centre of Ireland (ICCI). This work culminated in a workshop for participants (as part of an annual health awareness week) and a message from the prayer leader condemning FGM as a practice within the Muslim faith. Further work included the provision of workshops to the Somalian community living in Dublin and Cork.

### Key learning number 3

**There are ethical and practical concerns when discussing the sensitive and complex issue of FGM with women affected, particularly where there are inadequate or poorly informed services to respond to these women. At present, the majority of health service providers do not have the skills and awareness to respond effectively to the consequences of FGM in women presenting to their services. Health services need to build their capacity to be able to respond to the varied consequences of FGM amongst women.**

### 2.3.2 Service Providers

Through the work of the project, the staff engaged with service providers on a number of levels;

- with discussions and contacts made through the Health forum
- through training delivered to students and staff within midwifery centres and schools. An initial target of 70 health and social care providers was greatly exceeded. Overall 430 received training through the RCSI (Masters in women's health), TCD (schools of Midwifery and Social Work), IFPA (family planning course), UCC (student midwives), DKIT (student Midwives) and the Coombe (lecture open to all staff)
- through a series of meetings and contacts with service providers created via the networking of the coordinator
- through the work at national level by the national steering group established to develop the national plan of action to address FGM.
- through invitations to service providers to attend the launch of the national action plan and the launch of the resource for service providers.
- Through specific work with senior managers from the Social Inclusion unit of the HSE.

Each of these arenas needed work and attention to ensure that FGM could be taken on board as a real issue for women using health services. Throughout the evaluation, respondents spoke of the hugely sensitive nature of FGM and how the initial introduction of the issue was often traumatic for people. Having a coordinator with a health care background assisted in this regard as service providers felt able to ask questions and express their reaction (which was often one of horror). Even within training sessions, participants needed regular breaks and time to come to terms with facts presented. The experience can be draining for those presenting training and perhaps meeting women impacted by FGM and they too can require supports in order to continue this work.

*'FGM is a lot more complex than anyone thinks. It requires value clarification at a personal level and a lot of discussion and thinking before beginning any work. You have to understand culture and parental wishes for their children'*

(Quote from project partner)

At a policy level, participants also reported the initial reaction towards FGM is one of revulsion but this reaction was not particularly useful in addressing the underlying issues. They noted the need for those



at a policy level to be able to move beyond the initial emotive ‘gut’ reaction towards FGM and onto more enlightened discussions of how to address the issue. The national action plan is a useful framework in this regard.

*‘We need to use legislation to deter FGM and to support parents in rejecting the practice. We are keen to have legislation but it has to be enacted careful, without punishing or further stigmatising parents. Otherwise this could create avenues to attack migrant groups’*

(Quote from project partner)

#### Key learning number 4

**Women impacted by FGM are often reluctant to discuss the issue and need careful support in such discussions. Service providers, encountering the topic of FGM for the first time, may have quite an initial emotional reaction towards FGM. Training work needs to allow for this emotion to be processed before working with women affected. At a policy level, language and responses towards this issue of FGM need to move beyond this emotional level and be informed by good practice and the national action plan.**

**For project staff working on FGM, external supervision and support should be in place to support staff.**

The project, within its short timeframe, managed to engage with reasonable effectiveness with medical and midwifery professions. The staff recognised that they need to continue with this work but also to engage more with the medical profession. Initially it tried to work through doctors coming from those countries where FGM is routinely practised (e.g. many African countries) but found, like their UK counterparts (such as Forward UK), that this was an ineffective approach as these doctors showed little interest in the subject of FGM. Why this is so is not clear but may relate to a need to move away from cultural reminders of the past.

#### Key learning number 5

**The medical profession is a key stakeholder group concerning the issue of FGM but can be difficult to reach and engage with. Approaches through medical staff from countries affected by FGM may not be effective.**

### 2.3.3 Engagement at Policy level

The project and its partners worked to influence developments and debates from an early stage in the project. Pilot projects can often take time to establish clear policy messages and to become skilled in establishing and maintain key policy contacts. This work was achieved within a shorter timeframe, due in large to the contact network of AkiDwA and its partners and the networking skills of the coordinator.

Policy arenas reached by the project included the Dail (through Senators and the Minister for Health & Children and Minister for Integration, the Seanad (through interested Senators), media (through good media coverage), and International communities (through the African Ambassadors and community leaders such as the ICCI and the Somalian community). Key achievements in relation to policy were summarized earlier.

### 2.3.4 Partnership and collaboration

The project utilized and generated a number of key partnerships which were crucial to the success of the project. These included

- an internal partnership within AkiDwA so that the resources and strengths and networks of the parent organisation were used to enhance the effectiveness of the project
- a formal partnership with the IFPA as part of the work to develop the national action plan.
- Partnerships with the RSCI (Masters in women's health) to develop health professionals' resource on FGM
- Partnerships with the RCSI, IFPA and the schools of midwifery in TCD, DKIT, UCC, TCD and social workers in UCH (Galway) to deliver training on FGM
- Collaboration with ICCI to work together to reach Muslim communities living in Ireland

Within the evaluation these partnerships were seen as being very effective and well managed. Both AkiDwA itself and the project staff were very experienced in the development of partnerships and were able to 'hit the ground running' through their prior experience and contacts within Ireland and internationally.

*"If a project is well planned, flexible and organized, amazing things can be achieved, even in a short timeframe"*

(Project funder)

## 2.4 What were the strengths of the AkiDwA project?

The evaluation participants were extremely favourable in their praise of the project. It was clear that the project had achieved a great deal within its short one year existence. In comparing to similar projects of its nature, it was impressive in that it was able to engage a network effectively, instigate strategic partnerships to produce ground breaking research, information and training programmes, policy documents. Taken together, they will leave a legacy of tools and approaches towards the management of FGM at both a personal and strategic level, as well as a mobilised community who will continue to work to address the issue of FGM.

The participants attributed the success of the project to its combined strengths. These strengths can be summarised as:

- 1) **Having AkiDwA as a base to the project:** AkiDwA is seen as a credible partner both among the African community it serves but also among Irish policy and NGO sectors. The organisation was seen as being very flexible and adaptable. The initial application had been for a substantially

greater project, but with reduced funding available, it was able to adapt and refocus to meet the tighter budget allocation.

Furthermore the skills available within AkiDwA, particularly the combination of knowledge of African culture and issues as well as the personal competences in management, midwifery and policy issues meant that there was a valuable resource available to the project. The organisation was seen by funders and partners as being very well networked at both a policy and practice level and their input with other projects (through the co-ordinator and other members) is seen as being very open to partnership and collaboration. For some agencies it took some time to become familiar with the work of AkiDwA and this process took time to build the relationship.

This approach used by AkiDwA allowed maximum ownership and involvement of other external partners and contributed to the success of the project. Such an approach is to be commended. From the organisations perspective it might be worthwhile to address the role of AkiDwA within projects so that the contribution of AkiDwA is fully recognised in the work it participates within and facilitates.

- 2) **Employment of a skilled staff:** The project was fortunate in recruiting a very skilled co-ordinator who held health policy, communications, sexual health and project management experience. Furthermore she was considered very skilled in networking and communications. This experience was seen as crucial to the project and allowed the project to “hit the ground running”. The project coordinator was also very skilled in working with migrant women and facilitating their stories to be heard.

In addition to the co-ordinator the project recruited a project administrator, who in addition to her financial administration skills was also a skilled midwife and came from an African community; these additional skills added to the projects resources and provided a strong link back into the AkiDwA project (as the administrator was also a board member). From an evaluation perspective not all projects are as fortunate and the AkiDwA project is commended on its ability to recruit and retain such skills to the project.

*“The project seemed to engage very fast and build relationships having an immediate impact”*

(Quote from project funder)

- 3) **Strong use of networks and resources:** The project, through its staff and management, enabled a broad mix of skills and expertise to be brought on to the project. Through its progressive approach towards partnership and collaboration it enabled these resources to be maximised and contributed towards the outputs of the project. An example of this was the use of MSc students to prepare drafts of the resources (contained in the FGM resource) as part of their MSc

work. These draft factsheets were then used as a basis for the development of a fuller resource which was proofed by an international expert and modified by those on the health forum.

Indeed the evaluation showed that a key strength of the project was its ability (through the staff) to network and utilise many routes to achieve its objectives, and influence policy through a variety of approaches.

- 4) **Use of women themselves to inform the project.** AkiDwA as part of this project and also through its work to understand the nature of gender based violence amongst African women living in Ireland was able to consult and meet with women. Through these consultations, FGM was raised as an issue. Throughout the project women and organisations representing migrant women (such as Cairde) were able to input into the project and inform developments.

These strengths demonstrated through a one year project are commendable. It is likely that these strengths would continue to grow and develop if the project was able to receive additional funding.

## 2.5 What challenges did the project encounter?

Many of the challenges encountered within the project are discussed in other areas. The main challenges encountered by the project included;

- a lack of information and resources, suitable for an Irish context on FGM
- a lack of any statistics on the extent of FGM amongst migrant women living in Ireland
- a lack of appropriate services to refer women impacted by FGM
- sourcing suitable expertise to deliver training
- poor office conditions and resources within the host organisation which impacted on the project

## 2.6 Reflections from the evaluation participants on the key impacts of the AkiDwA FGM Project

Project impacts include all the negative or positive impacts which occur as a result of a project's actions. Whilst this evaluation was not able to objectively measure these impacts, the respondents reported those of the project as including;

- 1) **Raising Awareness of FGM as an issue within Ireland:** The project raised awareness through its research and work with groups and service providers of FGM as a real issue within Ireland.

- 2) **Informing and influencing national policy:** Influencing policy is a long term process but this project succeeded in initiating and provoking the debate around FGM at a political level. This was demonstrated through the Seanad debate and a presentation to the Joint Oireachtas Committee on Health and Children.
- 3) **Engagement with medical service providers:** From an early point in its development, the project was able to extend and reach into maternity hospitals and, through its work, influence services and health care providers who come in contact with women impacted by FGM. For many projects this type of influence and engagement only begins after an initial learning period. Training was positively evaluated by participants with increased requests for further training. This positive evaluation was further supported by letters and emails from trainers expressing their satisfaction with the training.
- 4) **Creation of learning tools:** The project will leave a legacy after its completion in terms of documents and tools available to service providers, the public, the media and policy makers. Within the one year time frame the project was able to produce
  - Understanding Gender Based Violence - An African perspective
  - Progress and project reports to the project funder Pobal
  - A Ireland's National Plan of Action to Address FGM (as part of FGM national steering group)
  - A training and information resource for service providers '*Female Genital Mutilation (FGM): Information for Health-Care Professionals Working in Ireland*'
  - Training materials and a training approach based on international best practice
  - Research on the prevalence of FGM
  - Action research report completed by project coordinator
- 5) **Mobilisation of advocates against FGM:** Through the work of the health forum and also through the facilitation of the national steering group the project enabled key contacts and relationships to be established. These participants noted will survive after the project and will enable the work around FGM to be continued. As one participant noted

*"The hardest part of any project is to establish networks and contacts, this project primarily through the co-ordinator was able to establish these contacts and networks very quickly".*

*"Our staff would appreciate any help and support so we can improve our services to women who have undergone FGM"*

(Quote from Health Promotion Worker).

## 2.6 What are the further areas for development and recommendations coming from the project?

All the participants interviewed for the evaluation noted that the project had only been in existence for one year and had to develop resources to particular areas within its reach. Within this year it had made impressive strides towards the development of supports and tools to address FGM. No participant was able to identify key weaknesses within the project. Instead they all referred to the need for further development within particular areas and acknowledged that had the project been in existence for longer it is probable that these areas would be addressed. Indeed, the main limitation of the project, identified by participants, was its short duration with participants noting that many pilot projects face similar uncertainties towards the ends of their lifetime.

As a result these areas for development have been presented as recommendations for future action.

The main areas for development noted by the participants were:

- 1) **Development of a national mandate to address FGM:** A key recommendation to emerge from the project was one concerning the development of an official mandated steering group/forum to continue the work of this project and to ensure the implementation of the national action plan. This group would then have power to influence the work of stage agencies and service providers. This work could be devolved to one agency (such as AkiDwA) to coordinate. Ideally this work would retain the services of a skilled coordinator to deliver actions. If further funding for the project is not available, then AkiDwA, together with its partner agencies should develop mainstreaming and exit strategies for the work, whereby the work would be continued by other agencies.
- 2) **Continuation of the skills and capacity building of service providers.** While the project was able to reach over 430 participants through the service provider training all participants acknowledged that the need was much greater among service providers.

*“There is a hunger and desire among these providers for information”*

(Quote from AkiDwA board member).

The participants acknowledged that financial support would be required to continue this training and that this would require co-ordination ideally from one central agency. The model developed through this project appeared to work well.

- 3) **Development of Irish Expertise.** Whilst the project was able to utilise the services of an international expert on FGM, they did note that there was no Irish expertise available. This expertise would combine experience of FGM with training, midwifery and psychological support. It is more expensive and less sustainable to use international trainers to deliver this type of training and a more cost effective approach might be to develop Irish expertise.

- 4) **Develop psychological supports for women:** Although the project did engage with women on the issue of FGM the participants noted that the initial focus of attention centred on the medical service providers who meet women within family planning or maternity care settings. The participants noted that psychological needs of women were also a great need within this area and that future work should also concentrate on psychological and social supports for women impacted by FGM.
- 5) **Developing stronger action towards prevention of FGM:** While the issue of prevention could not really be addressed within the projects short time frame, participants did note the need to ensure women were not pressurised into taking children back to home countries to receive FGM. This was both a legal and cultural challenge and would require long term work in this area.
- 6) **Extend reach into migrant communities.** All those interviewed for the evaluation noted the cultural roots of FGM. In particular they noted the strong ties women and their families felt to their culture and how ultimately this would determine the continuation or end of FGM. In particular participants noted the need to engage men as a target group in relation to FGM. However they also noted that this is a very slow process and would need sustained supports to engage men and their communities. The work completed within this project with the ICCI was an example of how the Muslim community could be engaged and how community leaders within these communities could be utilised to condemn the practice of FGM.
- 7) **Extend reach beyond Dublin** The project was able to reach migrant communities living in Dublin and made some impacts in Drogheda and Cork. All participants noted the need to further extend the work so as to reach many other migrant communities with experience of FGM.
- 8) **Building the capacity of migrant women and their families to challenge the practice of FGM:** Although the project was able to engage with some women impacted by FGM, especially those coming from African countries, the evaluation showed that more work was needed in this area. These women need a lot of personal support to overcome the stigma associated with FGM and then to be able to discuss it with others. For those speaking publicly, additional supports such as personal mentors may be needed. Participants noted that this is a very slow process. In reviewing the skills mix and expertise available to the project some participants noted that peer led approaches, whereby women from African communities are used to work with and build the capacity of other African women, may be an effective way to reach African women. This work could include the development of tools and resources to assist women in challenging the practice of FGM within their families and communities.

*'We African women need a person like [project coordinator] to help us. African women cannot do it alone. The support was really positive and helped us'*

(Quote from African women impacted by the project)

- 9) **Extend reach of training into difference sectors:** The primary focus of training was medical service providers. The evaluation showed that in the future further work is needed with public health nurses, Gardai, social workers and other health and social care professionals who may be in contact with women who have experience of FGM. This could include cervical smear takers and those working in the AIDS and HIV area. Of particular interest was the need to reach into

the Irish medical community. The evaluation showed a desire amongst participants to engage with Irish medical consultants to recognise FGM as an important issue amongst the women they treat.

- 10) **Mainstream training.** The participants continued to reiterate the need for ongoing training within the maternity sector and to get this included on the curricula of nursing, medical and other health service professional training. Ideally the subject of FGM would be included at an undergraduate level so as to reach all students.
- 11) **Develop legislation and service level policies to address the issue of FGM:** Participants noted that legislation is not in place to specifically address the issue of FGM within current Irish Law. Without legislation, it is difficult to create strong and impactful protocols and policies within state agencies. At present, within services (for example the HSE) protocols and guidelines are not in place within these agencies to determine how they support and meet the needs of women with FGM when they present to services. As a consequence, FGM is not dealt with in a systematic manner and is reliant on the interest of the individual health professional. The participants noted that ideally each agency and government department would review within their areas of practice how FGM is considered and how women are treated by their sector.
- 12) **Include FGM as part of a wider Gender Based Violence Issue:** FGM is considered internationally to be part of a wider agenda to address gender based violence (GBV). In Ireland a national GBV consortium is co-ordinated by Amnesty. In Ireland, the national agency to address domestic violence is coordinated by Cosc. Those involved with the AkiDwA FGM project reflected that the work done by the project and the lessons learned should be used by Cosc and incorporated into the work of the GBV consortium.
- 13) **Include FGM as part of a wider move to develop specific services for ethnic groups.** Participants noted that initiative such as the award winning 'Link Clinic' in Liverpool could be developed within Ireland to cater for the specific needs of migrant women. Existing service such as translation services could be used to resource such a clinic.
- 14) **Further Development of Research:** The project was instrumental in developing the first Irish research on the problems of FGM in Ireland. This research will prove to be a very powerful policy tool within current and future debates. Further areas of research identified through the evaluation are:
  - Research amongst African men to ascertain their perspectives and responses towards FGM and how FGM could be ceased.
  - Qualitative research among health professional to ascertain their attitudes and perceptions toward FGM.
  - Further research amongst those studying and exploring the issues of gender based violence to look at international approaches to address FGM answering questions such as "What works well to address the issue of FGM in practice? What could be adapted to an Irish context?"
  - Further work to ensure proper data collection. For example this could be the development of markers within the maternity/ante-natal process which would identify women who have been subject to FGM and would be able to provide an accurate record of the incidence of FGM in Ireland



## 2.7 Conclusions and recommendations emerging from the evaluation of the AkiDwA FGM project

The AkiDwA Female genital mutilation project, established for a one year period, achieved a remarkable output within this short timeframe. Pilot projects frequently encounter challenges to impact on targets effectively as they need to build up a knowledge base before beginning work. Within this project, the learning curve was considerably shorted by the use of skilled and experienced staff and by placing the project within an appropriate host agency.

The evaluation can conclude that the project was well planned and managed and was extremely successful in achieving a high standard and output of work. In most areas its initial targets were well exceeded. There are many tangible outputs from the project including seminal research on FGM within Ireland, key information and training resources and a body of over 430 trained health care staff. Furthermore the issue of FGM has been raised as a policy issue through the media, Oireachtas committee and government ministers. Such policy outputs are remarkable for pilot projects.

Further needs do remain and many aspects of the work, initiated by the AkiDwA FGM project, need to be sustained. The main recommendation to emerge from the project centres on the needs to carry on work to address the issue of FGM. The project has provided strong evidence through its research and practice that FGM is a real issue for migrant women living in Ireland. Furthermore the health and social services are ill-equipped to cope and respond appropriately. The national plan to address the issue of FGM provides a framework to continue this work. Ideally this mandate for this work would be placed with a number of relevant agencies with one agency resourced to take a lead role. AkiDwA is ideally placed to continue in this capacity. If funding is not available to sustain this project then aspects of the work should be assigned to key agencies prepared to continue the work.

### Key learning number 6

**If the most suitable host agency is provided with resources and if this agency is successful in recruiting skilled staff, with experience in creating and maintaining strong networkers and partnerships and adept in project management then considerable outputs can be generated within a short timeframe. Other projects can learn from such approaches.**

## Appendix I: Participant List AkiDWA FGM Health Forum 2008

Alessandra Fantini: Policy Officer, The Women's Health Council  
Alwiye Xusein: Financial Administrator, AkiDWA  
Dr. Andrea Nugent: Course Director MSc Women's Health, Royal College of Surgeons  
Angela O'Shea: Network Development Manager National, National Network of Women's Refuges & Support Services  
Breda Gahan: Global HIV& AIDS Programme Advisor, Concern Worldwide  
Margaret Dunlea: Lecturer in Midwifery, School of Nursing and Midwifery Trinity College Dublin  
Meghan Doherty: Policy Officer, Irish Family Planning Association  
Rebecca Seery: Client Support Worker, Dublin AIDS Alliance  
Sarah Duku: Resource and Information Coordinator, Cairde  
Sinead Murphy: International Health Liaison Nurse, GUIDE Clinic, St. James' Hospital  
Sioban O'Brien Green: Co-ordinator Migrant Women's Health, Services Project, AkiDWA

## Appendix II: Topics covered within the resource 'Female Genital Mutilation (FGM): Information for Health-Care Professionals Working in Ireland'

AN OVERVIEW  
PREVALENCE: GLOBAL, EUROPEAN AND IRISH STATISTICS  
DEFINITION, TERMS AND GLOSSARY  
THE ENCOUNTER/CONSULTATION  
GYNAECOLOGICAL AND HEALTH ISSUES  
OBSTETRIC ISSUES  
PSYCHOLOGICAL ISSUES  
REFERENCES  
CONTRACEPTIVE TABLE  
FURTHER INFORMATION AND RESOURCES  
MAP OF AFRICA WITH FGM PREVELANCE  
IMAGES OF FGM TYPOLOGIES

## Appendix III: Media coverage of project - summary

Herald AM 13/09/2008  
Herald AM 26/09/2008  
Happiness is Vital, AIDS West Newsletter September 2008  
Irish Health .com 22/10/2008  
Breaking News .ie 12/11/2008  
The Star 13/11/2008

Irish College of General Practitioners Forum Magazine November 2008  
Irish Examiner 11/12/2008  
Islamic Cultural Centre of Ireland Newsletter December 2008  
Irish Examiner 29/01/2009  
Rape Crisis Network News February 2009

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<sup>i</sup> IFPA (2008) *Ireland's National Plan of Action to Address Female Genital Mutilation*. Available from [www.ifpa.ie](http://www.ifpa.ie)

<sup>ii</sup> AkiDwA, 2008. *Unpublished research*. Research is also contained in the Ireland's National Plan of Action to Address Female Genital Mutilation (Published November 2008. Available from [www.ifpa.ie](http://www.ifpa.ie))

<sup>iii</sup> AkiDwA (2008). *Understanding Gender based violence. An African perspective*. Available from AkiDwA.

<sup>iv</sup> Women's Health council (2008). *'Female Genital Mutilation/Cutting; A literature review'*. Available from Women's Health Council ([www.whc.ie](http://www.whc.ie)).

<sup>v</sup> Comhlámh 92002). *Understanding Female Genital Mutilation'*. Available in hard copy from Comhlámh.

<sup>vi</sup> Euronet-FGM is the European network for the prevention and eradication of harmful traditional practices which affect the health of women and children, in particular female genital mutilations. For further information see [www.euronet-fgm.org](http://www.euronet-fgm.org)

<sup>vii</sup> Daphne II Programme. European Commission (2008) *"The Daphne II programme ran from 2004 until 2008 with a budget of EUR 50 million. It aims at supporting organisations that develop measures and actions to prevent or to combat all types of violence against children, young people and women and to protect the victims and groups at-risk"*. Details are available from [http://ec.europa.eu/justice\\_home/funding/2004\\_2007/daphne](http://ec.europa.eu/justice_home/funding/2004_2007/daphne)

<sup>viii</sup> The Reception and Integration Agency of the Department of Justice, Equality and Law Reform and Pobal. (2007) *Guidelines for the fund for non-government national and regional organisations to support the integration of legally resident immigrants*. Available from Pobal. [www.pobal.ie](http://www.pobal.ie)

<sup>ix</sup> Sudha Patel (2008) *The Prevalence of Female Genital Mutilation: Global, European and Irish Statistics*. AkiDwA and Duke University USA. Available from AkiDwA.