

REPORT

EUROPEAN FORUM TO BUILD BRIDGES ON FGM

28 November 2017, Brussels

BUILDING BRIDGES between **REGIONS**
SECTORS
FORMS OF VAWG



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Introduction¹

FGM is a human rights violation that has existed over centuries and is strongly linked to social norms shaped by tradition, culture and religion. Multiple efforts at local, national, regional and international level exist to end the practice all around the world, and time has arrived to scale them up and coordinate them in order to capitalise on them and bring about concrete change through effective comprehensive strategies. This is why there is a need to build bridges, to connect different actors and their experiences, not to work in silos, but to cooperate in different ways in order to effectively end FGM.

The **European Forum to Build Bridges on FGM²** was held on 28 November in Brussels by the End FGM European Network (End FGM EU) in cooperation with the European Commission, and with the support of the Human Dignity Foundation and the Wallace Global Fund.

The Forum brought together over 100 actors working to end FGM - including NGOs, IGOs, service providers, practitioners, donors, researchers, experts, lawyers, academics, civil servants, activists, survivors and community representatives - from worldwide (Europe, Africa, Middle East, Asia, US) to share experiences, exchange good practices and discuss future trends. The aim of the Forum was to give a platform to actors to **explore how to build bridges and strengthen cooperation** between different **regions** of the world, between different **sectors** and how to foster actions that address various forms of **violence against women and girls** (VAWG) through a holistic approach.

The Forum was structured around the three main areas of building bridges described above, meaning between regions, between sectors and between different forms of VAWG. Each session was composed by two parts: a plenary panel, setting the discussion on the topic, exploring challenges and solutions to effectively build bridges on FGM in that specific area; and three parallel workshops, aimed at discussing concretely how to foster a building bridges approach to prevention, protection and prosecution of FGM in that specific area.

¹ We would like to thank for the realisation of this report Benedetta Lavitola, Hannah Gauss, Valentina Strippoli and Chiara Cosentino. Moreover, huge thanks go to the photographer Michael Chia, and to Andrew Sinclair from [the Ubele initiative](#) for the pictures and graphics showcased in this report.

² See also the [post](#) on the End FGM European Network website, which includes the full programme of the Forum, the live streaming of the plenary sessions, more pictures and other background material.

The outcome of the Forum was a set of conclusions and recommendations having the added value of being formulated by a multi-stakeholder audience coming from different parts of the world. Such preliminary document was presented directly to the **FGM Donors Working Group** that had its 2017 annual meeting in Brussels right after the Forum. This intended proximity brought another added value to the Forum itself, since it gave the opportunity to all participants to interact face to face with donors and express to them their concerns and suggestions. A more extensive narrative account of the Forum’s sessions and main outcomes follows here below.

This report discusses every session with their respective issues and concrete recommendations below, while concluding points and main Forum recommendations are included in the last chapter.

1. Building Bridges between Regions



This first session aimed at discussing trends and specificities existing in different regions and share regionally-focused recommendations to tackle those trends and build bridges among regions. It provided concrete recommendations to foster inter-regional cooperation on prevention, protection and prosecution concerning FGM.

The decision to cut or not to cut a girl is often not an individual choice: families and communities often in the country of origin and in countries of residence have a large influence on it. At the same time, migrants returning to their country of origin can represent a challenge for FGM abandonment programmes both in a positive and negative way. Sometimes members of affected migrant communities may encourage communities to perpetuate or maintain traditional practices like FGM, in some cases due to the lack of awareness of the social change that might have occurred in the country of origin since they left. In other cases, migrant organisations, as well as migrants who return to their countries of origin can play an important role in showing how communities can shift from FGM practices without losing their sense of belonging and cultural identity. Therefore, the practice must be addressed in bi- and multilateral discussions among countries and stakeholders and requires the development of measures with a cross-border dimension and collaboration among EU stakeholders and with partners in countries of origin.

Focus on Regions

Morissanda Kouyaté³, **African Region**, stressed the importance of enhancing cooperation with other partners around the world to put FGM at the centre of the international debate. Without the **support of the international community** it will be challenging to resolve the issue of FGM in the continent due to the transnational nature of the problem. Mr. Kouyaté also shared with the audience difficulties that African civil society organisations face in getting **access to financial and material support** and asked this gap to be addressed. He stated that the main priorities for strengthening a global coalition between regions to end FGM should be: working to get stronger **political**

³ Executive Director of the Inter-African Committee on Traditional Practices.

commitment and to enforce the existing **legal framework** in the different regions; and engage closely with **FGM survivors** and **affected women and girls** and their **communities**, in order to empower them and work together with them to end the practice at the grassroots level.

Menna El Shiati, **Arab Region**⁴, highlighted three main challenges connected to FGM in her region. These include the strong perceived connection between **religion** and FGM; the link with **migration** and the need to work with migrants in countries of destination and transit; and the increasing **medicalisation** of the practice in many countries, such as in Egypt. In Ms. Shiati's view, there is a clear need to work closely in the Arab region with **religious leaders**, migrant communities in **countries of transit and destination**, and finally with **medical professionals** in order to tackle the main challenges that the region faces. Moreover, a top priority within a broader coalition with other regions would be to work closely with **universities and research centres** to increase the quality and quantity of data on FGM.

Nora Murat⁵ stressed that in the **Asian Region** there is not much work carried out on FGM, because **the issue is isolated** and is not being interlinked with other forms of gender-based VAWG. It is extremely important to interlink the issue of FGM with **other forms of VAWG** to put it on the political agenda of the region. Moreover, according to Ms. Murat, it is crucial to work with **decision-makers**, train them, raise their awareness and finally hold them accountable for the national implementation of international commitments. Finally, there is a strong need to work with **religious leaders from all religions** and try to build bridges among them to end FGM.



Shelby Quast⁶ and Jaha Dukureh⁷ updated the audience about the situation in the **American Region** and the creation of the End FGM/C US Network. It aims to adopt a **multi-sectorial approach** and focus on the involvement of **FGM survivors**, to connect the policy level with the grassroots community level. A key issue in the US is **litigation**, particularly in light with the Michigan case under federal law against a doctor who used to practice FGM. **Agenda 2030 with the SDGs** (in particular Target 5.3) and the annual progress report that States are obliged to fill in are a tremendous opportunity for civil society to hold their governments accountable on their international commitments and this should be a key strategic priority for an international coalition. Moreover, interlinking FGM with other **harmful practices** is crucial to achieve true change.

Liuska Sanna⁸ **European Region**, highlighted that while finally the acknowledgement that FGM is also a European issue is achieved among most of the European decision-makers, the perceived “migration and refugee crisis” represents a main challenge due to the instrumentalization of the issue within the **anti-migrant rhetoric**. From the point of view of the European Network to end FGM, the idea of having a **global civil society coalition** would provide an authoritative **platform of expertise** on the issue of FGM, including global trends and regional specificities, which would be useful for inter-governmental bodies and decision-makers to shape global and regional policies to tackle FGM.

⁴ Research Analyst, United Nations Population Fund Arab States Regional Office (UNFPA ASRO).

⁵ Regional Director, International Planned Parenthood Federation East South East Asia Regional Office (IPPF ESEAOR).

⁶ Director, Equality Now.

⁷ Founder & Executive Director, Safe Hands for Girls.

⁸ Director, End FGM European Network (End FGM EU).

Moreover, it would help keeping momentum and accelerating change to end FGM worldwide through **improved cooperation among actors in all regions**.

Focus on Prevention, Protection and Prosecution between regions

The parallel workshops explored **how intra and extra continental cross-border cooperation can effectively strengthen prevention, protection and prosecution to tackle FGM**, as well as measures and integrated policies between regions of the world. Some key questions that were addressed include: What can different regions learn from each other? How can actors working in the same sector but in different cultural & socio-economic contexts work together in a cross-border manner (e.g. communities, NGOs, health professionals)? What type of legal and policy frameworks do we need to have in place? How can institutions and donors facilitate such forms of building bridges?

On **Prevention**, the main recommendations that came out of the debates were as follows:

- Create one **global network alliance** in order to break regional silos, which could be built in the framework of the SDG target 5.3, since it is a unifying global commitment of all governments worldwide. Such global alliance should still have a **regional focus**, in order to address regional specificities and contextualise such global network and adequately target the responses. It was also suggested that when deemed necessary also national networks to end FGM should be created to build partnerships and alliances;
- Prevention is important among **migrant communities**, especially awareness raising on the “vacation cutting”;
- Engage more with **grassroots communities** and link grassroots ambassadors and agents of change with this global movement to connect more people locally and globally. This means providing more **flexible and accessible funding and resources** for them and empower grassroots work.

On **Protection**, the main recommendations that came out of the debates were as follows:

- Build bridges to ensure **effective cross-border protection of girls** and allocate human and financial resources to this, in terms of legislative frameworks, service provision and international agreements.

On **Prosecution**, the main recommendations that came out of the debates were as follows:

- Need for **cross-border judicial cooperation** between regions and within regions, which at the moment is lacking, which can be framed through the establishment of new agreements as well as the implementation of existing regional tools (Maputo Protocol, Istanbul Convention, etc.);
- Ensure and promote a **cross-border application** of FGM legislation, including extraterritoriality scope and application within the offence.

2. Building Bridges between Sectors

This second session aimed at discussing how different sectors can better work together and share good practices and recommendations on this topic. Moreover, it helped to provide concrete recommendations on how to foster multi-sectorial cooperation on prevention, protection and prosecution concerning FGM.

In order to end FGM it is necessary to promote interaction and collaboration among stakeholders from different fields which can all contribute to enhancing prevention, protection, prosecution and can effectively shape integrated policies towards the abandonment of the practice. These include national and regional institutions, governmental and public officials, civil society organisations

(including women’s rights and youth movements), professionals in several sectors (health, asylum, social work, child protection, VAWG, law, law enforcement, education, journalism and media), FGM survivors, communities, as well as traditional and religious leaders. Building bridges among these multiple stakeholders, promoting cooperation and exchanges among them, is key to strengthen integrated and holistic approaches to end FGM.

Focus on Sectors

Faith Powell⁹ introduced the session stating that the discussion would focus on how we can bring all actors and stakeholders together, to build strong bridges among them and include everyone.

In the **Health Sector**, Christina Pallitto¹⁰ highlighted that there are **research gaps** that need to be filled and there need to be more cooperation among sectors. In order to do that, it is crucial to cooperate and have a multi-sectorial approach, and one of the mandates of WHO is to engage with other sectors. For this reason, there are **guidelines and protocols** in place enabling this coordination, which can be used by all the other sectors. A key area in which WHO works predominantly with a **multi-sectorial approach** is **prevention** of FGM: primary prevention (stopping it before it happens), relates to legal and policies changes and it involves several actors in the education and public sectors; and secondary prevention (preventing from repeating), needs strong links with the community¹¹. There is also a need to apply more systematically an **evidence-based and community-based approach**.



Concerning the **Media Sector**, Maggie O’Kane¹² said that there is the need to further the controversial discussion on how the **depiction of the practice of FGM by the media** might bring about change in attitudes and behaviours, and which are the benefits and the negative consequences of a visually explicit portrait of FGM. Ms. O’Kane also highlighted that in a multi-sectorial approach, the media can serve as the **channel to connect voices of different stakeholders**. This is true thanks to old media tools, such as radio programmes hosting for instance medical professionals spreading their expertise to communities or survivors, but also thanks to the new social media revolution that empowers everyone horizontally and enables the voiceless to organise themselves, communicate and speak out.

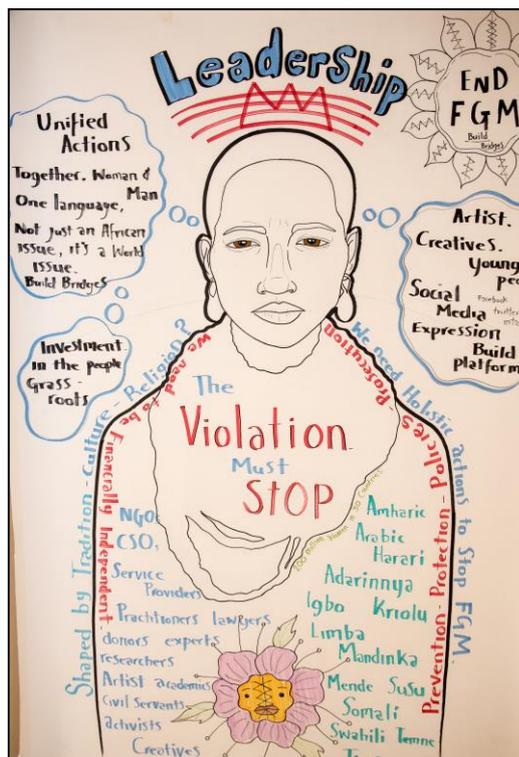
⁹ Global Director, The Girl Generation.

¹⁰ Social scientist/epidemiologist, World Health Organisation (WHO).

¹¹ The tertiary prevention (avoiding long term consequences of FGM) is only focused on the health sector.

¹² Executive Director, The Global Media Campaign.

A big challenge in the **Asylum Sector**, according to Joanina Karugaba¹³, is that FGM is a taboo issue and it is extremely difficult also in refugee camps to have women and girls denouncing such practice. They will denounce sexual gender-based violence, but not FGM, for fear to break social norms and



have all their community against them. In refugee camps and humanitarian settings, sexual gender-based violence keeps being treated as the priority, whereas FGM, which is probably the **most predictable and prevalent form of gender-based violence in certain populations**, keeps not being addressed enough. In her opinion, there is a clear need to engage the humanitarian sector to pay more attention to FGM and the health and social consequences that it can have, including fistula and stigmatisation. It is also very important to work with the communities, as they are the real actors of change. It is also key to keep pushing for the involvement of a multitude of actors (police, justice actors, health care providers, medical personnel and child protection officers), and more needs to be done in this regard.

In the view of Els Leye¹⁴, an important gap in the **Education & Research Sector** that needs to be urgently addressed is the **absence of a specific training on FGM in health professionals' university curricula**. A second obstacle for research institutes, which also explains the

gaps found in the research sector, is the **lack of funding and of medium/long-term research projects** on evidence and data. According to Ms. Leye, there is the need to invest in educating and training¹⁵ professionals dealing with FGM. In this regard, 4 European universities developed a Multi-Sectorial Academic Programme on FGM with a Training Guide¹⁶ in order to provide universities with material to include FGM in their respective disciplines, which is a promising practice to build bridges even within the academia. The next step could be to develop a **multi-sectorial joint research agenda**, with students exchanges and internships programmes to build bridges between universities in Europe and Africa.

Focus on Prevention, Protection and Prosecution between sectors

The parallel workshops explored challenges and benefits of multi-sectoral approaches when dealing with prevention, protection and prosecution, with concrete examples of initiatives implementing this type of approach in different parts of the world. Some key questions that were addressed include: What is needed to mainstream FGM into all relevant policy and legislative frameworks (education, health, justice, research, asylum, etc.)? And how to bring these together into integrated policies? How can we equip professionals with the knowledge and skills they need to protect and support girls

¹³ Senior Protection Adviser on GBV Division for International Protection, United Nations High Commissioner for Refugees (UNHCR).

¹⁴ Professor, International Centre for Reproductive Health (ICRH).

¹⁵ See the United to End FGM ([UEFGM](#)) e-learning platform, which is a free practical e-learning tool developed by 12 European partners and supported by 4 associated organisations offering training to professionals from diverse sectors.

¹⁶ You can consult it [here](#).

and women? What type of cooperation mechanisms across sectors could be established? What type of resources need to be made available to achieve such cross-sectorial cooperation?

On **Prevention**, the main recommendations that came out of the debates were as follows:

- **Estimate the cost** of the care of complications of FGM and show to decision-makers how much we will save if we do prevention instead of treating complications, and how much FGM is an issue for everyone and every sector in society.
- Engage key actors, including **decision-makers, religious leaders, men and youth** and ensure there is an effective cooperation with and among them in terms of prevention work;
- Work closely with the **media**, both new social media and traditional media, in order to amplify voices, dispelling myths and taboos, share stories, and spread the awareness message to end FGM;
- Use more **art** in awareness campaigns;
- Bring together different sectors through **training and education of professionals**, by ensuring, for instance, that the health professionals are educated about FGM in official university curricula (promising practice in Somalia on this regard); the economic income for cutters and medical professionals must also be taken into consideration and addressed;
- Allocate more **funding for research** to explore **“new” areas** that are not enough studied and collect data that can inform prevention strategies (e.g. psychological trauma caused by FGM, negative repercussions of FGM types 1 and 4) as well as the **“new” countries** (e.g. Iran, Iraq, Malaysia);
- Health workers including midwives need to act as awareness ambassadors of dangers of FGM and the laws criminalising it.

On **Protection**, the main recommendations that came out of the debates were as follows:

- Mainstream FGM in **training for professionals in all sectors** (Education, Asylum, Health, Justice, Law Enforcement, Media) to ensure cross-cutting and multi-sectorial protection;
- Strengthen the **relation between professionals and communities**, and the trust and communication between them to ensure better protection for subjects at risk;
- Establish **National Coordination** funded and led by the national government with governmental institutions, different networks of professionals, NGOs, CBOs, researchers, communities’ task forces (and local coordination for implementation). These should implement **holistic National Action Plans** addressing all forms of VAWG in a multi-sectorial way (e.g. Tanzania);
- Promote **Community Protection Programmes** with **long-term flexible funding** with community champions and traditional leaders involved, empowering uncut girls (special needs for flexible programs to follow the needs and demands of the community within the timeframe of the program) and boys.

On **Prosecution**, the main recommendations that came out of the debates were as follows:

- Promote **training** of professionals in all sectors, and specifically justice and law enforcement, and always assess on a case-by-case basis the key issue of the **best interest of the child** in cases of FGM prosecution to ensure no (further) harm is caused to girls affected by FGM;
- Use the legislative framework on FGM **complementarily with an integrated community-based intervention approach**, including also the traditional community justice system and customary courts, and make sure to raise awareness among affected communities and communicate and explain to parents and relatives the content of the law.

3. Building Bridges between FGM & other Forms of VAWG



This third session aimed at discussing and finding synergies to address in a comprehensive way different forms of VAWG and share good practices and recommendations on this topic. Moreover, it helped to provide concrete recommendations to foster a holistic approach to cooperation on prevention, protection and prosecution concerning FGM and other forms of VAWG.

FGM is not an isolated practice, but part of a continuum of violence which is deeply rooted in gender inequality and gender-based discrimination against women and girls. For instance, girls and women who are survivors of FGM could be at risk of or subjected to other forms of VAWG, such as child marriage, intimate partner violence and non-partner sexual violence.

To ensure a strategic and comprehensive approach to end FGM it is key to adopt a holistic approach to address the continuum of gender-based violence against women and girls. This can be done by developing partnerships with actors working towards the elimination of other forms of VAWG, including the abandonment of other harmful practices, as well as by implementing policies and providing services informed by this type of approach. Although such holistic approach is already well known, unfortunately it is not systematically and widely implemented. There is therefore a need to strengthen the sharing of expertise and promising practices, inter alia by involving all critical stakeholders into the process of change.

Focus on forms of VAWG

Dagmar Schumacher¹⁷ introduced the session stressing the need to make stronger policy linkages between forms of violence¹⁸, and build a movement tackling the root causes of gender-inequality.

FGM is just a part of a bigger plan and *continuum* of **VAWG**, but nowadays the linkages between the different forms in which such violence manifests are still not addressed systematically in practice, according to Edith Schratzberger-Vécsei¹⁹ and Assita Kanko²⁰. In particular, they both stressed that an underlying issue to all forms of VAWG is the position of **economic dependence** that transforms women and girls in tools for men's power. In their opinion, a key issue to take into consideration in order to have a truly holistic approach to all forms of VAWG is to embrace a **feminist narrative** and have partnerships with multiple stakeholders representing different identities and taking into consideration an **intersectional approach**, learning from the European Coalition to end Violence against Women and Girls. Moreover, there is the need to raise more awareness among women, especially on their **sexuality**, and to **empower** them to be the change they want in the world.

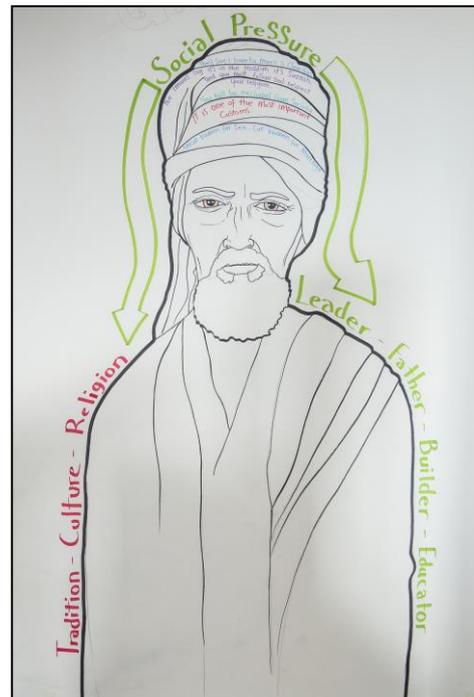
¹⁷ Director of the Brussels Office, UN Women.

¹⁸ See also the 2017 UN Women, UNFPA and UNICEF publication available [here](#).

¹⁹ President of European Women's Lobby (EWL).

²⁰ Women's Rights Activist and Town Councillor, Ixelles Belgium.

According to Sophie Aujean²¹, there are connecting issues between FGM and **genital surgery on intersex children** and there is the need to build a common narrative between them. Indeed, they are similar human rights violations since they are both operations performed mainly on children to make their bodies conform to **gender stereotypes** and are **violations of the right to bodily integrity**. First, both operations are practiced in order to become socially acceptable. Second, the need to alter genitals in both circumstances is linked to the necessity to adhere to gender norms (some genitals are not enough “male” or “female”). Third, the impact that such operations have on children is very similar, in terms of trauma, physical pain and psychological consequences. The UN Child’s Rights Committee condemns both FGM and intersex genital surgery as child rights violations. There is the need to engage with **policy-makers**, to challenge **gender stereotypes** and to deepen our discussion and **research** on this issue.



Concerning **men’s engagement**, the main challenge, in the opinion of Godfrey Williams-Okorodus²², is the **taboo** surrounding the practice and the general **ignorance** around the negative consequences that FGM entails for women and girls. If only men would be faced with the reality of how FGM is performed and what pain and suffering it provokes in a woman or a girl, then much more men would be joining the cause and oppose the practice in their communities. It is important to **empower men and women together**, and to do it also through **artistic means**. It is also important that women are empowered, also economically, for instance by selling their handcrafts.

Focus on Prevention, Protection and Prosecution between forms of VAWG

The parallel workshops looked into gaps of current policy frameworks and service provision in responding to the multiple needs of girls and women affected by FGM as well as by other forms of harmful practices and gender-based violence. Some key questions that were addressed include: What are the unmet needs and gaps in policy and practices? What are the good and promising practices available and the opportunities for strategic cooperation? How can we hold responsible entities accountable for delivering a comprehensive response? How can all concerned actors work better together? Which kind of resources are needed to achieve a more comprehensive approach to ending FGM as a form of VAWG?

On **Prevention**, the main recommendations that came out of the debates were as follows:

- It is crucial to link FGM to **women’s economic empowerment** and create a different narrative around men’ and women’s **sexuality** to effectively prevent the practice and promote its sustainable abandonment;
- **Education** is key, both in terms of comprehensive sexuality education, education against violence against women and girls, and on gender equality to disrupt the traditional gendered power relations.

On **Protection**, the main recommendations that came out of the debates were as follows:

²¹ Senior Policy and Programmes Officer, International Lesbian, Gay, Bisexual, Trans and Intersex Association Europe (ILGA Europe).

²² Artist & Activist against FGM and other forms of VAWG.

- Donors should be more flexible and accept and encourage in their funding schemes **holistic approach** projects, without only focusing on one specific area of VAWG, but funding protection projects targeting women and girls at risk of a wider spectrum of forms of VAWG.

On **Prosecution**, the main recommendations that came out of the debates were as follows:

- VAWG is often underreported due to several factors, including shame and often affective relationship with the perpetrator, therefore, this must be taken into account and ensure **safe reporting services** that can effectively assist and protect the victims;
- Attention towards a **gender- and age- sensitive treatment of victims** of all forms of VAWG a must be paid during all phases of the procedures, from investigation to prosecution, due to their potential re-traumatisation, victim-blaming and stigmatisation, including through the high media attention that court cases raise;
- Professionals, especially in the law enforcement and judiciary sectors, need to be trained and to have a **gender-sensitive approach** in cases involving victims of gender-based violence.

Moreover, some broader reflections were made concerning challenges and recommendations about protection²³ and prosecution²⁴.

²³ Concerning protection:

- Reflect on **protection** in broad terms: it can entail immediate protection measures (shelter houses, hotlines), but also long-term support actions around consequences of FGM (psych-social support, support during pregnancy, support for couples or women entering a relationship, comprehensive medical accompaniment, plastic surgery, etc.), as well as “preventive protection” measures, such as Education and support for parents and communities for them to be able to protect girls from FGM;
- Reflect on definition of **who has right to protection**: subjects **at risk** in need of protection is a first step: women and girls (young girls before 15, before school holidays, before resettlement of family reunification, before wedding, after delivery), families who are opposing the practice, anti-FGM activists; but also subjects already **living with FGM**;
- **Educate parents and families** about existing legislation as a way of protecting girls at risk;
- Advocate for **legislative frameworks** protecting subjects at risk due to FGM and ensure their effective implementation.

²⁴ Concerning prosecution:

- States and duty-bearers should **enforce legislation criminalising FGM**, since it offers a national legal framework establishing common standards and making the practice illegal. This should include providing more support and allocating more resources to its implementation in all steps, from detection to investigation to prosecution.
- Advocate for the existence within the legal framework not only of punishment for the offenders but also of **preventive aspects, protective measures** for survivors and those at risk (in some countries - e.g. Kenya - the law criminalising FGM does not foresee this), as well as **safe systems for reporting the practice** (this is crucial to ensure the effectiveness of the law, trust in the law enforcement and non-stigmatisation of the ones who report it);
- Promote the **preventive aspects** of the legal prohibition of FGM by using it as an educational tool to deter people from performing it, since only prosecution and punitive actions may push the practice underground and favour its illegal continuation;
- Prosecution should go **hand in hand with prevention** (e.g. through health professionals by making routine genital examinations compulsory for girls) **and protection**, and should be used as a **last resort**, except in the cases where doctors perform FGM (breach of medical ethical rules);
- Promote **evidence** collection on the effectiveness of prosecution as a tool for ending FGM.

Conclusions

The main conclusions and recommendations that came out of the European Forum to Build Bridges on FGM, both strategically and from a financial point of view, are addressed to the FGM Donors Working Group, UN and other regional human rights bodies, EU and its Member States, as well as other governments around the world and the international community:

- There was a strong call from the Forum for setting up a **global coalition to end FGM**, with the aim of building bridges between different regions and between the global and the grassroots level, in order to join forces. This coalition would also aim at connecting multiple stakeholders, including professionals in different sectors, regional bodies and institutions and communities. *End FGM EU announced that forming a global inter-regional coalition is already part of our building bridges strategy and that discussions with organisations in other regions of the world will shortly take place so as to launch this coalition in early 2018.*
- There is a need to **strengthen cooperation and build bridges between diaspora migrant communities and the communities in the countries of origin**, particularly in Europe, but also in the US, Canada and Australia. The same applies to cooperation between other actors and stakeholders. However, current funding streams and programmes do not facilitate projects of this type to be implemented. We recommend donors to consider putting in place **more flexible funding schemes to enable cross-border cooperation without arbitrary geographical barriers**. The UNFPA-UNICEF joint programme on FGM/C started a pilot project on this with AIDOS, GAMS Belgique and Equipop (3 End FGM EU Network Members) and End FGM EU already initiated a dialogue with the European Commission for the *establishment of a specific funding programme to carry out work with a building bridges perspective between Europe and countries of origin*. It would be crucial that also other donors join this dialogue in the context of a broader cross-border framework.
- The key role of **grassroot and community-based organisations** was acknowledged by all in bringing about change, and there was a strong call for **funding to be more accessible to these organisations**, either because grants are becoming so big that only entities with solid management capacity and structures are able to access them, or because the administrative requirements and the accountability are excessively burdensome. We recommend donors to think about the **sustainability of grass-root organisations** with *funding programmes that take into account the operational realities of these organisations*.
- To truly end with the practice of FGM takes time since it involves behaviour change around deeply rooted traditions and social norms. Bringing **long-lasting impact** is only possible thanks to **sustainable, longer-term resources**, and funding schemes should take this into consideration.
- It is crucial to **invest more in evidence-building, data collection and research**, since funding has been cut and studies are being commissioned and carried out with short timeframes to the detriment of sound methodology and quality. Moreover, the Academia should be enabled to play a more important role both in research, but also in developing knowledge and skills on FGM for new generations of professionals. It would be also key to strengthen knowledge-sharing on promising practices.
- The work to put an end to **FGM needs to be mainstreamed in different sectors** such as education, health, migration and law enforcement. These sectors still do not “own” the issue, hence, we need programmes and projects targeting these specific sectors, and working with a multi-sectoral approach across them.
- More investments should go towards **financing alternative and innovative communication and expression means**, such as social media and different forms of art, as tools to be used by grassroot activists and organisations be empowered and to raise awareness.