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GAMCOTRAP



**The Gambia Committee on
Traditional Practices affecting
The Health of Women and Children
(GAMCOTRAP)**



IAC-CIAF

UNICEF Joint FGM Programme 2023

**Program Title:
Redoubling Efforts to End FGM for the next Generation of Gambian Girls
Phase four**



Cross Session Photo Gallery of the Activities Conducted in Upper River Region and Sandu District with Out of School Girls

**Period: September to November 2023
Venue: Bantunding, Sare Ngai, Taibatu, Diabugu Batapa, Borro Kanda Kasseh
and Darsilameh**

(The Two Wulis and Sandu Districts of The Upper River Region)

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Introduction

This is a consolidated report documents for a month Awareness Creation activities conducted in the Upper River Region and Sandu District of The Gambia. The focused communities were Bantunding, Sare Ngai, Taibatu, Diabugu Batapa, Borro Kanda Kasseh and Darsilameh. This activity aimed to redouble efforts to end FGM, Child marriage and Teenage pregnancy in the Gambia through evidence based approach by engaging the children through sessions using pictures and videos for better understanding of the reality of the practice. These project activities were implemented under the UNICEF Joint Country Programme funds GAMCOTRAP in Partnership with UNICEF Gambia Country Office through NSGA.

The Advocacy is to Eradicate Female Genital Mutilation and other harmful practices in the Gambia and GAMCOTRAP continues to engage with communities in raising awareness on the negative effects of harmful traditional practices and how it violates the rights of women and children-particular the girl-child. As part of GAMCOTRAP's efforts to reach out to communities at their door-step, the organization aims at targeting girls out of school clubs to serve as change agents amongst them to ensure that the generation of young ones are protected from harmful traditional practices that affect their wellbeing as future leaders, mothers and parents. The training also provides the opportunity to popularizing the FGM Amendment Act 2015 that prohibits FGM in the Gambia to enhance their knowledge on its contents that led participants reaching to a consensus to end the practice in their communities to improve girl children and women's health status.

According to the (DHS 2013) survey the Upper River Region (URR) among other other Regions in the Gambia have the highest FGM prevalence rate. In the light of this, the project is targeting various groups to raise awareness on the effects of FGM on the sexual and reproductive health and rights of women and girl-children. Despite series of trainings carried out there are pockets of communities that are very remote and hard to reach areas were girls are subjected to the practice. GAMCOTRAP has found it necessary to focus more attention to these communities in these regions to create awareness and promote zero tolerance for the practice. Also, there is the need to focus on the young generation and sensitize them so they can be grassroots activists ending FGM and other harmful practices in their communities.

This strategic direction is supported by the cluster communities in the regions. The Alkalos (village heads) of the various communities are supportive of the campaign and are grateful to GAMCOTRAP and its donors/partners for reaching out to their communities with the right information to build their capacity on the effects of FGM and other harmful traditional practices. All activities have the support of local authorities, community leaders, women leaders, and capacities were built on different issues to enhance their understanding in the promotion and protection of women and children rights. This served as a confidence booster for participants to see the support of their community leaders and Religious Leaders in the fight to end FGM and other harmful traditional practices affecting women and the girl-child.

Recently, the Gambia is facing some pockets of resistance from few National Assembly Members and Religious leaders who were reacting to a court case that sentenced an ex-circumciser for circumcising three girls. This created a lot of uncertainty across the country. The UNICEF funds came on time to respond to this saga by reaching out to the most critical target groups girls out of school who were most vulnerable.

Also, the organization over the years created a pool of Community Based Facilitators within the regions and sometimes draws from the pool of community-based facilitators in the region as resource persons. Similarly, Subject Matter Specialists were invited to deliver in the local

languages including using culturally relevant strategies to empower the young girls during the trainings.

Project Goal

Redoubling Efforts to End Female Genital Mutilation for the Next Generation of Gambian Girls-Phase IV Year One.

Objectives:

The objectives of this implementation as listed below aims to create a holistic awareness campaign that addresses knowledge gaps, community involvement, legal aspects, and youth empowerment, all focused on elimination of FGM, child marriage, Teenage Pregnancy and other forms of SGBV in the three districts of the Upper River Region of The Gambia.

- Raise awareness among out-of-school girls clubs about the physical, emotional, and psychological risks associated with FGM, child marriage and teenage pregnancy ensuring they understand the harmful effects.
- Mobilize out of school girls in the three districts of the Upper River Region to advocate and actively support the eradication of FGM and child marriage by involving in awareness initiatives.
- Educate out-of-school girls about the legal framework in The Gambia that prohibits FGM, child marriage and empower them with information on how to report cases to relevant authorities.
- Protecting women’s sexual and reproductive health and rights;
- To bring about behavioral and attitudinal change that will sustain the elimination of FGM in the Gambia.
- To disseminate information on FGM effects, Early/forced marriage and children’s rights.

Our Mission:

“Through creating awareness about harmful practices in the Gambia, we aim for the elimination of all forms of harmful practices, such as Female Genital Mutilation, Early/Forced Marriage, and all forms of gender-based violence, while preserving beneficial practices.”

Methodology:

We used the following methods to facilitate the activities.

1. Prior to the onset of the implementation, GAMCOTRAP regional coordinator in URR was assigned to make the necessary Pre-logistics arrangements. This involves;
 - Informing the Alkalo (village heads) of the implementation venues and gain their approval
 - Identifying the right target group,
 - Identifying and informing the Resource Persons
 - Served as the interpreter for the various local languages for the programme.
 - Participants were exposed to a Multi-Media Modular Package dealing with various aspects with the rights Based Approach.
2. On arrival to each of the cluster communities, pre-test (Entry Point) was administer on all participants. This was done to evaluate their level of knowledge and understanding on the subjects to be discussed. However, the responses enabled the training team at the onset to know what kind of information to deliver. After the implementation, post-tests were also carried out to analyze the participants if they have understood the subjects. (Exit Point).

3. Participants were divided into groups based on the topics discussed, FGM, Child Marriage, Teenage Pregnancy, FGM Amendment Act and the Children's Act. They were given the task to discuss among themselves based on their knowledge and level of understanding on these topics. The group leaders were then given chance to present on their behalf in the language they were comfortable with. The children were very excited for this exercise as it was new to them and was a very empowering process seeing them take a lead
4. The resource person from the Department of Social Welfare Regional Office in the Region gave a detailed presentation on the legal frameworks protecting women and children in The Gambia as well as International Conventions that The Gambia is a signatory to, in the Mandinka language and was translated into Fula and Sarahuleh.
5. The GAMCOTRAP staff presented on various topics as it is the areas of specialty for the organization.
6. A WhatsApp groups as a Stepdown strategies were created
7. Outspoken children were selected by the media Officer for our human-interest stories.
8. This method was used in all the implementations for all the communities.

Implementation Sites

The implementations took place in six main clustered communities, Batunding, Sare Ngai, Taibatu, Diabugu Batapa, Borro Kande Kasseh and Darsilameh situated in the two Wulis and Sandu Districts of the Upper River Region (URR). The methodology and modules employed were consistent with those utilized in other communities within the project. The participants were carefully selected from cluster villages to ensure a representative and inclusive engagement. The event drew the presence of essential stakeholders, including GAMCOTRAP staff, Village Heads, CBFs and Regional Coordinators, the Regional Social Welfare Officer of the Department, and representatives of Chiefs. This collaborative approach involving various key figures highlights the significance of community involvement and support. The active participation of GAMCOTRAP staff ensured that the execution adhered to the project's objectives and standards.

Target Groups

Six clustered communities were chosen, with the aim of engaging **300** participants (**50** each community). The project specifically focused on young girls who are out of school and might lack access to information disseminated through schools or other formal channels that might be unavailable to them. The target Region was the Upper River Region, with **50** participants identified in each clustered community.

However, in some communities like Bantunding we had **50** girls, with 10 extra that was willing to stay at no cost, a father who stayed through all the sessions waiting for his daughter, 3 girls under 6 years and a couple of boys who came around. In Sare Ngai, we had lots of participants, unfortunately, most of them were from the clustered community (Sare Ngai) and some had little babies so they were sent home so that the other villages that were invited will get the opportunity, we had to cut it to **50** Participants, in Taibatu, we had **52** Participants, Diabugu Batapa **50** participants, Borro Kanda Kasseh **50** and Darsilameh **52**. Total reached directly **304 Participants**.

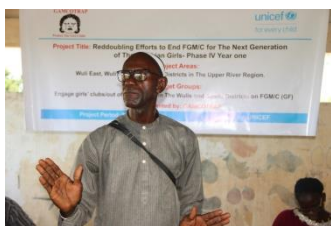
Opening Statement

After opening prayers by a religious leader and participants in all the three communities, The Alkalos (village head) representative welcomed the team, assuring them that they are in full support of the work of GAMCOTRAP and will give all necessary support to ensure the success of these activities. They advised every participant to be attentive and engaged effectively during the sessions. Participants were assured of confidentiality, they were asked to feel free during each discussion and ask for clarifications if they are in doubt. With this, the sessions were declared open.



Opening Statement by the Village head

The Regional Coordinators who also served as interpreters welcomed GAMCOTRAP team and expressed appreciation to dialogue and exchange ideas on issues affecting the health of women and particular the girl child in their various regions. He also took the opportunity to thank and refresh the minds of the participants as well as deliberating on the purpose of the activities to be implemented. He recognized the donor/Partner project UNICEF Gambia Country Programme office for the support.



Malick Baldeh GAMCOTRAP
Regional Coordinator URR

Participants were informed that the activities will raise awareness among out-of-school girls about the physical, emotional, and psychological risks associated with FGM, child marriage and teenage pregnancy. After the introduction the participants were taught GAMCOTRAP's accustomed way of appreciating the information shared.

The Team leader of GAMCOTRAP, gave a short statement on the purpose of the training and appreciated the efforts of all the participants for making it a point of duty and adhering to the call and informed the participants this initiative or training is funded by UNICEF under UNICEF Funds program that aims at protecting the girl child from all forms of harmful traditional practice like FGM, Child marriage and Teenage pregnancy.

Project Activities

A Three-day Awareness Creation activity for Out-of-School Girls clubs in the three districts of the Upper River Region of the Gambia has been implemented and completed. The same activities were implemented in all six communities using the same modules for each. The team was able to provide all necessary information and interpreters for each activity in all six communities irrespective of distance and size.

The project targeted fifty beneficiary participants from each cluster communities but in some occasions the numbers has increased a bit.

The topics covered were;

- I. Culture and FGM (brainstorming session)
- II. Traditional Practices and the Rights of Women including FGM, Child Marriage and Teenage pregnancy
- III. Child Protection issues and Women's Rights issues on the Laws and within the Context of culture
- IV. Traditional Practices: The Islamic Perspective – with focus on FGM (myths vs. facts)
- V. Group Work and Presentation
- VI. Stepdown Strategy
- VII. Collection of human stories from some of the participants

Activity 1: Culture and FGM (brainstorming session)

Brainstorming Session on Culture and FGM in The Gambian context.

The objective of this session was to actively engage the participants in discussions about culture and Female Genital Mutilation (FGM) in The Gambian context especially with the current FGM situation and to also encourage their contributions and participation.

The session commenced with an interactive ice-breaking activity to create a comfortable and inclusive environment. The facilitators encouraged the girls to express their thoughts and opinions freely throughout the sessions. To gauge the girls' understanding of culture and its role in perpetuating FGM, we initiated an open discussion on the Gambia current status of FGM and our culture. The participants shared their views on the cultural significance of FGM, highlighting the rituals and traditions associated with it in their communities. Some stated that it is an honor to your family to be circumcised, others expressed the stigma attached to the uncircumcised, others said it was a mean to be able to have a successful childbirth or be fertile amongst others. Then the participants were presented with the fact and made clarifications about their understanding.

The presenter presented factual information about the harmful effects of FGM on health, education, and well-being. The girls were actively encouraged to challenge any misconceptions they might have held. He talked about the impact of FGM on education and future opportunities for girls. One could see on their faces the shock of hearing this information for the first time. Towards the end of the session, the presenter encouraged the girls to consider themselves as advocates for change in their communities. They brainstormed ideas on how they could raise awareness and promote discussions about FGM among their peers and families, and also informed them of the reporting system should they come across any case.

Activity 2: Traditional Practices and the Rights of Women including FGM, Child Marriage and Teenage pregnancy

The presentation began with a captivating introduction by the presenter by asking them basic questions to set the context for what would become an enlightening and transformative discussion. The context was essential as on the pre-test assessments, many of the participants had little or no prior knowledge of the three critical topics that were about to be explored: the meaning, types, reasons, and effects of Female Genital Mutilation (FGM), Child Marriage and Teenage Pregnancy which are all interrelated and inter-twined topics.



Presentation of the Types of FGM. Adjoa k. Hackman

Carefully considering the participants' prior knowledge set a tone of inclusiveness and acknowledged the diverse backgrounds and experiences in the room. The session was important, as it aimed to fill a significant knowledge gap among the participants. These practices were systematically explained breaking down the subject into simpler terms and the languages of their understanding. She started with their meaning and who a child is as well as what age may seem appropriate for marriage, ensuring that everyone in the room had a clear grasp of what this practice entailed. This

foundation was crucial as it provided a shared understanding from which to build upon.

Moving forward, she meticulously explained the various types of FGM, from Type I (Clitoridectomy) to Type IV (Other harmful procedures), unfortunately, there was no electricity in these areas to show them the visual aspects. This step-by-step approach allowed the participants to grasp the severity associated with each type, painting a vivid picture of the practice's diversity.

The presenter explored the reasons behind the persistence of FGM in certain communities acknowledging the cultural, social, and historical factors contributing to the continuation of this harmful tradition. This not only provided insight into the complexity of the issue but also fostered empathy among the participants, who began to understand the reality. The most emotional part was when the effects of FGM and a young child been married to carry out adult duties were mentioned; you see the relative looks on their faces as most of them might have remembered their case.

Participants were put through the immediate and long-term physical, emotional, and psychological consequences faced by girls and women. The participants' cooperative spirit was evident as some openly lamented over these effects, showcasing their empathy and concern for the victims of this practice. Throughout the presentation, the presenter maintained an interactive and engaging atmosphere to encourage questions and contributions, allowing participants to seek clarification, share personal insights, and express their concerns. This participatory approach not only empowered the participants but also created a safe space for open dialogue.

By the end of the activity, the impact was remarkable as participants had transitioned from a state of little to no knowledge on the topics to a path of understanding, empathy, and motivation for change. They had gained insights into the cultural complexities surrounding these harmful practices, and their empathy for those affected had grown. This session had not only educated them but had also stirred their hearts to take action against the practice as indicated in the post-tests.

Activity 3: Child Protection and Women's Rights issues on the Laws and within the Context of culture

The resource person delved into vital legislative acts in The Gambia: The Children's Act, the FGM Act and the Women's Act. He explained that these acts play crucial role in addressing women and children's rights, all within the intricate context of Gambian culture. He shed light on how these laws strive to protect the rights of girls, especially those who are out of school, in a culturally sensitive manner.

The Children's Act, enacted in 2005, is a cornerstone of child protection in The Gambia. It recognizes that children, including girls, are the nation's most vulnerable citizens and deserve special attention and care. It emphasizes the importance of education, health, and safety for all children. It enshrines the right to education for every child, irrespective of gender. The act promotes equal opportunities for girls to access quality education.

The Act also safeguards girls from harmful practices like child marriage and Female Genital Mutilation (FGM). It acknowledges the adverse effects of these practices on their physical and emotional well-being. Girls have the right to legal representation and protection if they face any form of abuse or exploitation, including forced labor or trafficking.

The presenter noted that the Women's Act, passed in 2010, is a significant stride towards gender equality and women's empowerment in The Gambia. It recognizes the unique challenges women face within the context of Gambian culture and aims to address them as well as prohibits discrimination against women and girls in various aspects of life, including education, employment, and inheritance/property rights.



Presentations on the Legal Instruments. MGCSW

The presenter further noted that the act encourages women's economic independence, which is crucial for girls out of school who may need to support themselves and their families.

The act also acknowledges women's rights to reproductive health and maternal care, ensuring that girls receive the necessary healthcare and information about their bodies recognizing the need to challenge and eliminate harmful cultural practices like FGM and child marriage, which disproportionately affect girls. The facilitator noted that both acts are rooted in the understanding that Gambian culture is diverse and rich, but it should not serve as a barrier to the rights and well-being of girls. They promote culturally sensitive approaches that engage communities, religious leaders, and traditional authorities in conversations about child protection and women's rights.

The participants were exposed to the FGM law that prohibits the practice and anyone found wanting will be prosecuted and sentenced if found guilty of the act of FGM. The content of the law was discussed and explained thoroughly.

In conclusion, it was summarized that the Acts are cornerstones of legislation in The Gambia that protect the rights of all girls, especially those out of school. They reflect the nation's commitment to safeguarding the well-being and future of its youth while respecting its cultural heritage. Our collective responsibility is to ensure that these laws are not just words on paper but are implemented effectively to empower and protect the girls who need it most.

Activity 4: Traditional Practices: The Islamic Perspective – with focus on FGM (myths vs. facts)

Demystifying FGM Myths from an Islamic Perspective (Myths vs. Facts)

Myth 1: FGM is a Religious Requirement

Fact: There is no clear Islamic mandate for Female Genital Mutilation (FGM). In fact, many Islamic scholars and organizations worldwide denounce FGM as un-Islamic. Islam promotes the preservation of bodily integrity and condemns harm to individuals. FGM is known to exist before any religion and a practice that affects the health of women and girl children. There is nowhere in the Qur'an that FGM is prescribed for women and girls.

Myth 2: FGM Enhances Purity

Fact: FGM has no basis in Islamic rituals related to purity or cleanliness. Islam encourages regular hygiene practices, such as ablution (wudu), which are sufficient for maintaining cleanliness. There is nowhere it is mentioned that a healthy organ be cut for purity.

Myth 3: FGM is a Rite of Passage

Fact: FGM is often practiced as a cultural tradition, but it is not a religious rite of passage in Islam. Islam acknowledges life transitions with religious celebrations and prayers, not mutilation.

Myth 4: FGM Preserves Chastity

Fact: FGM does not guarantee chastity. Islam places emphasis on modesty, piety, and moral character as the keys to preserving chastity. FGM does not address these core principles.

Myth 5: FGM is required for Marriage

Fact: Islam allows marriage without FGM. Forced FGM for marriage is a cultural practice, not an Islamic requirement. Consent and compatibility are the foundation of Islamic marriages.

Myth 6: FGM is mentioned in Islamic Texts

Fact: Islamic texts, including the Qur'an and Hadiths, do not explicitly endorse FGM. This practice originated in pre-Islamic cultures and is not an intrinsic part of Islamic teachings. It is a misrepresentation due to ignorance.

Myth 7: FGM is Harmless

Fact: FGM has serious health consequences, including physical and psychological harm. Islam values the protection of health and life, making FGM inconsistent with Islamic principles. The bodily integrity and dignity must be preserved for all human beings.

In summary, FGM lacks religious justification in Islam. Islamic values and emphasize the preservation of human dignity, health, and well-being. Demystifying these myths is essential to dispel misconceptions and safeguard the rights and health of girls and women in Islamic communities.

Activity 5: Group Work and Presentation

After the presentation of the various modules, participants were divided into five groups based on the topics discussed, FGM, Child Marriage, Teenage Pregnancy, FGM Act and the Children's Act. They were given the task to discuss among themselves based on their knowledge and level of understanding on these topics. The group leaders were then given chance to present on their behalves in the language they were comfortable with. The children were very excited for this exercise as it was new to them and this gave them the opportunity to take leadership.

- a) Task
- b) Briefly express yourself on the topic
- c) Explain how they will Stepdown on the information acquired
- d) Questions
- e) Recommendations

The presentations from each groups in all implementations indicated that the children have understood all or most of the modules they were thought. They presented based on the tasks they were given and in different languages. (Refer to media for videos)

Activity 6: Stepdown Strategy

For our Stepdown strategy, participants were divided mostly according to the villages that are closer to each other to ensure that when they wish to meet it will be easier. Each group consisted of the president, secretary, treasurer and PRO and they are to pick their assistants when they get back home. A WhatsApp group will be open for them where they will use as a medium to discuss on matters affecting them/their communities and ways on addressing them. They will come up plans of expansion etc.

Monitoring and Evaluation

Pre and Post test Result/analysis.

All participants provided consent for both pre and post-test questions administered during activity implementation. The pre-test aimed to analyze the participants' understanding of the topics to be discussed, while the post-test sought to evaluate their comprehension and agreement with the emerged topics and issues. The age range of the participants was from 12 to 21 years, representing different tribes from the six clustered communities: Bantunding, Sare Ngai, Taibatu, Diabugu Batapa, Borro Kanda Kasseh, and Darsilameh, all situated in the two Wulis and Sandu districts of the Upper River Region (URR)-North.

During the pre-test, the chart below illustrates the level of knowledge on the subject. Figure 1 represents the pre-test, and Figure 2 corresponds to the post-test.

Fig.1

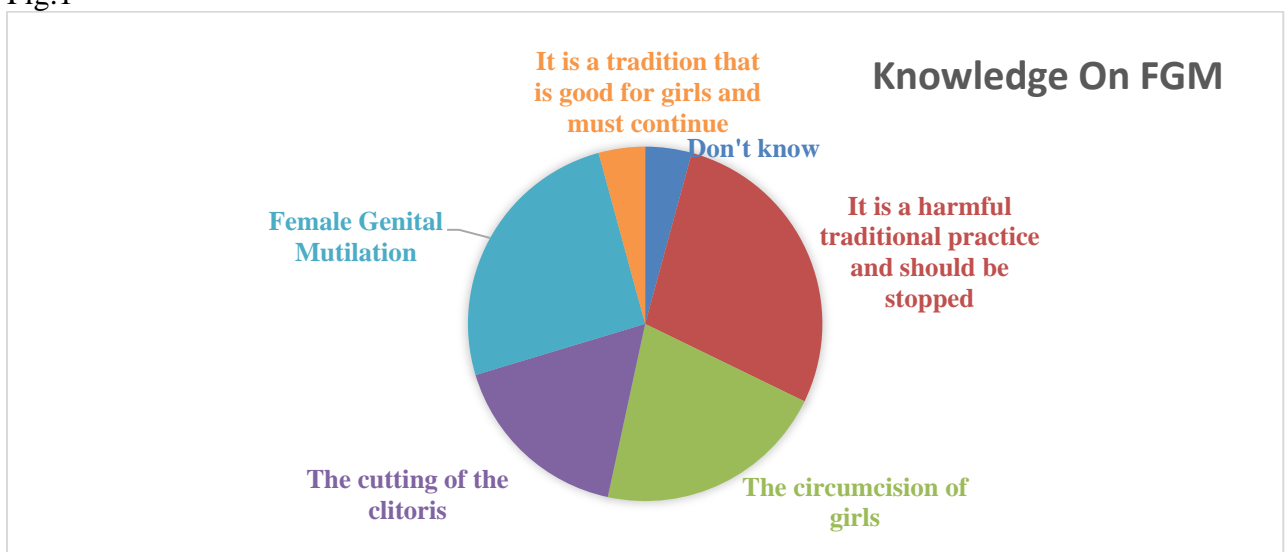
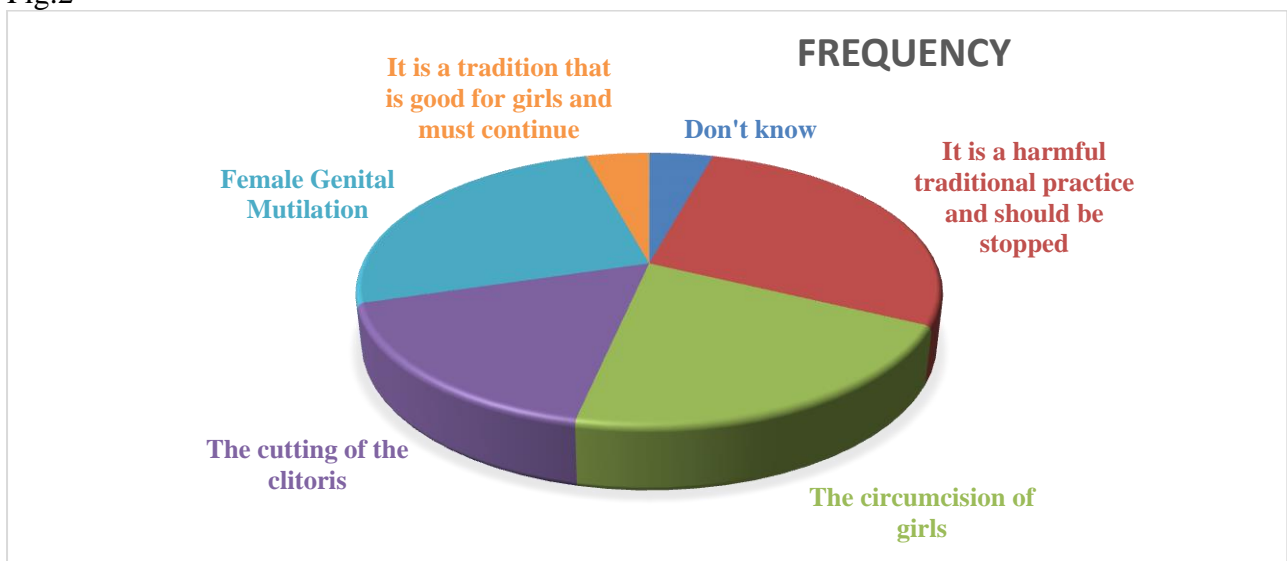


Fig.2



Approximately 67.27% of the participants possessed knowledge about Female Genital Mutilation (FGM) through various mediums. Although some couldn't articulate their thoughts on the topic or fully comprehend it, the ongoing FGM issue in the Central River Region (CRR), widely broadcasted through various channels, provided them with some awareness. Unfortunately, the remaining 32.73% had no idea about it. Some of them were unaware if they were victims, as they might have undergone it during childhood, harboring the belief that it was a customary practice that all girls must experience.

The prevalence of Female Genital Mutilation (FGM) in the discussed villages was quite alarming, as participants who were not fully aware of the severity of the practice openly disclosed a high rate of FGM occurrences. Notably, some participants shared that during the summer holiday in September, a disturbing number of incidents took place. What added to the concern was the revelation that children were brought from urban areas to undergo this harmful practice in the villages.

This information underscores the urgent need for comprehensive awareness campaigns and interventions to address the persisting prevalence of FGM in these communities. It also highlights the necessity of reaching out to both the local residents and those who may be brought from urban areas, emphasizing the importance of education and advocacy to eradicate this harmful tradition. Fig3. FGM occurrences specifically and Fig4 occurrences of SGBV

Fig.3

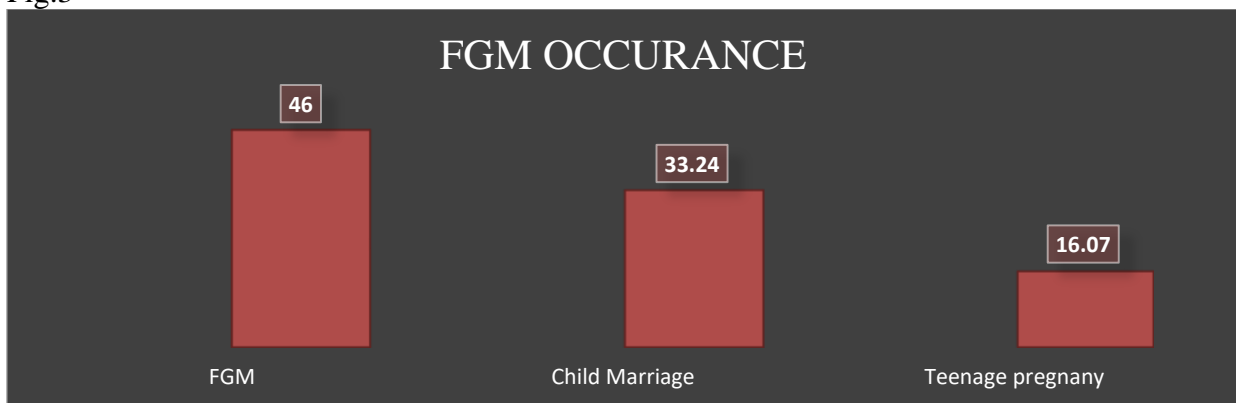
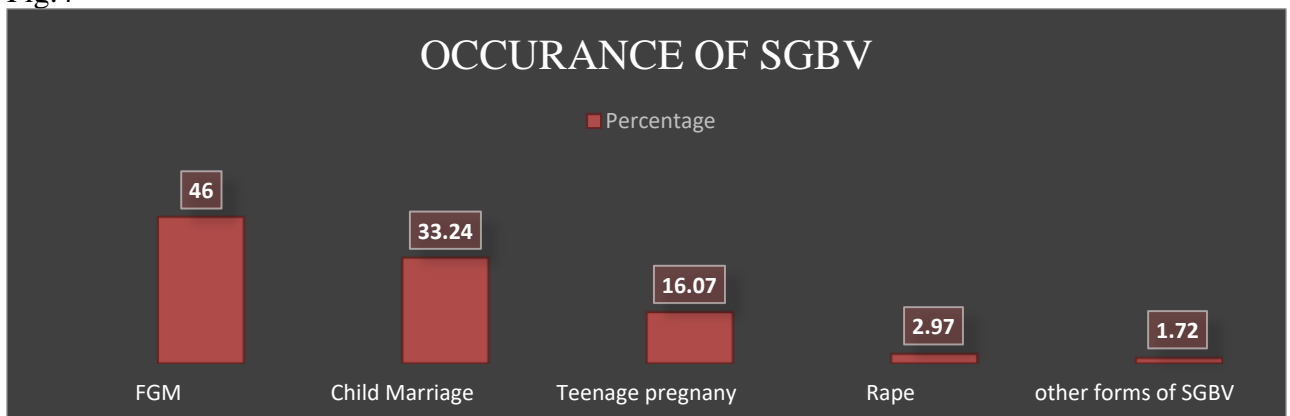


Fig.4



Due to their limited knowledge on various topics, only few of the participants were aware of the effects of Female Genital Mutilation (FGM), Child Marriage, Teenage Pregnancy, and the various legislation protecting women and children in The Gambia during the pre-test. However, a notable transformation occurred during the post-test, with the majority of participants demonstrating an

improved understanding of these critical issues. While some could articulate their thoughts more fluently, it was evident that additional time and reinforcement on these modules would be beneficial for further comprehension.

This shift from limited awareness to increased understanding highlights the effectiveness of the awareness creation activities. It emphasizes the importance of ongoing education and reinforcement to empower participants with a more comprehensive grasp of the topics discussed. The findings suggest a positive impact, yet they also underscore the need for continued efforts to ensure a deeper and sustained understanding among the participants.

The responses indicate diverse perspectives among the respondents regarding the role of young girls and women in raising awareness about Female Genital Mutilation (FGM) and advocating for its elimination. Don't know (44.74%). A significant portion of the respondents expressed uncertainty or lack of awareness about the role young girls and women can play in raising awareness about FGM. This suggests a potential need for educational initiatives to inform individuals about the impact and significance of their involvement in advocacy efforts. We should be advocates and fight for our rights (33.33%). A substantial number of respondents recognize the importance of young girls and women actively engaging in advocacy efforts. They believe that advocating for their rights is a crucial role in the fight against FGM. This response aligns with the empowerment and agency of women in addressing harmful practices. FGM is a good practice; it should not be stopped (6.14%) A smaller percentage of respondents hold the view that Female Genital Mutilation is a good practice and should not be stopped. This perspective reflects a challenge in changing entrenched beliefs and emphasizes the need for targeted awareness campaigns to challenge misconceptions. We should keep quiet and let the law fight for us (0.88%) A very small percentage of respondents expressed the opinion that individuals should remain quiet and let the law fight for them. This perspective may indicate a lack of confidence in personal agency or a belief in the efficacy of legal measures alone.

This highlights the importance of tailored awareness campaigns and educational initiatives to empower young girls and women, dispel misconceptions, and foster a collective understanding of the role they can play in advocating for the elimination of Female Genital Mutilation and other forms of SGBV in The Gambia. Recommendations obtained during the evaluation are included in the general recommendations.

Testimonies and contributions

I've learned a lot from this program. Before coming here, I was an Pro-FGM activist because I promote the procedure, but now that I've learned lot. I think it's a harmful practice that should stop. We must put an end to the practice because it is a horrible tradition. If I return home after learning about the harmful impacts of FGM on women and girls here, I will have a conversation with my parents about the consequences and health issues associated with FGM. With the knowledge I got from this program, I will no longer support the practice. Instead, I will work with my parents and friends to put an end to the practice. Someone I knew had both their circumcision and sealing done at the same time on her. She later got married, but the seal she had on her prevented the husband from penetrating her. She was taken to the circumciser to get her unsealed, and she must sleep with her husband if not the wound would heal over again. She used to flee before being handed to her husband; at the time, we had no idea what was wrong, but later we learned that it was because she had been sealed. She was unable to give birth normal when she became pregnant, so she was brought all the way to Bansang Hospital where she underwent surgery to enable her to give birth. This was all the result of FGM. I experienced FGM. I got married when I was in grade 11, had a child at home, and graduated in 2022, but I was a victim of early/forced marriage and was unable to continue my education after finishing grade 12 because My husband would always tell me to wait until he settled before I would do so. However, nothing has worked out well so far, and I am desperately trying to continue with my education.



My husband is abroad, I got married to him at the age of 16 years. When he came from abroad, I was 17yrs old. I got pregnant along the line at a tender age and during my delivery time; I was entering my 18years of age last year. At the time then I was in grade 8 going to school when my husband came. When he came, I was called, and my parents said to me your husband has come so you must be given to him as far as he is here and it's not safe for you. I asked my parents what if I happened to get pregnant alone and you knew that I was going to school; they said that it's not a problem and it's normal and even that Girl's education is not important . We enrolled you in school, now we want to give you to your husband for temporarily as you will not remain like this when your husband is around, meaning "Dundingkango" in Mandinka language. During labor, the complications I encountered were horrible for me. I am not his first wife but the first wife of my husband got married to him under the age of 18years. Her first child went through an operation before she was able to give birth to her child because she was not mature at the time. She also had to go through similar process again for the second child then the doctor had to advise her not to get pregnant for the next 9 years as a result of FGM. It is as a result of that he asked for my hand in marriage. I went through the sealing type of FGM when I got married to him.



My parents took me to the circumciser who unsealed me that night and asked me to sleep with my husband that night if not it would heal back again. He only paid D,1500; 00 Gambian Dalasis excluding Soap and the wrapper. I conceived my first pregnancy from that and during delivery I was unable to deliver, I was taken to the health facility later referred to Basse District Hospital where I went through an operation to be able to deliver my child. We were released on Thursday and on Monday the place where I was operated had a problem I went to Baja-Kunda health centre

and I was referred to Basse District Hospital again where I was examined, they asked me to pay D500:00 and I was dressed. After two days the same place had a problem again, I went back to Basse district hospital and the doctor stich it again, after a few days I went back because of what I was experiencing the doctor had to stich it again for the 4th time. The Doctor had to ask me when did I get married, I told the doctor that I got married under 18years and I was sealed at that time, but they took me to the circumciser to unsealed me the day I should be given to my husband. But the day I was unsealed, I was bleeding all along and they took me to Baja-Kunda health centre after the nights I slept with my husband to see a doctor whilst my husband had gone back to Europe, so the doctor helped me and gave me some medicines which help me to stop the bleeding. What I went through is a clear manifestation of the health complications of FGM on women and girls.

Our parents are always making the emphasis that its part of our religion and tradition but in my own opinion now this is affecting women, and I think no parent would want to see their children suffering. We all have to put all hands on one deck to End FGM in our communities and the country at large. When I was in labor one of my classmates was also in labor in the same hospital later referred to Basse District Hospital, but she died during labor which no one prayed for she was also a victim of FGM. Having one or two children and you are asked to stop having more children is sad because of the complications of FGM on women and girls.

If I have my way, I really want to further my education because today one should not depend on his husband only because he cannot do it all for you but if I am educated, I can support myself and my children. Engaging in another commercial can also be a motivation to support my daily needs and family. I will never subject my children on FGM based on the knowledge I gained and the health complications of FGM/Child / Forced Marriage associated with it..

I have gained good knowledge about FGM and other Harmful Practice that I never know before it



is now very clear to me, like FGM and Child Marriage. Initially, I used to hear that FGM is Religion obligation as a Muslim, but from what I have learned here has convinced me that FGM is not part of Islam. FGM is a culture we inherited from our grandparents. Research has shown that FGM has an negative impact on women's and girls' reproductive health. The Banning of the practice will help us the young girls to protect our children in the future. I used to experienced abnormalities in my body after listening to her presentation, so I knew what had been said use to occurred to me. The presentation about girls who have undergone the sealing type of FGM, like myself, experiencing menstrual problem, that I too experienced every time I start my period.

RECOMMENDATIONS

Several recommendations emerged from the sessions, the girls shared the challenging circumstances they face in the region. They earnestly expressed hope that the government and Civil Society Organizations (CSOs) could promptly address these issues. Key recommendations included:

1. **Continued Advocacy by GAMCOTRAP:** It was suggested that GAMCOTRAP continue in its advocacy efforts, particularly at the grassroots level, regarding Female Genital Mutilation (FGM), Child Marriage, and the legal protections safeguarding women's rights. The consensus was that awareness about these issues is not uniformly disseminated in remote villages.
2. **Proximity of Schools:** Participants highlighted the need for interventions to bring schools closer to remote villages. The long distances for traveling to schools contribute to parents giving out girls in marriage resulting in early marriages, as they find it challenging to travel, especially considering their additional responsibilities of domestic work. Girls are faced with the drudgery of work and other stereotype gender roles affecting their effective participation resulting in poor performance at school.
3. **Educational Opportunities Beyond Grade 9:** Concerns were raised about limited educational opportunities beyond Grade 9, with higher grades often located at faraway places or in urban areas. Those completing Grade 12 find themselves without job prospects or further educational avenues. A plea was made for the government to establish more TVET schools or create employment opportunities in these regions.
4. **Transportation Assistance:** Due to the considerable distance to schools, there was a plea for assistance in transportation, such as providing bicycles for children. This, they believed, would alleviate the challenges they face in travelling and enable them to attend school regularly.
5. **Increased Awareness of the existing Legislation:** Participants emphasized the necessity of raising more awareness about the existing legislation Safeguarding Women and Children in the country, aiming to ensure that communities are well-informed about the legal aspects of harmful practices.
6. It was also recommended for more sensitizations on these sensitive topics with videos and visual arts
7. **Parental Sensitization on Girl Child Education:** Lastly, there was a call for heightened sensitization among parents and elders regarding the importance of girls' education, urging them to prioritize and support girls in showcasing their potential irrespective of age.

Lesson learnt

- The lessons learned in this project are that, most of the young children in the remote parts of the Upper River Region (URR) have little or no idea about FGM and the few that know are in full support due to the misconception they are being nurtured with. In their testimonies, participants from Bajankotu village reported that FGM is still going on and it took place about a month ago.
- Children in Wooper village and a couple of villages said child marriage was very rampant and pleaded for an intervention as their health is at risk and they cannot do anything about it because mostly the decision is made by the elders in their communities.
- In Borro Kanda Kasseh, from the interactions with some of them, we realized that teenage pregnancy and early marriage is rampant because most of the children had very little or not much exposure to sexual education, this has put them at risk of getting pregnant and may contract infectious disease unknowingly.
- Darsilameh, girls were pleading for interventions to sensitize their parents on education for girls.
- The children were happy and most were receptive to the information and ready to change. They requested to be part of GAMCOTRAP and requested more sensitizations in the region focusing on young girls and women.

Conclusion:

In conclusion, drawing from the contributions made by the participants, the activities in all six communities were a success. Especially the children in Sare Ngai were really motivated and open to all changes but overall, they were motivated and empowered by the experiences of being fully aware that FGM, Child Marriage and Teenage Pregnancy alongside the effects in the long and short term. The participants went away assuring that they are ready to educate their fellows about these practices that affect their lives since they are the fortunate ones to attend the training.

The outcome of this program is a reflection on how population living in hard to reach areas may be excluded because of distance and are left to continue practices that are inimical to their health and wellbeing. This opportunity they had has revealed to the organization that a lot needs to be done and we hope to continue to engage with them through the UNICEF Project and empower them to take a lead in changing their lives.

Annexes:

Annex 1

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Annex 2

Links of Media

NewsPaper:

Youtube:

<https://youtu.be/eZIQ0KtXbSE>

<https://x.com/GamcotrapG/status/1726978944644317535?s=20>

<https://youtu.be/jaNvtq3Lqk>

<https://youtu.be/OHygtJ5ZCVE>

Twitter:

<https://x.com/GamcotrapG/status/1726973999413149850?s=20>

<https://x.com/GamcotrapG/status/1726978944644317535?s=20>

<https://x.com/GamcotrapG/status/1726983502695145570?s=20>

<https://x.com/GamcotrapG/status/1726987186254520377?s=20>

Instagram:

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Annex 3



