



Cut The Cut

**A study on how ActionAid can work with FGM issues in
Sweden**

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Introduction

The official battle to end Female Genital Mutilation (FGM) in Sweden started in 1982 with the legislation banning FGM, but efforts against FGM are still inadequate and ineffective. This report takes a closer look at the conditions for the work against FGM in Sweden. It examines the gaps in the existing relevant measures against FGM in Sweden and aims to propose concrete changes at the regional and local level, which ActionAid can implement. Based on several interviews with relevant stakeholders working with the issue of FGM, the report provides findings about the gaps in the existing work against FGM and suggests concrete changes to be implemented. The report ends with recommendations on the role ActionAid can play in the struggle against FGM in Sweden.

This report focuses on the work with FGM issues that is conducted or missing in Sweden. The report neither addresses the situation and consequences for individuals and groups who are living with FGM, nor connects the lack of actions in Sweden to the international conventions. The information in the report is based on the baseline reviews, which are focused on the governmental and main NGO perspective rather than the grassroots perspective, which is therefore somewhat lacking in this report. However, a lot of grassroots-level knowledge is certainly available within ActionAid's reach globally.

Methodology

The report is based on desktop research and several interviews made with relevant stakeholders working with the issue of FGM in Sweden. The interviews focused on all different categories of stakeholders: private and public entities, medical staff, associations and NGOs, women's rights experts, migration experts, etc – actors who have a demonstrated experience in tackling FGM.

However, before the interviews were conducted, all information about FGM in Sweden was gathered through statistics, reports and media. More detailed information about the statistics, laws, policies and campaigns can be found in the "Baseline Review 1", enclosed as an attachment. All sources in the report are presented as footnotes, if they are not found in the Baseline Reviews.

The interviewees were asked whether our mapping was complete, and the interview questions investigated how the stakeholders perceive the conditions for the work against FGM in Sweden. Interviewees offered their input regarding the gaps in the existing measures against FGM and how more efforts can be made towards achieving concrete changes, especially at the regional/local level.

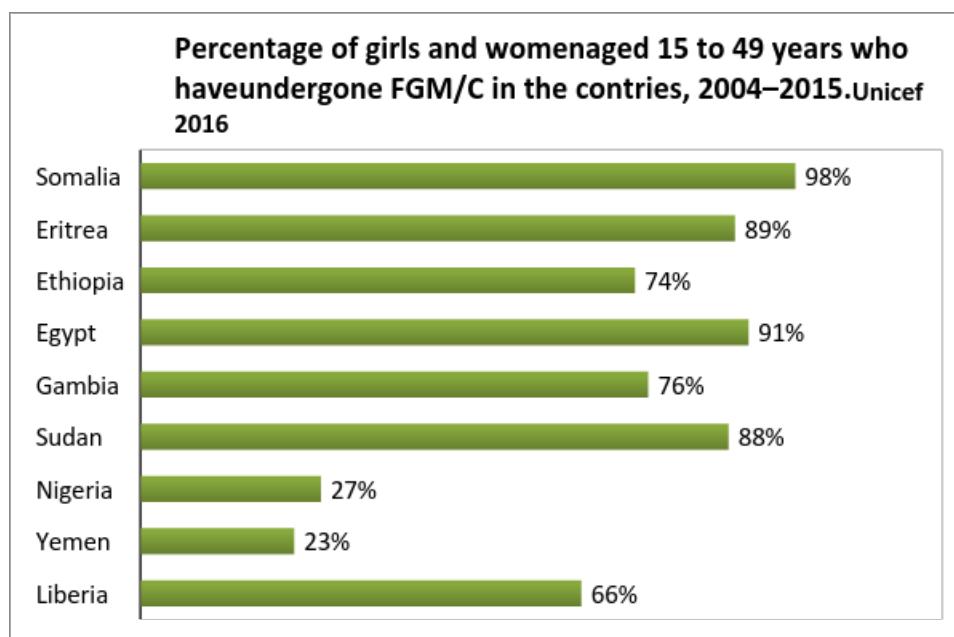
Questions covered the national dimension (national policies / laws / services) as it can be (and usually is) relevant for the quality of actions implemented at the regional / local level. The questions were presented in the form of a survey in which interviewees were asked to rate the quality of existing laws, policies and services.

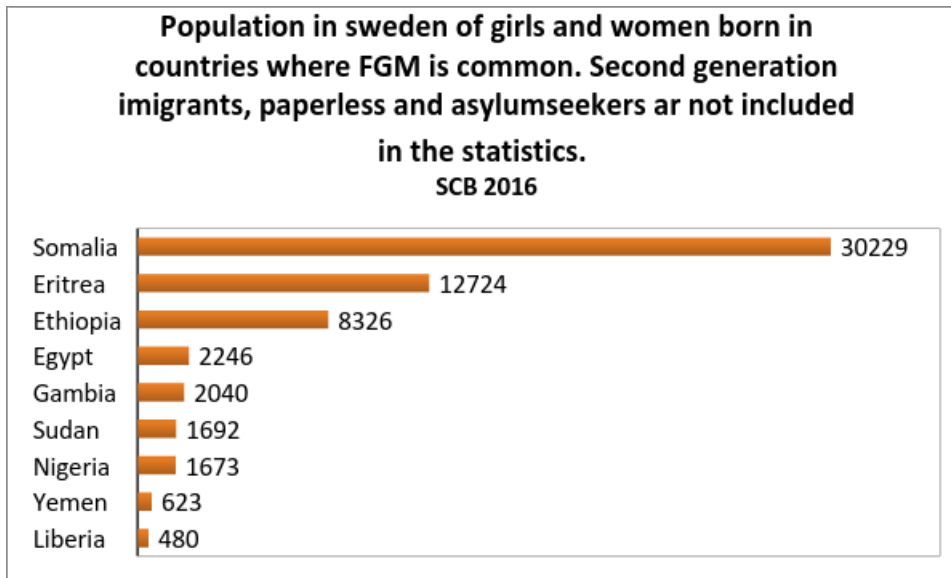
Key Findings

Affected groups in Sweden

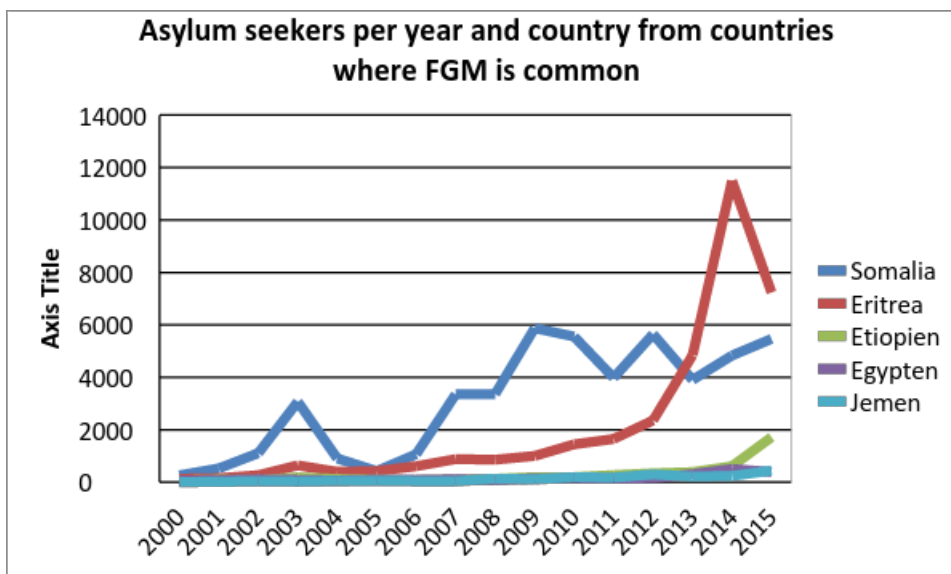
In 2015, the Swedish National Board of Health published a report based on statistics from UN and SCB (Statistics Sweden). They estimated that nearly 38,000 girls and women in Sweden may have been exposed to some type of FGM. About 7,000 of the victims are girls under 18 years old. Most of them are born in Somalia and Eritrea, but also in Ethiopia, Egypt and Gambia. The majority of these girls and women have undergone FGM before they came to Sweden, but some undergo FGM in Sweden or when they are abroad. However, there is a huge lack of statistical information and most of the available information is based on rough assumptions.

The available statistics do not provide all of the information needed, since people are put in different categories depending on their legal status. Those statistics state that there are three main groups: resident, asylum seekers and undocumented people. While some residents are former asylum seekers, some are family immigrants and others got their residency through work. The legal status also controls what education, healthcare, social service and housing people have access to. To reach the affected groups it is important to know what channels to use and what services they are entitled to.





Somalian and Eritrean girls and women are the largest groups in Sweden coming from countries where almost every woman is a victim of FGM. In year 2000, there were 13,000 Somali-born residents in Sweden, and in 2015 there were more than 60,000. In year 2000, there were 3,000 Eritreans in Sweden, and 15 years later nearly ten times as many: 29,000 residents. Between 2013 and 2015 there was an increase in the number of Eritreans seeking protection in Sweden, but there are no gender statistics for this group yet. The statistics covers only asylum seekers, and not family integration or other forms of immigration. Information about the date when people arrived in Sweden can be important in order to understand and find the right channels to reach these groups.



All Swedish regions have residents born in Somalia and Eritrea, but the largest Somali community is found in the Västra Götaland region and the largest Eritrean community is found in Stockholm county.¹

In 2011, the Swedish National Board of Health and Welfare published an official report about healthcare conditions of undocumented people. They estimated that there were a maximum of 35,000 undocumented people living in Sweden at that time, mostly from Iran, Afghanistan and Balkan. Their report also says that a portion of the undocumented people come from Africa, but it does not specify their origin countries.

Stakeholders

- **Government:** They legislate and give directions and funding to the authorities. When it comes to FGM, they have mainly passed on the actions to Östergötland County Administrative Board that has a governmental mission to prevent honor-related violence and oppression since 2005. The mission includes developing and spreading information to professionals as well as children and young people, running a national competence team on FGM and distributing funding to public institutions and NGO combatting FGM.
- **Social Services:** They have a key role when it comes to provide support and assistance to the victims of honor-related violence and oppression. They have to act if they suspect a child is exploited, abused or maltreated, e.g. is a victim of FGM or is in the risk of the procedure.
- **Health care institutions:** They have a key role in giving needed service to victims of FGM. For that to happen, it is important that there is enough knowledge and an open climate to talk about FGM with young girls and pregnant women in a health care setting. The health care institutions also need enough knowledge to give the right treatment and relieve symptoms. The National Board of Health and Welfare have produced a users guide that was launched in 2015.
- **AMEL-mottagningen** at Stockholm South General Hospital, established in 2003 and expanding ever since, is the only health care center in Sweden specialized on FGM. AMEL-mottagningen has received 130 patients a year since the beginning, mainly from Stockholm. They offer surgery, medical help, information and contact with a psychologist.

¹ http://www.scb.se/sv/_/Hitta-statistik/Statistik-efter-amne/Befolkning/Befolkningens-sammansattning/Befolkningsstatistik/25788/25795/Helarsstatistik---Kommun-lan-och-riket/385500/

- Karolinska University Hospital has started using a new surgery method, (developed in France) to reconstruct the clitoris after FGM.
- Schools: Primary schools, introductory courses and SFI are obliged to spread knowledge about sex education and raise awareness on social issues which include FGM. School teachers are legally obliged to report to higher authorities if they suspect a female is a victim or about to be subjected to FGM.
- ABF a educational association is having a big projects against domestic violence with a vital task to offer educational methods, knowledge enhancement and meeting places to address FGM. ABF branches organise study circles both for the general public and in collaboration with their affiliated organisations on FGM issues. ABF is also one of the larger arrangers of cultural events in Sweden, offering lectures, public debates, and cultural programmes that include FGM issues and domestic violence against women issues.
- Save the children (Rädda Barnen) is an international non-governmental organization that promotes children's rights. Within their national project for honor-related violence, Save the Children works closely with schools across Sweden in raising awareness about FGM issues. Save the Children also promotes policy changes in order to better protect female children's rights over their body.
- RISK is an organization working primarily with FGM issues. They work in suburbs where there are a lot of immigrants, spreading information in their respective languages. RISK works in family centers, open pre-schools, maternal and child health centers as well as in their own local groups. RISK has made information available in various African languages, and they have local groups in several Swedish cities: Gothenburg, Karlstad, Nyköping, Stockholm, Uppsala, Umeå and Växjö. RISK participates in a national comprehensive work on female genital mutilation, through a network that they initiated. RISK organizes and attends meetings and conferences around the country about genital mutilation and related subjects. They also organize their own seminars, sometimes in collaboration with other organizations.
- RFSU The Swedish Association for Sexual Education works with public opinion formation on sexual and reproductive health and rights as well as information and education about sexuality and relationships. They have initiated a discussion about whether the rhetoric about FGM is stigmatising women who have undergone the procedure. One of their main arguments is that many women have a good sex life and are proud of their bodies even after undergoing FGM. This is a discussion worth following when ActionAid are forming their actions and statements.
- Desert Flower Foundation Scandinavia primarily works with FGM issues through hospitals: through training of personnel in order to prevent FGM and identify

girls at risk of FGM, and as part of the recovery surgery processes. In addition, they work with raising awareness about FGM through seminars and social media.

- There are also several local community organisations or initiatives that try to educate, create discussion forums and aim to prevent FGM. Examples are Idil in Gothenburg, swimming educators in Borlänge and KISS in Örebro.
- Media - there has been some media coverage about FGM in Sweden. For example there has been a debate about new arrivals not getting questions about FGM in the first health examination, and RFSU has been criticized for lack of action. There are some personal stories about FGM, but these stories and articles on the work against FGM are mainly concentrated to the International Day of Zero Tolerance for Female Genital Mutilation, 6th of February. It is also possible to find some news about launched reports and activities.

Legal Framework

Although the Swedish law banning FGM was established in 1982 (offenders punishable by up to 4 years in prison), and has later been amended so that an offender could be prosecuted also for sending Swedish girls abroad for having FGM performed (or for planning this), the law is still an ineffective tool against FGM.

Only 2 people in Sweden have been convicted of performing FGM over the past decades. One anonymous survey interviewee explained: “the law has little power. Families still have the power to carry out FGM on their daughters abroad without being discovered.” Our interviewees praised the existence of an anti-FGM law in Sweden, but they also pointed out that the law has little power to prevent, protect or prosecute as there is not only a great deal of stigma when one wants to talk about it, but there is also little knowledge about FGM among teachers, social workers and hospitals staff. Moreover, the legal framework does not provide the necessary legal support to the FGM victims.

Our interviewees described that the content and gender approach of existing national laws against FGM have both strengths and weaknesses. It is good that the laws primarily focus on females and that the Swedish government has appointed länsstyrelserna (the county administrative boards) to work more on FGM issues (prevention and protection), but more work needs to be done in Sweden. Promotion of a gender-based understanding of FGM in Sweden’s health care system is particularly important, so that there will be better assistance and medical consultancy to girls who have been subjected to FGM.

The social services law points out that social services have a distinct responsibility to provide support and assistance to victims of honor-related violence and oppression, and that authorities and professionals in schools, pre-schools, health care and police institutions are

obligated to report to the social service if they suspect a child is at risk of being abused. This clearly includes performed FGM or risk of being subjected to FGM. According to the Health Care law (Hälso- och sjukvårdslagen), girls and women subjected to FGM have the right to obtain the support and health care they need.

Regarding the implementation of existing laws against FGM, several problems hinder the process. One interviewee pointed out that “the government seems to be not able to handle the implementation of FGM laws well; that’s apparent as we lack official and legal guidelines on how to implement the laws.” Another interviewee explained the problem of ignorance: “many actors in combating FGM don’t know so much about FGM, to begin with. So, midwives, gynecologists, medical practitioners, hospitals nurses, school nurses, school doctors, teachers, any other relevant actors don’t know about FGM and they don’t know how to handle the problem. This is an even more severe problem when most of the staff is, say, non-Somali.” The general takeaway from the interviewees is that the implementation of existing laws lacks good and effective organization and administration, which explains why “the laws are not a reality yet,” as one interviewee described it.

Another problem hindering the the implementation of existing laws against FGM is that the level of resource allocation is inadequate, and the resources available are concentrated to the big cities while the rest of Sweden is overlooked. Apart from AMEL-mottagningen at Stockholm South General Hospital, Östergötland County Administrative Board and some activists’ work, there are almost no other resources available. The reason for this is that the FGM issue in Sweden is very often boxed into the general framework of gender equality and honor related violence, although it should be placed within a separate framework whose primary focus is to combat FGM.

Policy framework

FGM is mentioned as one of the targets in the national strategy against men's violence against women and honor-related violence and oppression. The government started an investigation of how the strategy is to be renewed, which was completed in 2015. The investigation is still being processed by minister Åsa Regner's Ministry of Social Affairs, and has not become a policy yet.

Our interviewees expressed their delight that FGM is legally banned in Sweden; however, the law is undermined by the lack of action and policy against FGM. "Our laws have not yet achieved so much; clearly, today's policy framework is inadequate in ensuring prevention and protection," one interviewee said. The gender approach in existing anti-FGM policies is relatively apparent throughout the health care system, but it is still rather invisible in other relevant systems, such as the education system.

Moreover, it is difficult to completely prevent FGM since families are still able to subject their daughters to it abroad, as FGM is easy to hide. Therefore, the existing policy framework is ineffective. The policy framework needs to be expanded and adjusted to be more inclusive of economically underprivileged groups and undocumented girls/women.

Even though the health care system and municipalities in Sweden try to work on FGM issues, most of the interviewees perceived that too few resources and services are allocated to existing national/regional/local policies against FGM. They state that there is not enough resources allocated for raising awareness about FGM with the existing policies. A crucial problem in the resource and services allocation is the lack of equal distribution of the resources and services across Sweden. One interviewee explained: "resources and services are not spread equally in all of Sweden. Only a couple of cities in Sweden have resources for combating FGM, but in the rest of the country there is very poor attention and resources."

Social welfare services

All the interviewees showed gratitude about Sweden's will in fighting FGM, as it is legally banned; however, they lamented that there are not enough measures in place in Sweden for meeting the existing needs in all the cities and towns in Sweden. Even within the few existing measures, female victims have little access to medical services because they basically don't know about them. One interviewee explained: "the problem with the existing services is that different cities have different kind of services and some cities have no services at all." All of the medical facilities specifically targeting FGM are located in the Stockholm region. AMEL-mottagningen, for example, is a medical center for victims of FGM, located in Stockholm at Karolinska University Hospital. They offer surgery, medical help, information and psychologists.

On January 1st 2015, classification codes for FGM were introduced in hospital records, with the hope that this can render some more information about the incidence and consequences of health related problems because of FGM, and draw attention to the issue.

There are several emergency numbers to call for victims/potential victims of FGM or professionals working with FGM, but none of them are specifically dedicated to FGM, which means people might not get access to the knowledge they need about FGM and its consequences.

Campaigns

Both the government (through Östergötland County Administrative Board) and NGOs has done campaigns to inform professionals and affected people about FGM.

One example is the *“Dare to see”* (Våga se) campaign run by Östergötland County Administrative Board, which consisted of video and web material, guidance, a telephone line (for professionals and volunteers), education for professionals, a template for local action plans, meetings with parents and girls affected by FGM, and networking with municipalities.

Save the Children ran the *“It’s about love and Love is free”* (Det handlar om kärlek och kärleken är fri) campaign, whose purpose was to combat honor-related oppression and violence. This campaign creates conversations in secondary schools across Sweden about girls’ right to their bodies, the right to be in love with whoever you want and the right to control their own lives. During one week, students get information about their rights, discuss the exhibition, see a play and make evaluation exercises.

Another campaign worth mentioning is RISK, which trains communicators who work in suburbs where there are a lot of immigrants by spreading information in their respective languages and engage in issues concerning FGM.

When interviewees were contacted for this report, they were happy about finally noticing an interest in tackling FGM, and in improving and addressing the gaps in the work against FGM. Interviewees pointed out that campaigns against FGM in Sweden are not consistent, which makes it very ineffective to campaign for this cause. One interviewee explained: “campaigns against FGM in Sweden come and go quickly, and they are usually not that large to begin with”. There is a lack of campaigns for raising awareness about FGM issues, and the public, victims’ families and the victims are not well-informed about the danger of FGM and the health services that are already in place. “FGM does not seem to be a top priority in the discourse on gender-based violence in Sweden,” one interviewee said.

Strategies for ActionAid Sweden

Key Problems

1. The Swedish context can put an extra stigma on persons affected by FGM
2. There is people in Sweden that promote FGM and people living with a pressure to commit FGM to there daughters.
3. Lack of attention in media and public debate.
4. Lack of vocal spokespersons in the media.
5. Lack of grassroots movements with recognized platforms.
6. Too few actors
7. Lack of knowledge about what health services are available for the affected groups.
8. Short-term perspective in awareness raising. Lack of resources.
9. FGM is overshadowed when more funding and attention is given to honor-related violence issues in Sweden.
10. The available measures are mainly centralized to Stockholm.
11. Lack of knowledge among professionals.
12. Lack of control mechanisms in public sector
13. Lack of coordination between public sector and civil society organizations in their work against FGM.

In this section we offer inspiration and concrete ideas for what role ActionAid Sweden can take to combat FGM. A key method for maximizing the impact of this project is to identify relevant Swedish connections and contacts, and to connect them with the knowledge and experience ActionAid has within this field. In this report we have focused on looking at the established discourse in Sweden.

The two main activities in this project is to host African visitors with great experience from working against FGM, and to produce and release films. The purpose pf the following recommendations is to maximize impact and at the same time show that ActionAid is a stakeholder in the area.

According to the interviews, people and organisations working against FGM in Sweden feel that the issue gets too little attention, and they welcome more actors. The population of Swedes born in countries where FGM is common is increasing and those working in the field are calling for more attention and resources. Our conclusion is that the conditions are good for ActionAid Sweden to step in and play an important role.

Perspective and the sender are extremely important (as always), and this is a project where the affected groups have not been initiators or participated in the planning. The majority of girls and women affected by FGM in Sweden are immigrants, black, and generally have a low status in the race hierarchy that is not only deeply rooted in the Swedish culture, but today increasingly becoming politically dangerous. This motivates why it is of great importance that affected groups are involved in the activities. We think that the questions below can be helpful in the planning of activities – and they could contribute to the ActionAid value of including a grassroots perspective.

- Who identifies the problems?
- Who have the power?
- Who are the collaborators? (men, women, boys, girls, affected groups, only majority population)
- Who are the spokespersons? (men, women, boys, girls, affected groups, only majority population)
- Who is the audience, and why? (men, women, boys, girls, affected groups, only majority population)
- Is there a risk that the actions in the campaigns add to the stigmatization of girls and women affected by FGM?
- When we activate people, what effects (reaction from friends and family, reactions online when they go public) could this have for them in the long run? How will ActionAid support them in that respect?
- Is there a risk that your communication will be used by racist forces, and how can we avoid that? (What image of African men and women are we spreading, and how can that be misinterpreted?)

Suggestions for activities

Based on the gaps in the existing work against FGM in Sweden, we have made a list of potential activities for ActionAid Sweden. These activities, as we believe, are in line with ActionAid's policy and expertise globally as well as nationally.

Collaborations and platforms

Östergötland County Administrative Board

Key Problem: Lack of knowledge among professionals.

Activity: Östergötland County Administrative Board is arranging conferences and seminars around Sweden and have knowledge about what is planned in the public sector. It is a good idea to collaborate with them before the visitors from Africa arrive – we think there is a fair chance that the visitors could be invited as speakers to conferences that are already planned.

Effect: This means lectures can be held, and spread widely, without too much costs and effort. Östergötland County Administrative Board mainly addresses professionals in the public sector, and they act as a hub for FGM issues in Sweden.

Risk: That ActionAid reaches an audience that would have had easy access to the knowledge anyway, so that the activity does not add much new attention to the field. Moreover, that the information is coming “from above”, from an authority, and not from the affected groups in Sweden.

Universities

Key Problem: Lack of knowledge among professionals and too few active actors.

Activity: Cooperation with universities that do research about FGM, and/or working with educating teachers, doctors, nurses and social workers. Connect with feminist and integration-related student groups or teachers. Arrange lectures with the African visitors and try to connect the lectures to existing or upcoming science in the field. Spread ActionAids' methods and perspectives (community-based and empowerment methods) - this knowledge is in high demand among social workers in Sweden.

Effect: By bringing the expertise from Africa and talking about how to improve the work against FGM in Sweden, the structures are changed. This is an opportunity to reach professionals in the beginning of their careers and encourage the universities to focus on FGM issues in their research and education. At the same time, it is a possibility for ActionAid to reach many young people who might become activists or supporters in the future.

Risk: That it is hard to get the students to attend lectures, and that the researchers don't show any interest.

Camps and introduction courses

14. *Key Problem:* Lack of knowledge about what health services are available for the affected groups, lack of grassroots movements, lack of grassroots movements with an arena. There is people in Sweden that promote FGM and people living with a pressure to commit FGM to there daughters.

Activity: As Sweden is witnessing an increasing number of refugees, some coming from countries where FGM practice is common: screen the film in Swedish language schools (SFI), Introduction Schools and in refugee camps and have open conversations afterwards. The refugees and/or the professionals working at these places can be the target-group, even if there is more men living in the camps.

Effect: ActionAid will directly reach affected groups to inform them about the existing services, and hopefully develop a more long-term structure for this kind of activity.

Risk: It will take a lot of time and effort to achieve continuity for this kind of activity and all services ar not open for asylum seekers. Moreover, it is difficult to follow up the questions and effects that hopefully come out of this activity without local connections.

Focus groups and round table

15. *Key Problem:* Lack of knowledge among professionals, lack of knowledge about what services exist for the affected groups, lack of grassroots movements and lack of actors. There is people in Sweden that promote FGM and people living with a pressure to commit FGM to there daughters.

Activity: Create one or several focus groups with the African ActionAid visitors, religious or community leaders, politicians, professionals in schools and social services and young people affected by FGM. The group's task is to develop strategies and methods that will work in Sweden. Perhaps arranging a study visit to ActionAid somewhere in Africa can be part of this action. Let a skilled journalist/writer/filmmaker document the events for the activity, and distribute the results among politicians, NGOs, professionals, grassroots activists, and media.

Effect: This is an effective way to bring knowledge from work in Africa to Sweden and to spread ActionAids methods here. It is also a chance to build a network in Sweden and to bring awareness to the fact that ActionAid Sweden is working with these issues.

Risk: It will take a lot of effort to find the right people to the group, to find enough time for them to meet and talk, and there might be some language barrier problems.

Grassroots and local communities

Social media

16. *Key Problem:* The Swedish context can put an extra stigma on groups affected by FGM, too few active actors, lack of knowledge about what services exist for the affected groups. There is people in Sweden that promote FGM and people living with a pressure to commit FGM to there daughters.

Activity: Start a social media communication campaign targeting Somali and Eritrean female communities. Ensure to include Somali and Eritrean women who are willing to share their experience of FGM or of working against FGM. Use the films made in the project and involve your African ActionAid colleagues to communicate or involve experienced FGM activists from those communities. Use social media like Facebook, Instagram, Snapchat, Whatsapp and Viber that are used among young African immigrants. Use these channels for common activities like contacting politicians, writing manifests, arranging photo exhibitions or discussing views and strategies. Talk about strategies for a good health and sexual life with FGM.

Effect: The ultimate goal is to raise awareness among FGM victims in these communities and to encourage and support grassroot leaders/activists. At the same time, ActionAid would be spreading information about consequences of FGM, strategies to stop it and about the available measures/services in Sweden. When this has been done successfully, social media campaigns can be used to spread content about FGM and attract more media attention to the FGM issues.

Risk: It might be difficult to find the right tone and arena for communication. Social media is a very public, open and difficult place for talking about some FGM issues.

Local community groups

17. *Key Problem:* The Swedish context can put an extra stigma on groups affected by FGM, too few active actors, lack of knowledge about what service are available for the affected groups. There is people in Sweden that promote FGM and people living with a pressure to commit FGM to there daughters.

Activity: Arrange a tour with the African visitors around Sweden, in which the visitors visit local community leaders, groups, religious groups, recreation places in the suburbs, HVB homes and schools in areas with big Somali and Eritrean communities. Try to open conversations with girls, women, boys and men about FGM issues. Spread information about the available services and try to find key persons that could become part of an ActionAid network in the future. Groups with only men can be a complement.

Effect: Awareness is raised within the groups, and a connection between ActionAid and local activists is established.

Risk: The interest among the local groups might be low, and there is a risk of conflicts along the way, as some girls' and women's safety might be put in a difficult position afterwards. There could be language and cultural communication problems. There are some conflicts between Eritrean groups in Sweden (some groups supporting the regime, others opposing it) and it is necessary to know which groups and persons you are collaborating with.

Media, public debate and lobbying

Stockholm focus

Key Problem: Lack of attention in media and public debate, lack of knowledge about what service exist for the affected groups, Stockholm focus and focus on existing residents in available services.

Activity: Along with building a network of Swedish FGM activists and international visitors, there has to be a way to find a hook to bring media attention to FGM issues. One such hook could be to construct surveys to identify and measure the gaps between different regions in Sweden regarding availability and accessibility of FGM services, and to use personal stories for illustrating this. Once the survey results are ready, they can be pushed into mainstream media and public debate with the aim to influence politicians to take action. Create an action plan that includes releasing the results of the survey just before the arrival of the anti-FGM campaigners from Africa visiting AA. Then, ensure the survey's results and the campaigners are in the press, media and social media talking about ActionAid's new information about FGM in Sweden and the campaigners' experience of working against FGM. Other topics for a survey could be the perception of girls and women who are FGM victims, or to make a manual based on ActionAid's experiences from Africa.

Effect: Hopefully, this will lead to debates that can raise awareness and lead to more services being established in more regions. Also, this could offer a chance to raise awareness through media. A successful launch in the media can also spread the message that ActionAid is working with the FGM issue in Sweden, which might encourage other stakeholders to start collaborating with ActionAid.

Risk: low interest, or that ActionAid Sweden will be questioned because this is not perceived as a grassroots initiative by the affected groups in Sweden.

National strategy against men's violence against women and honor-related violence

Key Problem: Lack of attention in media and public debate, risk of FGM being forgotten when FGM projects are funded and organized in “box” of honor-related violence which has received much more attention in Sweden, most available services are centralized to Stockholm, lack of knowledge among professionals, lack of control mechanisms in public sector, lack of coordination between public sector and civil society organizations in their work against FGM.

Activity: Follow the process of the new national strategy against men's violence against women and honor-related violence and oppression, and submit recommendations on how FGM can be tackled, both publicly and directly to politicians. Use the methods that ActionAid uses for raising awareness and lobbying in other issues.

Effect: Raised awareness about FGM as a part of the violence against girls and women. Have the politicians sending clear messages that this is an important issue that needs more effort, resources and coordination.

Risk: It could be difficult to get enough attention and to mobilise grassroots on a topic like this.

Examples of recommendations:

During the writing of this report, we have identified several areas that need to be improved. Here we have formulated some recommendations that can be used for external communication.

1. Duplicate all FGM resources/services found in Stockholm to all other Swedish cities and regions.
2. Establish mechanisms and control measures to ensure that the laws are effectively and correctly implemented.
3. Ensure that that FGM issues are not overshadowed by other honor-related violence issues.
4. Support grassroot activities to tackle FGM.
5. Educate and promote awareness, knowledge and tools among key players/actors.
6. Provide more time and funding to resources and services allocation, formulating policies and conducting campaigns.
7. Emphasize intersectionality in the target groups affected by FGM, for example, to include undocumented females.
8. Raise awareness among FGM victims about the services available to them.
9. Create and maintain consistent awareness raising campaigns about FGM among key actors, victims and the public across Sweden.
10. Improve coordination and organization between governmental facilities and civil society organizations (NGOs, mosques, churches, schools, youth groups, healthcare and others) in their work against FGM.