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Orchid Project

Research on opportunities for investment on FGC abandonment in Africa

March 2017

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Acknowledgement

We would like to express thanks to all persons who invested their time and support to provide us with useful background information and details for this study.

We would like to extend special thanks to the key informants who accepted our invitation for an interview (see Annex 2 for the complete list), and representatives of the local organisations that shared additional information on their organisations, their projects and approaches used. We would like to extend further thanks to 28 Too Many for their published Country Profiles which contributed detailed information on organisations working in the field.

Special thanks are given to the staff of the Orchid Project, Ms. Julia Lalla-Maharajh OBE, Ms. Susan Place Everhart, and Ms. Lucy Walker, for inspiring conversations and useful guidance throughout the study.

This report (with Annexes) has been summarised from the original.

The study team,
Reet, Belgium
March 2017

List of Abbreviations and Acronyms

ADEP	Association d'Appui et d'Eveil Pugsada
ADRA	Adventist Development and Relief Agency
AFNET	Anti-Female Genital Mutilation Network
AMMIE	Appui Moral Matériel Intellectuel à l'Enfant
APJAD	Association pour la Promotion de la Jeunesse Africaine et le Développement
ARP	Alternative Rite of Passage
ASRH	Adolescent, Sexual Reproductive Health
BCC	Behaviour Change Communication
BCC	Behaviour Change Communication
BLACD	Better Life Association for Comprehensive Development
CDF	Children's Dignity Forum
CEDOVIP	Centre for Domestic Violence Prevention
CEP	Community Empowerment Programme
CESVED	Center For Social Value and Early Childhood Development
CIPK	Council of Imams and Preachers of Kenya
CLCP	Community Life Competence Process
CLTS	Community-Led Total Sanitation
CNLPE	Comité National de Lutte contre la Pratique de l'Excision (National committee to fight the practice of excision)
CPAR	Community-based Participatory Action Research
CSA	Centre for the Study of Adolescence
CSO	Civil Society Organisation
CYDI	Community & Youth Development Initiatives
DHS	Demographic and Health Survey
FCC	FGM/C Community Champions
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
GASCODE	Groupe d'Appui en Santé, Communication et Développement
GBV	Gender Based Violence
GMP	The Grandmother Project
GPI	Girls' Power Initiative
IEC	Information, Education and Communication
KMG	Kembatti Mentti Gezzima-Tope
KTP	Kepsteno Rotwo Tipin
MCW	Maasai Cricket Warriors
MICS	Multiple Indicator Cluster Surveys
MYWO	Maendeleo ya Wanawake Organisation
NAFGEM	National Anti-FGM Network
NCCK	National Council of Churches of Kenya
NGO	Non-Governmental Organisation
SDI	Safe Haven Development Initiative
SIRP	Society for the Improvement of Rural People
SOFHA	Somaliland Family Health Association
SRHR	Sexual and Reproductive Health and Rights
THP	The Hunger Project
V4C	Voices for Change
VAPP	Violence Against Persons Prohibition Act
VARCE	Value Re-Orientation for Community Enhancement
WOWAP	Women Wake-Up
WPC	Women Promotion Centre
YMNAGBV	Young Men's Network Against Gender Based Violence

1 INTRODUCTION

1.1 Research question

Orchid Project has contracted **hera** to conduct research on 'where (in which *next* country or ethnic group) in Africa will investment achieve the greatest acceleration of abandonment of female genital cutting (FGC)?'. While Orchid recognises the importance of ending FGC globally and particularly in the Middle East and Asia, this research concentrates on accelerating abandonment, and prioritises African countries. In particular, Orchid Project is interested to know where, with whom and how potential future investment in Africa can best be allocated.

Orchid advocates for a non-directive, human rights led education approach which accelerates the ending of the practice in communities by working on the basis that FGC is a social norm, and a violation of human rights, rather than a religious or health issue.

To answer the research question, the study focused on three sub-questions: (1) Where is change happening in terms of FGC abandonment and why? (2) What programmes currently exist in these countries or among the specific ethnic groups and to what extent is it aligned with Orchid Project's theory of change? (3) What organisations are successfully working on changing other social norms and have the capacity to incorporate FGC into their work?

The research aims to contribute to advancing the knowledge base of those working on FGC and also lead to investment with greater impact. The findings will be shared with stakeholders and donors interested in a potential investment.

1.2 Methodology

The research took place over the course of 6 weeks between February and March 2017 and was divided into 2 phases:

Phase 1:

- Key informant interviews with 19 prominent actors working in the field of FGC and social norms (see annex 2 for list of key informants).
- Comparison of data on FGC abandonment rates by country and ethnic group and shifts in attitude towards the practice.
- Research into organisations working effectively to change social norms (such as child marriage, gender-based violence (GBV) and open defecation) and assessment on whether these organisations have capacity to add FGC to their programming.

Phase 2:

- Mapping of organisations working on FGC in 5 countries where change is happening, collecting information about the size, reach, methods, impact and metrics of existing FGC programmes. The 5 countries were selected following the findings of the key informant interviews and desk research and include: Kenya, Nigeria, Burkina Faso, Tanzania and Somaliland. The mapping used a combination of internet research, sources from key informants and interviews with promising organisations and other key informants.
- Research into 'organisations of opportunity' which are considered to successfully work on FGC in countries other than those listed above. A total of 6 organisations were explored and contacted.

1.3 Limitations

The findings are a snapshot of what the study team was able to gather in the limited timeframe available and based on secondary resources (existing research, key expert opinions, phone interviews and web search). Although not all key informants and organisations responded to our requests for information, the team is grateful to those who made time to participate in this research (see annex 2 for more information).

The research is shaped by Orchid Project's theory of change and has therefore focused on organisations working through a social norm approach such as community dialogues and human rights education as opposed to interventions focusing solely on advocacy, litigation, health provision, rescue centres or alternative incomes for circumcisers.

The list of organisations and programmes in Annex 3 is by no means exhaustive; there are likely to be many active and effective grass roots organisations that are not active online or were not mentioned by key informants.

1.4 This document

This document is a summary of the research conducted. More details can be found in the excel databases, providing details about the different FGC programmes and organisations working on social norm change approaches identified.

Chapter 2 briefly describes where change is happening and why, drawing on existing resources and the expertise from the key informant interviews. These findings informed the selection of countries, ethnic groups and organisations of opportunities which are explored in chapter 3. Chapter 4 provides an overview of organisations and initiatives that have been successfully working on changing other social norms (such as early marriage or GBV) and which could include FGC in their work. Finally, chapter 5 provides a brief conclusion and overall recommendations for Orchid Project.

2 Trends in FGC abandonment

2.1 Where is change happening and why?

According to recent research[i] and nationally representative data for 27 African countries on the prevalence of FGM/C among girls and women, change on FGC abandonment is happening in 14 of these countries[ii]. The study compares differences between the youngest (15-19) and oldest (45-49) age cohorts to assess changes that have occurred recently among the younger cohort. The decline in these 14 countries ranges from 7 percentage points in Egypt to 41 percentage points in Liberia. A steady decline over time (observed by progressive drops in prevalence across age cohorts) is seen in Burkina Faso, Liberia, Kenya, Central African Republic, Benin, Nigeria and Togo, whereas a more recent change (with a marked difference in prevalence only in the youngest cohort) is seen in Egypt, Eritrea, Sierra Leone, Ethiopia, Côte d'Ivoire, Tanzania and Mauritania.

The interviews with key informants, drawing on anecdotal information, confirm these trends. When asking where change is happening and why, the following 4 countries were mentioned most often:

- **Kenya:** trend data shows that the practice has been going down for over 3 decades, showing the fastest decline according to national survey data. The national prevalence of women aged 15 to 49 is currently at 21%. However, large differences remain among ethnic groups with high prevalence among Somali (93.6%), Samburu (86%) and Maasai (77.9%). Only 6% of girls and women support the continuation of FGC and the modernisation in the country, impacting on social and family structures, is thought to have a positive impact on FGC abandonment. Furthermore, the long-term investment by civil society and the government, including the Anti-FGM Board, is seen to contribute to the continuous decline. A large group of young educated people is available to be engaged.
- While the national prevalence in **Nigeria** is relatively low (24.8%), because of the population size it affects over 20 million girls and women (approximately 10% of all girls and women cut worldwide). The highest prevalence is measured in the South East (49%) and South West (48%) regions and among the Ekoi (57%), Yoruba (55%) and Igbo (45%). Infibulation is practiced among the Ijaw/Izon, with 19% of girls affected. Along the same lines as for Kenya, the country is modernising and there is increased mobility, especially among young people, which facilitates change. There is a decline in support for FGC amongst the population, in 2013 64% of women stated they do not want FGC to be continued compared to 47% in 1999. The anti-FGC law shows that there is a strong national message, however, because of the decentralization the law is not automatically adopted in each federal state.
- In **Burkina Faso** there has been a strong political will and supportive enabling environment according to key informants which explains why prevalence rates have been declining (from 76% of women aged 15-49 in 2010 to 67% in 2014; and 13% of girls aged 0-14 to 11% in the same period). However, prevalence rates are still high and there are concerns of under-reporting because of the strong application of the anti-FGC law.
- **Sierra Leone** was referred to by key informants as a country where 'things are happening' and FGC is thought to be declining. Some believe it may be linked to the recent Ebola outbreak when a FGC ban was introduced, while others point to changes in family and power structures caused by the Ebola crisis, which is now leaving more space for changing social norms. However, no recent data is available and conflicting messages report that communities have started practicing FGC after the country was declared 'Ebola free'[iii].

Other countries where change is happening and which were mentioned by the key informants (although less frequently) are:

Countries showing a long-term decline of FGC abandonment:

- *Liberia*: it looks like FGC is declining but little recent data is available. Some informants mentioned that a decline in FGC may be expected following the recent Ebola crisis.
- *Central African Republic* has seen a gradual decline over the past decade (from 36% in 2000 to 24% in 2010) however it is unclear as to why. Some believe it may be linked to the civil conflict which has destroyed social ties and norms that were holding the practice in place.

Countries showing recent changes in FGC abandonment:

- *Tanzania*: FGC among girls and women aged 15 to 49 declined from 15% in 2010 to 10% in 2015; of this national average 19% of women age 45-49 are cut, compared to only 5% of girls aged 15-19. Prevalence is higher in the central region and districts bordering Kenya. Key informants were not aware as to why change is happening in the country.
- *Ethiopia* is also seeing a decline in the practice. The most recent DHS study (2016) measured a 65% prevalence rate, down from 74% in 2005. The difference between the 15-19 (47%) and 40-49 (75%) is also striking indicating change is happening. However, major differences

still persist with the Afar and Somali still practicing respectively 98% and 99%. FGC abandonment is linked to other social changes and improvements in access to education, access to health and media.

- *Mauritania*: Improvement is seen across a wide range of health outcomes, not only FGC. This is related to the improved political situation and the fact that the country has become a serious market for neighbouring countries, bringing lots of migrants into the country. While there is not yet a large-scale abandonment of FGC (a decline of 2% points was observed between 2011 and 2015 from 69% to 67% for girls and women aged 15-49); abandonment is expected to accelerate over the next decade.
- *Egypt* is a complicated country in terms of FGC abandonment according to key informants. While there has been a decline among the more educated and richer quintiles, the national prevalence is still high (87% in 2015) and support among girls and women for continuing the practice remains over 50%. However, there has been a steady decline of prevalence among the 15-19 age group from 96% in 2005 to 70% in 2015[iv]. Higher levels of education among women have also been linked to higher levels of medicalisation, in particular in Egypt.

Some countries were mentioned by key informants as showing 'willingness' for change:

- *The Gambia*: the recent FGC ban and willingness of the government and international stakeholders such as UNFPA were mentioned as indicators that change is happening. Also, due to the small size of the country, some believe it presents an opportunity to achieve change in the entire country.
- *Senegal:* the ethnic configuration makes it a complex country to work in, but change is happening - over 6,000 communities have declared abandonment of the practice - and expected to continue in the future according to key informants. Trends in prevalence among the 15-19 age group (24% in 2010 and 21% in 2014) also confirm this decline.[v]
- *Sudan:* a lot of work is being conducted by different actors (government, civil society, media and international partners) at various levels (the enabling environment, health and education systems and community dialogues). However, it is too early to see/measure the change.
- *Somalia (in particular the region of Somaliland):* while the prevalence rate is still very high (99%) and little change has been observed in recent years, various key informants mentioned that there is a strong willingness for change from female activists.

2.2 Promising models and barriers to change

A number of studies have compiled and compared different approaches used to accelerate FGC abandonment.[vi] This section summarises the perspectives of the key informant interviews.

While key informants have different opinions about the effectiveness of specific approaches (such as paying cutters, promoting rescue centres or Alternative Rites of Passage (ARP)), most agree that FGC is a social norm and its abandonment benefits most from a comprehensive and holistic approach adapted to the local context. Such a comprehensive approach often uses a combination of: community (and intergenerational) dialogue and mobilisation, human rights-based education, participation of young people, boys and men and religious/traditional leaders, involvement of media and behaviour change communication, a supportive regulatory environment, improved access to health and education services and income generation or livelihood support.

Such a comprehensive approach requires good collaboration and coordination among the different implementing actors, service providers and regulatory bodies, preferably with oversight and funding

support from the Government. Examples of coordination mechanisms and initiatives mentioned by the key informants are found in Kenya (Anti-FGM Board), Burkina Faso (national committee for ending FGM/C) and Sudan.

A few promising models were mentioned, such as the Tostan Community Empowerment Programme (CEP). Tostan's Community Empowerment Programme (CEP) is a 3-year non-formal training programme implemented in six countries. The CEP has multiple outcomes, yet one key result is the abandonment of female genital cutting (FGC) by some communities. To date, 8,000 communities have abandoned FGC across West Africa as a result of the programme. Given the existing partnership between Orchid Project and Tostan, they will not be explored further in this research.

Additional promising models include Kembatti Mentti Gezzima-Tope (KMG) in Ethiopia, the Saleema media campaign in Sudan and Ethiopia, the Grandmother Project in Senegal, Better Life Association for Comprehensive Development (BLACD) in Egypt and Coalition on Violence against Women (COVAW) in Kenya. Some of these models are explored further in chapter 3.

In terms of barriers to change, key informants noted a few constraints:

- FGC is embedded in complex social structures, hence a 'one-size-fit-all' approach is impossible and programmatic decisions should be made based on a thorough understanding of the communities and why they practice FGC.
- Even though many organisations are now working on FGC, interventions that actually reach the poor and rural communities are still very limited. These are the communities that need the most attention.
- FGC should also be seen within a broader social context. It is linked to other factors, which also have to be addressed simultaneously. For example lack of access to education, poverty and limited opportunities for work should be taken into account when developing programmes.
- The short time frame of most programmes is not useful. Social norms take time to change and programmes need to allow communities to take their time. However, when the timeframe is too long, donors also shy away.
- There are differences of opinion on why FGC happens. Some believe it is a 'barbaric' practice and girls need to be protected from their parents, whereas others believe that parents do not want to harm their daughters but rather cut them because the social norm requires it. These different opinions influence the programmatic approach taken and risk creating confusion within communities particularly if different messages are broadcast on TV and radio.
- Religious and traditional leaders are sometimes difficult to engage in the work around FGC and therefore form a barrier to change. However, as soon as they have been convinced that FGC is harmful, they become key enablers.
- Lack of a strong evidence base, especially evidence of promising interventions, is a key concern for some key informants, however, not all interviewed agreed with this standpoint.
- The medicalisation of FGC in some countries is a concern; as well as the change in age of cutting. The age of when a girl is being cut is dropping and this makes programming more complicated. Both issues are often the effect of anti-FGC campaigns and laws which encourage parents who still want to cut their daughters to do it earlier or by medical practitioners.

2.3 Selection of countries for programmatic research

The findings from the key informant interviews and available research suggest that a decline of FGC is happening in a number of countries, but in some countries the change is more pronounced and visible. Most key informants agree that FGC is a social norm and that a comprehensive approach, working at different levels simultaneously (community, health and education services, media and regulatory environment) is most effective.

Based on this first assessment, a joint decision was made to focus during the second phase of the research, on 'promising organisations' with whom Orchid Project does not yet have an engagement, and identify programmatic opportunities with grassroots organisations working on FGC using a social norm change approach in the following countries:

- Kenya (deep dive): in depth research into programmatic opportunities of organisations working with ethnic groups that still have a high prevalence such as the Masaai, Samburu, Kuria and Somali communities. Methods included desk research and conversations with potential promising organisations.
- Nigeria (medium dive): general research into programmatic opportunities in the whole country with no specific focus on a particular ethnic group. Methods included desk research and conversations with potential promising organisations.
- Burkina Faso (light dive): light touch research to understand what is happening in the country and why and identifying potentially promising organisations. Methods were mostly desk research and interview with key informants of UNICEF and UNFPA.
- Tanzania (light dive) – light touch research to understand what is happening in the country and why and identifying potentially promising organisations. Methods were mostly desk research and interview with key informant from DFID.
- Somalia, with a focus on Somaliland (light dive) – light touch research to identify potentially promising organisations working with the Somali ethnic groups. Methods were mainly desk research.

3 PROGRAMMATIC OPPORTUNITIES

3.1 Organisations of opportunity

There are several organisations with which Orchid Project does not currently partner that do not operate in designated focus countries, but are considered quality organisations, highlighted below.

Ethiopia

In 2009, the Ethiopian government adopted the Proclamation to Provide for the Registration and Regulation of Charities and Societies. This was Ethiopia's first law regulating NGOs and is highly controversial. In terms of impact, the law dictates that NGOs cannot receive more than 10 percent of their funding from foreign sources for human rights and advocacy activities. The law has effectively reduced the number of CSOs in the country (from 3,822 registered in 2009 to 1,500 in 2013). That being stated, established organisations have found ways of operating within and around the law. Most of these organisations have been effectively utilising foreign funds for the past eight years. As a result, the law should not be considered a hindrance for collaboration. Instead, it merely narrows the scope in terms of organisations that are available with which to work.

Kembatti Mentti Gezzima-Tope (KMG) primarily focuses on community conversations and promoting "uncut girls' clubs" to raise awareness in communities. The organisation also offers alternative income-generating activities to ex-circumcisers, and is exploring using sport as a method to empower members of its clubs. A small number of reports indicate that the approach used is leading to results but more information is needed (e.g. how extensive is the component involving paying circumcisers, etc.).

Berhane Hewan is an initiative of Population Council. The programme mainly focuses on child marriage, but integrates FGC into conversations. The approach includes community conversations, girls' mentoring groups, and conditional cash transfers. There were some questions around sustainability of the project in 2010, specifically involving the cash transfer component of the project. It was decided that scaling the model would not be sustainable. As a result, programme managers added new components to the programme during the expansion phase. The individual economic incentive was eliminated, but the programme retained the provision of water wells and decided to include men and husbands in discussions around child marriage.

Rohi Weddu has been expanding within the Afar region of Ethiopia. The approach focuses on targeting the "gatekeepers" of communities, including religious leaders and elders. This is a long-term approach, involving continued conversations. The idea is to begin influencing the gatekeepers before entering the community, because their support is needed in order to gain the support of the community. The organisation conducts community dialogues, engage in organised diffusion and hold public declarations. Reviews and evaluations conducted thus far have been favourable.

Senegal

The Grandmother Project (GMP) takes a "whole community" approach to change. In other words, it is believed that only with the commitment of the whole community can lasting change occur. GMP is also non-directive, and aim to promote dialogue from within the community rather than using a more prescriptive tone. The mission of GMP is to promote social change in communities through culture. They do this by promoting intergenerational dialogue. In the case of FGC, grandmothers are viewed as the gatekeepers of the practice; it is only through their engagement with youth that abandonment may be achieved. Unfortunately, very little information was found on FGC-specific projects.

Eritrea

UNICEF in Eritrea is piloting the Habawa Approach for addressing FGC. It is a collective approach, incorporating government, UN agencies, local youth and women's groups, faith-based organisations and communities to put an end to the practice. The focus is on social norms and the interconnectedness of communities.

Egypt

Better Life Association for Comprehensive Development (BLACD) is based in Egypt and takes a multi-pronged approach to ending FGC. First, they work to empower at risk girls by creating groups/clubs where the girls engage in art projects and express their feelings about the practice (through art and dialogue). Second, they work to change the careers of cutters and provide them with alternate means of income. Finally, they utilise volunteers to raise awareness in communities through meetings and communications activities.

Sudan

The **Saleema communication campaign** has developed a communication toolkit that supports the protection of girls from FGM/C, and aims to collectively abandon the practice at community level in Sudan. The organisation aims to change the way one talks about the female body by using more positive terms, thereby changing the way people talk about FGC. In Sudanese Arabic, there was no positive word for an uncircumcised woman. The purpose of the toolkit is to build on the strengths of existing communication programmes, not to replace them. Saleema is in fact more than just a toolkit, it is a campaign, which involved the government and over 640 communities in 2012, with networks within a community, and a new born protection campaign in selected public medical facilities.

3.2 Kenya (deep dive)

Context

From the interviews it was clear that the experts have been seeing a rapid decrease of FGC in Kenya. The DHS 2014 data verify this, where in 1998 the data reported a national prevalence of 38% of women having undergone FGC, in 2014 this had dropped to 21%.

There are large differences between rural and urban areas, between regions and level of education. Rural women are almost twice as likely to be circumcised as urban women (26% and 14%). The prevalence decreases with an increase in wealth and education. The most likely type of FGC is excision, whereas infibulation is practiced in 8% of circumcised girls. Almost all Kenyan women have heard of female circumcision, regardless of their background. The practice is less common among younger women, as 11% of young women between 15 and 19 reported to be cut, compared to over 20% over women over 30 years old. However, the DHS indicates that girls are being cut at a younger age and one informant mentioned this as well.

The ethnic groups with the highest prevalence of circumcision in Kenya are the Somali (94%), Samburu (86%), Kisii (84%), and Maasai (78%). Key informants indicated the Somali, Samburu and the Maasai as having high FGC prevalence rates, and particularly the Maasai were mentioned due to some change taking place. Interestingly, the Kisii were not mentioned at all. In turn, the change is slow among the Kenyan Somali, perhaps because they are seen as a complex group to reach. The information that was found on the organisations from the desk review shows that most organisations are active in west and south Kenya, and/or have an emphasis on the Maasai (who live in the south), Samburu (who live in the northern central highlands) or Kisii (who live in western Kenya).

An enabling factor to the abandonment of FGC is the government, which was also emphasised by the key informants. The Government has increased its national budget with dedicated lines of funding for FGM/C elimination and for the national coordination body, the Anti-FGM Board. The board reviews and updates national policies to align them with the 2011 Prohibition of FGM Act (2011), and develops a monitoring and evaluation framework.[vii] The Board was in fact mentioned by several experts during interviews as an effective public coordination mechanism. There is however no coordination mechanism for the different interventions between the ministries of education, health and justice.

Several key informants mentioned that the Kenyan youth have been particularly active in working together to force change. The rise of social media has enabled them to organise themselves. Also urbanisation has increased the interaction between ethnic groups which has challenged the social norms around FGC.

Existing FGC programmes

118 organisations were identified that are working towards FGC abandonment in Kenya. Effective programmes identified have community dialogue and human/child rights education and girls and women's empowerment standing central in their approach. They are not single issue programmes, but include FGC in a basket of topics under empowerment, maternal and child health, sexual and reproductive health and human rights and child protection (including child marriage and GBV). The size of the programmes varies from a single village to several counties. There are many programmes operating in Kenya that provide a rescue centre for girls escaping FGC on their own account, or where the organisation actively scouts for girls to escape.

Orchid Project already works in partnership with two Kenyan organisations, SAFE Maa and the Education Centre for the Advancement of Women, both working to end FGC through social norms based approaches. In addition, other organisations have been worked with closely through Orchid Project's Knowledge Sharing Programme. These organisations have thus not been explored further in this research.

Promising programmes

From the 118 organisations, 13 are implementing projects/programmes with the Maasai, Somali, Samburu, Kisii or Kuria and with a community dialogue and human rights approach. The remaining organisations, generally speaking, offered rescue centres or payment to cutters, were solely advocacy organisations and not actual implementers or focused just on litigation. The most promising organisations identified are described below:

Kenya

Coalition on violence against women in Kenya (COVAW) works towards moving the issue of violence against women from the private to the public domain, thereby working along the lines of creating change from within society. The Coalition has three main programs: 1) the Access to Justice and Women's Rights initiative, which seeks to ensure that women and girls whose rights have been violated overcome all legal, social, financial and structural barriers in the quest for justice. 2) the Movement Building and Community Activism initiative which aims to build social movements of change agents opposed to and committed to ending Violence against Women. The initiative uses the SASA! model (see more details below in section 4.1) for implementing activities. 3) The Advocacy and Communications initiative aims at creating an enabling environment for women in Kenya to claim and vindicate their rights through championing various duty bearers. COVAW is implementing a 1 year project in Narok South with funding from Amplify Change. The project addresses harmful practices for women's and girl's sexual and reproductive health, including FGC, in Narok, Kenya.

Adventist Development and Relief Agency (ADRA). This organisation works on building the resilience of communities, and works in two community units in Nyanza Province and Western Kenya with the Kisii, Kuria, Kipsigis and Maasai. The approach involves educating the community, promoting human rights, operationalizing human rights tools, and disseminating messages on FGC and other forms of GBV prevalent in the districts of implementation. The activities include peer education, school fees support for runaways, life skills workshops, Train the Trainer, outreach activities, trainings of partners and supporting important days in relation to the child. The 'Anti FGM' project is in collaboration with the MoH.

The **Alton Maasai Project/Asante Africa Foundation** works on girl's education and community empowerment in Kenya and Tanzania. It has quite a large comprehensive girl empowerment project, which includes FGC, called 'the Girls' Advancement Programme, Wezesha Vijana'. The project

provides curriculum based empowerment training sessions with safe space afterschool clubs, gives local and community leaders training, engages parents and establishes an advocacy system.

AMREF Health Kenya is the country office of the largest Pan-African health development INGO based in Nairobi, committed to improving health and health care in Africa. The organisation is well known, well established, has systems in place for various health related projects. The national office, AMREF Kenya, implements an ARP Project in Southern Kenya with the Maasai in Magadi, Loitoktok and in central Kenya with the Samburu. The project focuses on advocacy and social mobilisation, developing tools, research, integration of the FGC issue in curricula, supporting anti-FGC youth groups and working with (traditional) health workers and community leaders. Their self-indicated impact since 2009 is that a total of over 7,000 girls have experienced an ARP instead of FGC.

The **Pastoralist Child Foundation** was recommended by two experts and came up a few times as a promising organisation by other organisations. They work in Samburu County to eradicate FGM/C and forced early marriages in Kenya through mobilisation and education. They work with Community Mobilisers and Trained Change Agents and provide educational workshops on the harmful effects of FGM/C and forced marriages, and a range of SRHR, child and human rights topics, education and empowerment issues. Adults and elders are also provided a workshop, and the end goal is an ARP.

Msichana Kuria was also recommended by two experts. The organisation is engaged with the Kuria and works solely on eradication of FGM and GBV with Ikerege Ward, Migori County, South Western Kenya. The organisation exposes the myths and misconceptions surrounding the practice, has a human rights approach, after school programs, works with men and boys, provides scholarship programmes for education for uncircumcised girls, community campaigns and recognition of positive actions through public community celebrations.

Recommendations

The dynamics and developments in Kenya are currently ripe to accelerate abandonment of FGC. The government is an enabler to anti-FGC activities, there are many organisations working on the issue in Kenya which opens discussions around FGC, there is also rapid modernisation and youths are active. This momentum may enable the Maasai, Samburu, Kuria and Kisii where the prevalence is high but decreasing, however reaching the Somali may be more challenging.

3.3 Nigeria (medium dive)

Context

After an increase in prevalence rates between 2003 (19%) to 2008 (30%) which may be explained by different methodologies and questions used, subsequent DHS and MICS data demonstrate overall decline in prevalence among women 15 to 49 years: from 27% in 2011, to 25% in 2013. When comparing the differences between the youngest (15-19) and oldest (45-49) age cohorts, a clearer indication of change among the younger cohort becomes visible, with only 15% of girls aged 15-19 cut, as compared to 36% of women in the 45-49 age group[viii].

The 2013 DHS comparison of the ages at which women underwent FGC confirms this trend. A higher proportion of women (15-49) than girls have been cut at young age (0-14), which confirms there is a decline, as most girls will not undergo FGC after the age of 15. Most girls are cut before the age of 5 (82%), and this practice becomes more common. DHS also show a decline in support for FGC; in 1999, 47% of women opposed FGC, and in 2013, 64% of women and 62.1% of men were opposed.

Considerable differences in prevalence across the country exist, and are generally related to the ethnic groups and religions in Nigeria. DHS 2013 shows the highest prevalence in the southern regions (ranging from 25.8 to 49%), followed by the northwest region (20.7%), north central (9.9%), and northeast with 2.9%.

There are a few remarkable aspects related to FGC prevalence in Nigeria compared to the situation in other African countries where FGC is practiced.

- Women with a low level of education are less likely have undergone FGC (17.2%) than those with a higher levels of education (28.8% 0 30.7%) (DHS 2013);
- Daughters, from well-educated parents are taken from urban areas back to the villages;
- FGC prevalence is higher among wealthier women between 15-49 years;
- More than a tenth of all girls and women who have undergone FGC had the procedure performed by medical professionals.

These issues show the complexity of FGC abandonment in Nigeria. It remains difficult to indicate where change is happening and why it is happening.

In 2015, a federal law was passed criminalising FGC in the entire country. This Violence Against Persons Prohibition Act (VAPP) however, only applies to the Federal Capital Territory of Abuja. At the end of 2016, 13 of the 36 states had a similar law in place, which does not per se mean that the law is enforced. The size of the country and its political organisation, with three tiers of government (federal, state, and local government) involved in education and health public sectors, require context specific strategies and interventions.

There is a large network of activists and media supporting the process of FGC abandonment. Media play an important role in daily life of the Nigerians, despite the limited freedom of press, and social media is used to draw attention to violence against women and girls. The Guardian's End FGM Global Media Campaign supported projects and trained activities on effective use of media to promote FGC abandonment. Through the use of social media large numbers of people can be reached, and it creates opportunities to link youth and local (community-based and/or grassroots) organisations.

Key informants believe that the dynamics in Nigeria might influence people's opinion and behaviours regarding FGC. The population is increasingly mobile, particularly the youth, allowing for interaction between ethnic groups including information sharing on topics as FGC.

Organisations involved in FGC

For most organisations that were identified, limited information was available on the internet, specifically on the FGC related work and interventions implemented. The organisations listed below filled in our questionnaire, and have overall approaches and values in line with Orchid's theory of change.

The **Centre for Social Value and Early Childhood Development (CESVED)** is a small grassroots based organisation that focuses on equality and promotion of girl's and women's rights. Key areas of interventions are breast ironing, FGC and early marriage. Main approaches used include awareness raising, community mobilisation, participation and dialogue. Involvement of men is an important component of CESVEDs' interventions. For FGC interventions, the Anti FGM/C 25 Master plan is used. The organisation is currently supported by Amplify Change, One Life Initiative and The Girl Generation.

The mission of the **Community & Youth Development Initiatives (CYDI)** is to reach and work with young people (10-24 years) and their guardians to build their capacity to improve their health and socio-economic welfare. Focus areas are reproductive health, poverty reduction, and capacity development. Strategies applied include capacity building, enhancing communication and establishment of grassroots organisations. CYDI is currently implementing a 1 year FGC programme with the objective to reduce the incidence of FGM/C in 15 communities in Orlu Local Government Area of Imo State using FGM/C Community Champions (FCC). The focus is on community dialogue, and different approaches and tools are used, including REPLACE[ix]. The programme budget is USD 18,500.

The **Girls' Power Initiative (GPI)** is a NGO established in 1993 that aims to empower children and young females with accurate information and skills from a gender perspective for social action. Key objectives are (1) to increase awareness of adolescents, parents, guardians, teachers, media persons and the public on issues of sexuality, gender, and human rights of girls and women; (2) to reduce the social, cultural and religious practices, myths, patriarchal values and norms that violates the rights of the girl child, and (3) to increase the capacity of adolescent girls to overcome the challenges of growing up as female in Nigeria and become catalysts for social change. GPI is currently managing a FGC project that intends to ensure the law on FGM is implemented in Isoko North and south of the Delta state. Target populations are survivors, youth and community and religious leaders.

One Life Initiative for Human Development is a NGO with interest in micro-enterprise, governance, and new media deployment for development. The organisation is also interested in helping trigger policies that benefit young people and women especially around issues of reproductive health and GBV. The use of new media tools for development purposes is a key focus for the organisation. They believe the growing pace of Information Communication and Technology for Development will be very beneficial. One Life Initiative supported the #EndFGM Poster Art Competition that was designed to enable young girls begin to discuss issues around the need to end FGC.

The **Safe Haven Development Initiative (SDI)** is an NGO providing support services to vulnerable women, girls and communities by educating them on issues of sexual and reproductive health, HIV/AIDS, malaria, human rights and GBV. The organisation implements a community based basic sexual and reproductive health and human rights education awareness program in rural areas. In their campaign against FGC, SDI works with communities using a collaborative approach; the project's mainstays are advocacy, communication and social mobilisation. This approach is broader than the name of the organisation implies.

The **Society for the Improvement of Rural People's (SIRP)** vision is to be a CSO role model in providing voice and service to the less privileged and vulnerable segments of the society to ensure that FGC is ended in Nigeria by 2030 and to work in collaboration with justice supply and demand sides to address all issues relating to gender violence including domestic violence, FGC and other forms of sexual violence. SIRP is managing a one year FGC programme using the REPLACE approach. They focus on raising awareness of the health and human rights issues associated with the practice. In the communities of intervention, traditional rulers, religious rulers, traditional birth attendants and other key players are involved. SIRP utilises Community-based Participatory Action Research (CPAR) to engage with communities and collect information concerning individual and community practices and beliefs regarding FGC and the perceived barriers to ending FGC. SIRP is supported by The Girl Generation, UNDP and UK Aid. The organisation's budget for 2017 is USD 115,000.

Value Re-Orientation for Community Enhancement (VARCE) is a NGO working on youth, environmental health, and development. Its primary aim is to contribute to sustainable development in Nigeria and beyond. Key projects implemented by VARCE are 1) the Adolescent, Sexual Reproductive Health (ASRH) Project; 2) End FGM Poster Art Competition; and 3) Campus Storm to End FGM. These projects target in and out school youth, and used drama, traditional song and dance, community dialogue, media, information, education and communication (IEC) and behaviour change communication (BCC) to achieve its goals. Current donors are Guardian UK, and UNFPA/EVA Nigeria.

Young Men's Network Against Gender Based Violence (YMNAGBV) was initiated as a platform for young male leaders to enable them challenge cultural perceptions and stereotypes that fuels GBV (especially with sexual related violent) and oppression against women and girls while influencing attitudes and behaviours in their various communities as change agents. The organisation has over 680 network members include young men from universities and different organizations across the country. Six projects are managed that support FGC abandonment, most of which focus on involvement of youth using social media, music, panel discussions, and dramatized web series'. Community awareness and mobilisation programs are also included.

Active Voices is a NGO established in 2016 with a mission to support and promote youth involvement and leadership for improved health, rights and sustainable development of adolescents, young people and women in Nigeria. Strategies include behavioural and social research, advocacy, capacity building, and youth empowerment and engagement to support youth-led movements. Active Voices is currently managing a 6 month FGC project that focuses on involvement of existing youth networks in the movement to end FGC, enhancement of capacity of health care providers on social change communication to become advocates and promote the abandonment of FGC, and engagement of health care providers to address medicalisation of FGC. Target groups include youth networks, health care providers, pregnant/new mothers and the general public. The project's budget is USD 10,000; the organizational budget is USD 25,000.

Recommendations

Nigeria is an important country because of the size of the country and numbers of women affected by FGC. Basic structures and political commitment seem in place to provide an enabling environment to support local organisations on FGC abandonment.

However due to this size of the country and large variety in context between the different regions and states, it is recommended to focus on one particular region or state rather than investing in the entire country. Disaggregated (prevalence) data are available (to a certain extent), and could serve as a basis for determining the region(s) to support. Another selection criterion could be the available (financial and technical) support in the regions.

Strong media networks exist, and it seems worthwhile to explore engagement with these networks because of their experience in sharing key messages with a large population, and engagement in social issues. The Guardian's End FGM Global Media Campaign recently trained journalists and activists on how to best shape the message.

The focus of this research are local organisations, however it is worth noting that according to key informants not many international NGOs are working on FGC in Nigeria.

3.4 Burkina Faso (light dive)

Context

According to the DHS 2010, the estimated prevalence of FGC in women aged 15 to 49 is 76%, classifying Burkina Faso as a 'moderately high' prevalence country. The most recent continuous multi-sectoral survey (EMC) of 2015 shows a considerable decline to 67%. Also, for girls under 14 years, a considerable decline is seen over the years: 23% in 2005, 13% in 2010, and 11% in 2014. When comparing the differences between the youngest (15-19) and oldest (45-49) age cohorts, there is clear indication of decline of FGC prevalence in Burkina Faso with 58% being cut in the age group 15-19, and 89% in the 45-49 age group[x]. This suggests there may be a decline in the practice across generations, since few girls in Burkina Faso are likely to be cut after they reach 14 years of age. Knowledge of FGC is almost universal throughout the country[xi].

Government commitment is strong. Burkina Faso was the first country that introduced a law against FGM in 1996 but application only started in 2009 with the support of the Joint UNICEF/UNFPA programme. Mobile judicial hearings take place near the communities from which the cases arise. The mobile courts enhance the discussion and dialogue on FGM/C, provide visible support and commitment to ending the practice and foster collaboration between the communities and the justice system. Due to the criminalisation of the practice, the population is forced to go underground if they want their daughters to be cut: the age at which FGC is performed has reduced so that it can be done more discretely[xii]; FGC is performed in neighbouring countries where there is no law (e.g., in Mali), or where it is not applied with the same rigor as it is applied in Burkina Faso.

Despite concerns that the recent political instability would have influenced the decreasing trend, enforcement efforts have remained robust in much of the country after the overthrow of President Blaise Compaore[xiii]. The former First Lady, had promoted an end to FGC for over 20 years, and her successor, Her Excellency Sika Bella Kaboré, took over this role.

Strategies implemented by the government are not limited to legal issues, but include broader aspects necessary to facilitate the promotion of and support for FGC abandonment at a national level. A National Committee to Fight the Practice of FGC is in place (the so called le Comité National de Lutte contre la Pratique de l'Excision – CNLPE), a 5 year national strategy is established, and yearly action plans are developed and implemented. The national strategy covers both FGC and child marriage. The action plan is funded by the national government.

Other important pillars of the national strategy are education and training (e.g. through inclusion of FGC information in the curriculum acknowledging the power of youth as catalyst of change), health (e.g. through capacity building of health providers and offering care for sequelae of FGC), and community engagement (e.g. through dialogue with community leaders, and within communities).

Local organisations involved in FGC

Local organisations active in the promotion of FGC abandonment range from networks of journalists, youths, community and religious leaders, to associations of midwives, legal experts, women, human rights organisations, and grass roots organisations.

Appui Moral Matériel Intellectuel à l'Enfant (AMMIE) aims to contribute to the well-being of children, and they focus on health and education. Strategies applied include IEC and BCC.

Association d'Appui et d'Eveil Pugsada (ADEP) was established in 1995, with the mission to improve the status and conditions of girls in order to enable them to play an important role in the society. ADEP focuses on girl's rights, and works in different areas among which education, health, women's entrepreneurship, and GBV.

Association Khoolesmen exists since 1994, and works on child protection and support to improve the social economic status of women. The association counts 230 members in the province of Séno, and focuses on FGC, child marriages, obstetric fistula, and HIV/Aids. Approaches applied include IEC and BCC.

Association Maïa was established by a group of female teachers in Bobo-Dioulasso and recognised as an NGO in 1998. These teachers were worried about the high drop-out rate among young girls caused by poverty, illnesses, early pregnancies and other related issues. The association focuses on education, health, income generating activities, and FGC. Community involvement is a cornerstone in the interventions conducted by Association Maïa.

Association pour la Promotion de la Jeunesse Africaine et le Développement (APJAD) is an organisation working for and with youth in the province Kénédougou. At national level, APJAD also collaborates with the CNLPE to implement a campaign to end FGC. APJAD uses different approaches to promote the ending of FGC such as youth mobilisation, peer education, IEC, and other awareness raising activities. The key focus group are girls between 7 and 19 years, but families and communities are also involved in the different interventions supported by APJAD.

Groupe d'Appui en Santé, Communication et Développement (GASCODE) supports associations, NGOS and institutions by providing expertise available through its members in the area of social and health development. Focus areas include reproductive health, women's and girl's rights, and FGC, and interventions are based on community participation. GASCODE is involved in the UNFPA-UNICEF Joint Programme on FGM/C (UNJP).

Kebayina Association of Women of Burkina focuses on awareness raising around key topics such as education, health, nutrition, the environment and citizenship. Literacy classes and technical training are offered to enable women to develop income-generating activities.

Mwangaza Action has been operational since 1996. Its mission is to contribute to the promotion and sustainable development of grass roots organisations through training, research, technical assistance and exchange of experience. The organisation focuses on women's and girls' right, including FGC. Mwangaza applied the Tostan model in 23 villages, and achieved initial positive results related the improvement of women's' rights and reproductive health. Main areas of interventions include sexual and reproductive health, HIV/Aids, FGC, and mother and child health. Mwangaza Action collaborates with different organisations, is member of the CNLPE network, and is involved in the UNFPA-UNICEF Joint Programme on FGM/C.

Voix des Femmes aims to contribute to the promotion of the advancement of women at socio-economic, political and cultural level, and to fight all forms of violence against women. Voix des Femmes established a centre of wellbeing for women, where medical services such as antenatal and postnatal care, and care for sequelae of FGC can be provided. Voix des Femmes is involved in the UNJP.

Recommendations

The environment in Burkina Faso is favourable for organisations to work on the promotion of ending FGC. Structures are in place, and the practice can be openly discussed at all levels of the society, including government. No recommendations can be made as to which local organisation to work with in Burkina Faso as limited information was available through the internet search, specifically on the FGC related work and interventions implemented by these organisations.

3.5 Tanzania (light dive)

Context

FGC among girls and women aged 15 to 49 declined from 15% in 2010 to 10% in 2015. The change is particularly visible among the 15-19 age group, with only 5% affected according to 2015 DHS data. Prevalence is highest in the central and northern regions with the Manyara (58%), Dondora (47%) and Arusha (41%) districts having the highest prevalence. There has been an increase in girls cut under 1 year old, from 32% to 35% between 2010 and 2015; as well as in increase in the desire to end the practice from 92% of women in 2010 to 95% of women in 2015.

This relatively rapid decline in FGC cannot be linked to any major investment from external agencies, as Tanzania has not received any investment from either the UN Joint Programme or Girl Generation. There is a huge number of CSOs operating in the country but not many focus explicitly on FGC. It is still unclear as to why the practice is declining however key informants believe it may be because of a greater investment and acknowledgement from the Government towards gender empowerment and ending harmful practices combined with a high level of desire from women to end the practice.

Organisations involved in FGC

A few networks are active to end FGC:

- The **Anti-Female Genital Mutilation Network (AFNET)** is a membership based organisation working on voluntary basis, and active in the eight regions of Tanzania.
- The **National Coalition Against Female Genital Mutilation** consists of members from NGOs, government and international organisations. Activities include advocacy and capacity building. The coalition meets four times a year.
- The **National Anti-FGM Network (NAFGEM)** is an association of individuals, groups, institutions and other NGOs dedicated to ending FGC and other harmful traditions towards women in Tanzania. NAFGEM's main activities are focused on community sensitisation and awareness of the health effects of FGM/C to women and girls.

The **Children's Dignity Forum (CDF)** mission is to promote respect and observance of human rights of children in Tanzania. Its priority areas are child marriage, pregnancy and FGC; child protection and participation; and men and boys engagement. CDF is active to support FGC abandoning and uses community engagement, capacity development and empowerment training, and campaigning for its interventions. CDF has also established a rescue centre in the Tarime District in direct response to girls and young women fleeing their homes to escape FGM during the cutting season. Girls enrolled in the Centre were given shelter, clothes, food and security. Parents are required to sign consent forms for their daughters to stay in the centre. During the one month stay at the centre, girls take part in an ARP ceremony, learn about their sexual and reproductive rights, and receive psycho-social support.

The **Msichana Initiative**[1] is an initiative established to advocate for girl child right to education. This includes addressing key challenges, which limit the girl child right to education. The organisation seeks to ensure this inherent right is given to all human beings without due regard to gender, discrimination, economic conditions, cultural, social and political justification. At present, the Msichana Initiative mainly works on child marriage, education and empowerment. Key informants mentioned that, with some technical and financial support, FGC related activities could be included. The approaches used by the organisation are meaningful for the promotion of FGC abandonment as well.

Other organisations that are potentially interesting are mentioned in Annex 3. Worth citing are Aang Serian, Afya Bora, Envirocare, Kivulini Women's Rights Organisation, Mkombozi Vocational Training and Community Development Centre, Women Wake-Up (WOWAP), and Women Promotion Center (WPC).

Recommendations

From the research it became clear that this is a good time to invest in accelerating FGC abandonment in Tanzania because the country seems to be at a tipping point and the practice is localised in a few areas. A considerable number of CSOs are active in Tanzania, but few of these are focusing on FGC and very few use an approach to change the social norm around FGC. Several organisations, however, are working effectively on child marriage and could be engaged.

3.6 Somaliland (light dive)

Context

According to preliminary findings from the 2011 MICS, the prevalence of FGM/C among girls and women aged 15 to 49 is 99 per cent in Somaliland. According to UNICEF, there has been no change in overall prevalence in Somaliland over time. The Somali people as an ethnic group could be an interesting focus area, considering the high prevalence rates, and their presence in neighbouring countries like Kenya, Ethiopia and Djibouti.

Existing FGC programmes

In terms of existing FGC programmes in Somaliland, there seem to be three primary approaches: 1) policy and legislation (e.g. the Ifrah Foundation); 2) mass communications and BCC (e.g. Y-Peer) or community-based and social norms approaches (i.e. Candlelight). In Somaliland, there are also a number of networks that tackle FGC. There is limited information online regarding specific organisations that make up these networks, but the available information can be found in the database in Annex 3.

Promising organisations

There are two particularly promising organisations in Somaliland. **Somaliland Family Health Association, or SOFHA**, is a national organisation, and the Somaliland branch of IPPF. The organisation approaches the issue in communities by discussing health issues, rather than by directly addressing FGC. In other words, they believe that you need to first approach the community based on issues that are important to them, before transitioning the conversation to FGC. The organisation also engages with religious leaders, collaborates with educators, and involves men in discussions.

[1] Msichana means young girl in Swahili. The Msichana Initiative in Tanzania is not linked to Msichana Kuria in Kenya.

SOFHA believes that in order to end FGC, there needs to be investment in a cultural shift, rather than rushing legislation. Orchid Project already works with SOFHA.

Candlelight engages with religious leaders, collaborates with educators, and involves men in discussions. The organisation takes a variety of approaches from mass communications through to community dialogues focused on cultural change. Both the NAFIS and NAGAAD networks were quick to identify that they rely on Candlelight for FGC-related efforts.

4 ORGANISATIONS WORKING ON NON-FGC SOCIAL NORM CHANGE

There are a number of negative practices from open defecation, violence against women and children, early child marriage and breast ironing which are often supported or embedded in social norms. To change these practices we have to understand and change these social norms and sometimes even create new norms to eliminate the negative practice.

A number of organisations work on changing these social norms, using a similar approach to what was discussed in section 2.2, focusing on community dialogue and empowerment. The research focused on evidence-based approaches for changing social norms and organisations, platforms or projects working in FGC-practising countries in Africa. To the extent possible, the study team also tried to assess whether the approaches or organisations have the potential to include or address FGC as part of the existing programme or approach.

4.1 Evidence-based approaches for social norm change and community empowerment

A variety of approaches and methodologies have contributed to social norm change: Stepping Stones[xiv], Community Life Competence Process, SASA!, Community-Led Total Sanitation (CLTS) and Girls Not Brides' efforts to end child marriage. Described below are the three organisations that were considered relevant for this research:

Stepping Stones[xv] is a gender transformative approach designed to improve sexual health through building stronger and more gender-equitable relationships among partners, including better communication. Stepping Stones uses participatory learning approaches to increase knowledge of sexual health, and build awareness of risks and the consequences of risk taking. This approach has been documented and published in an online manual. A number of international NGOs have used this approach in the past (including Action Aid, Plan International, Concern, Save the Children) but few recent evaluations are available about its impact in other contexts. One key informant mentioned that ActionAid has used this approach in their work on FGC, but no further details could be obtained about the effectiveness of this methodology for addressing FGC.

An evaluation of the Stepping Stones programme for young people in the Eastern Cape Province of South Africa found that the programme was effective in reducing sexual risk taking and violence perpetuation among young, rural African men (Jewkes et al., 2008). This approach has been documented and published in an online manual. A number of international NGOs have used this approach in the past (including Action Aid, Plan International, Concern, Save the Children) but few recent evaluations are available about its impact in other contexts and no further details could be obtained about the effectiveness of this methodology for addressing FGC.

The **Community Life Competence Process (CLCP)** [xvi] uses facilitated conversations to elicit community strengths, increase self-awareness and stimulate self-confidence and action. This rigorous action-learning process is developed and promoted by the Constellation. The Constellation believes in empowering communities so they can address their challenges locally. Local responses are the set of actions that communities take by themselves to address a certain concern, first of all using their own resources. The organisation has implemented the methodology in more than 60 countries to address a variety of topics going from HIV, polio vaccination, addressing GBV, improving sexual and reproductive health competences, dealing with cholera, etc. Different evaluations confirm that the approach has been instrumental in building stronger sustainable community responses however, a long-term timeframe is necessary to ensure a full-take up of the envisaged actions and changes.[xvii]

According to the Constellation, the CLCP could easily be applied to FGC. Experience has shown that when communities go through the CLCP and identify their issues, the health of their children, is one of the priority concerns. When undertaking the self-assessment, issues such as FGC could be explored and taken up in the action plan. The organisation could initially provide the facilitators for the process but ideally it would train local facilitators and subsequently provide remote/online support. For the CLCP to address key issues, 2 years is considered the appropriate timeframe, with regular follow up from the facilitators. The CLCP can be applied to only 1 community or to a larger number of communities simultaneously.

SASA! [xviii] (which means ‘now’ in Kiswahili) is a systematic process for community mobilisation to prevent violence against women and HIV. SASA! was developed by Raising Voices and is being implemented in Kampala, Uganda, by the Centre for Domestic Violence Prevention (CEDOVIP). The community mobilisation intervention promotes a critical analysis and discussion of power inequality and skills for how people can use their power positively to effect change in their communities. An analysis of who holds power and how it may be misused ultimately led to discussions of gender inequality and violence as well as discussions of aspirational messages about relationships. Afterwards community activists lead community conversations and meetings, and door-to-door discussions. SASA! increased understanding of violence as a problem and the linkages between HIV and violence, and promoted public dialogues on power and the acceptability of expanded gender roles. An external evaluation, using randomized control trial, found that the intervention was associated with significantly lower social acceptance of intimate partner violence among women and men; significantly greater acceptance by women and men that women can refuse sex; and lower levels of past year experience of sexual and physical IPV.

The SASA! approach has been formalized into a comprehensive kit and trainings are provided by Raising Voices. It is currently being adapted in different contexts (Haiti) and communities (pastoralist communities, Catholic and Muslim faith-based institutions, rural communities and refugee camps). The study team believes that the SASA! approach may be applicable to FGC, however, further consultation and research would be required.

Many organisations are working on **ending child marriage** and they collaborate through the Girls Not Brides platform. While there is no one single effective approach for ending child marriage, the platform promotes girls empowerment, community and family mobilisation, provision of services and creating enabling legal and policy framework as their theory of change. There are many similarities between child marriage and FGC. An evaluation of the **Berhane Hewan** two year pilot programme on child marriage found a well-designed, multi-pronged, community-focused approach can bring about social change. The programme approach combined participation in girls’ groups,

promotion of education (both formal and informal), incentives for school attendance and delaying marriage, and participatory community conversations on early marriage and other harmful practices and on reproductive health. The evaluation concluded that improvements resulted in age of marriage, school attendance, friendship networks, reproductive health and contraceptive use, however it was not clear whether the delay in age of marriage was due to the fact that the social norm had changed or because of the economic incentive provided.[xix] Evidence from DHS surveys also shows that more educated girls and women are less likely to marry and cut their daughters.

Because of the similarities, Girls Not Brides promotes an integrated approach for their members to tackle FGC and child marriage in places where they co-exist, ensuring programmes take account of the shared drivers and the links between them[xx]. Progress in ending child marriage is seen in countries such as Ethiopia, Tanzania, Burkina Faso, Uganda and Ghana, which are also countries where FGC is declining (except Ethiopia).

According to Girls Not Brides, the following organisations are working on both FGC and ending child marriage and the majority have been explored in other sections of this document: Tostan (Orchid Project already collaborates with this organisation), Children's Dignity Forum, Tanzania (see section 3.5), Grandmother Project, Senegal (see section 3.1), Porridge and Rice, Kenya (working in the slums of Nairobi through education for parents and children), Msichana Kuria (see section 3.2), Action for Women and Children Concern (AWCC), Somalia (see section 3.6) and Active Voices for Sustainable Development, Nigeria (see section 3.3).

Community-Led Total Sanitation (CLTS) was pioneered by Kamal Kar (an Indian development consultant) together with VERC (Village Education Resource Centre) in Bangladesh in 2000. The approach draws on intense local mobilisation and facilitation to enable villagers to analyse their sanitation and waste situation and bring about collective decision-making to stop open defecation. The process creates a new social norm – of not defecating in the open. It usually starts with collective awareness raising about the extent of the problem (e.g. through a transect walk through the village), making the issue visible, and building common knowledge about the impact of the problem (making the link between faeces, flies on food and health); developing a collective action plan, and finally latrine construction.

CLTS has been extensively evaluated and implemented in more than 60 countries in Asia, Africa, Latin America, the Pacific and the Middle East by organisations such as Plan International, UNICEF, WaterAid, SNV, WSSCC, Tearfund, Care, WSP, World Vision and others. Today governments are increasingly taking the lead in scaling up CLTS and many have adopted CLTS as a national policy. While this approach has been highly effective in addressing open defecation, the study team does not believe that it presents opportunities for integrating FGC because of the very specific social norm it addresses. This was also confirmed by the CLTS hub[xxi] who explained that they focus on CLTS and do not have the capacity to add any other topic to their current work.

4.2 Organisations and projects for further exploration

Other projects and organisations working according to a social norm change approach and their potential for including FGC are described below.

BRAC is one of the largest development organisations from the Global South, which started in Bangladesh and currently has offices in Sierra Leone, Liberia, Tanzania, Uganda and South Sudan. In

Bangladesh the organisation has successfully implemented its own Community Empowerment Programme to empower the rural poor to translate awareness into action. Violence against women is addressed as part of the programme, in particular to build community awareness and mobilise action for prevention, as well as providing services for survivors. The organisation is currently applying a community empowerment programme (CEP)[2] model as a pilot programme for ending child marriage in Badarganj (Bangladesh) and is also developing a coordinated approach for the different VAW projects across its countries of operation.

In Africa, BRAC is not yet implementing the CEP approach in the countries where it operates, however **BRAC Sierra Leone, Tanzania, Uganda and South-Sudan** have programmes on adolescent empowerment and livelihoods which may present opportunities for introducing work on FGC. Particularly in Tanzania and South-Sudan, the programme focuses on improving the quality of life of adolescents, especially vulnerable girls through social education and financial empowerment. This is done by increasing their awareness, knowledge, and developing skills on reproductive health, unwanted pregnancy, early marriage and HIV/AIDS and by promoting awareness on gender discrimination, abuse and all forms of violence, and meaningful participation of adolescent girls in decision making and finally creating income generating opportunities. In Tanzania the programme consists of adolescent girls' clubs, life skills education, livelihood training, financial literacy, credit support, and community participation and has a specific focus on preventing early marriages.

The Hunger Project (THP) works in 8 countries across Africa (Benin, Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique, Senegal and Uganda) using the 'Epicentre Strategy' to empower women as key change agents, mobilize entire communities into self-reliant action and foster effective partnerships to engage the local government. The Epicentre Strategy unites between 5,000 to 15,000 people in a cluster of villages to create a dynamic centre where communities are mobilised for action. Through this approach synergies are created among programmes in health, education, adult literacy, nutrition, improved farming and food security, microfinance and water and sanitation. According to the organisation this holistic approach builds a path to sustainable self-reliance through 4 phases over 8 years. In Ghana the strategy has been being scaled nationally with 42 active epicentres reaching 447 villages.

As part of this strategy and using the epicentre as a starting point, 'Women Empowerment Programme' animators raise awareness and empower local women through education and training, with a particular focus on ending violence against girls and discriminatory practices like child marriage, dowry and other harmful cultural practices. In two countries (Benin and Ethiopia), this work has included awareness raising on FGC. In 2016, THP-Benin started the 'Her Choice' project with the aim to end child marriage and FGC by illustrating the negative impacts of both practices through the 'Unchained Destiny' comedy play.

The study team believes that there may be opportunities to explore the existing structures and strategy of THP in Burkina Faso, Ethiopia and perhaps Senegal to further efforts on FGC abandonment in these countries.

The **Voices for Change (V4C)** programme in Nigeria aims to strengthen the enabling environment for adolescent girls and women by building their self-esteem and self-confidence, changing society's discriminatory attitudes to women and girls, and by the way women and girls are treated under law.

[2] Please note that this model is different from the Tostan CEP.

It uses a social norms approach to empower women and adolescent girls using 4 key pillars of implementation: completion of primary and secondary education, economic empowerment, universal sexual and reproductive health and rights and ability to live free from violence. Their theory of change works at three levels: (1) building individual skills, knowledge and confidence; (2) changing negative social norms which limit and discriminate against adolescent girls and women by engaging with key influencers in society like religious and traditional leaders, men's networks and celebrities and (3) engaging with formal institutions, government and agencies to change and implement laws and policies. The model of change combines different 'stages of change' (pre-contemplation, awareness raising, planning the change/persuasion and action/making the change) with 'diffusion' of the new norms throughout these stages. V4C is a five year programme (2012-2017) and DFID Nigeria has invested £26 million.

5 Final considerations

In response to the research question 'Investment in which next country or ethnic group in Africa will achieve the greatest acceleration of abandonment of FGC?', the study has identified 5 countries where there are programmatic opportunities to accelerate FGC abandonment.

While Kenya has an overall low FGC prevalence, specific ethnic groups still show very high but decreasing prevalence. There is momentum to accelerate abandonment towards ending FGC with an enabling government and active CSOs, activists and youth organisations that can be engaged. These activities may reach the Maasai, Samburu, Kuria and Kisii where the prevalence is high but decreasing, however reaching the Kenyan Somali may be more challenging. The study team recommends six organisations to further engage with for more information, and to organise a knowledge sharing workshop in the country with different types of organisations with about a view to learn more about what they do.

In Nigeria, overall national prevalence is also low but it affects a large number of women and girls. There is political commitment and also an enabling environment to support local organisations on FGC abandonment. However, up to date few international organisations have focused their attention on Nigeria. Due to this size of the country and large variety in context between the different regions and states, the study team recommends to focus on one particular region or state rather than investing in the entire country. Nine organisations were identified with whom further engagement may be worth exploring.

Prevalence is still high in Burkina Faso but a supportive enabling environment and active civil society are promoting change. Tanzania has experienced rapid change with very little support from the international community. Some believe that with an extra investment, FGC abandonment could be further accelerated. While not many civil society organisations work on FGC, there are opportunities to collaborate with organisations working on ending child marriage. Somaliland still has a very high prevalence but working on FGC has become possible and a growing number of activists are working on the issue. The advantage of working with the Somali community is that it spreads across different countries, so investment could also be linked to Kenya and Ethiopia.

A number of 'organisations of opportunity' were identified working in Ethiopia, Senegal, Eritrea and Sudan. Unfortunately, the study team was not able to collect sufficient information about these organisations (due to the limited timeframe and lack of responses from the organisations) to make a specific recommendation.

Furthermore, some evidence-based approaches to changing social norms may be of use for further work on FGC. The Community Life Competence Process can be applied to FGC in any country and may be worth exploring when starting to work in a new country. Discussions with CLCP indicated that they have the capacity to work on FGC. From experience, they say that one of the priorities that communities come up with is their 'children's health' and that this would be a good entry point to explore FGC further. The SASA! approach has been successful for addressing gender based violence and is currently being tested in different contexts. The study team believes there are opportunities to use this methodology for addressing FGC and would recommend learning more about it and some of the organisations using the approach (see more details in Annex 3).

Additionally, a number of organisations already work on ending child marriage and a more integrated approach addressing both FGC and child marriage would be recommended. A few specific organisations and projects, such as BRAC, V4C and The Hunger Project are working in African FGC-practicing countries and have systems and operations in place and further collaboration may be worth exploring.

Finally, besides the country specific recommendations formulated above, the following can be taken into account when considering next steps:

- Targeting the poor, rural and less educated communities is more difficult, but this is where change is needed most.
- Social norms take time to change and a future investment needs to consider a long-term timeframe.
- Involvement of boys and men in projects supporting FGC abandonment is recommended. There are indications that men can be strong allies for FGC abandonment, because young men don’t like girls who are excised, and older men are often tired of paying for the relatively expensive practice.
- It is easier to engage with countries where structures and an active civil society are in place (eg. Kenya, Nigeria, Burkina Faso and Tanzania). However, in countries were abandonment is in the early stages (e.g. Somaliland) activists really need financial and technical support in order to get the abandonment process going.
- Information from internet searches and interviews remains limited. For a full situation analysis, an in-country visit should take place.
- Four approaches for investment can be considered with different objectives:
    1. If a high drop in prevalence is aimed for, the ethnic groups in Kenya including the Masaai, Kuria, Kisii and Samburu should be considered.
    2. If the aim is to prevent a large number of girls from being cut, an investment in Nigeria may be worth considering, in particular because very few organisations have developed work in a sustainable way and therefore more support is required to promote a sustainable social norm based approach for addressing FGC in the country. Besides specific programmatic support, this approach would also require intensive training in the social norms based approach.
    3. If the aim is to contribute to abandonment at country level, an investment in Tanzania may be of interest. In this approach there should also be a considerable investment in training existing organisations to work on changing social norms.
    4. Finally, the study team believes that investment in Burkina Faso and Somaliland may also lead to a further decline in prevalence however more research needs to be done to identify possible entry points and partners.

- In the near future, the Population Council will make its Global mapping of interventions on Female Genital Mutilation/Cutting (2000 – 2016) available online[xxii]. Unfortunately the team was not able to review the organisations listed in this global mapping as part of this research but recommends using it as a resource for exploring further opportunities.

ANNEXES

Annex 1. Research Brief

Orchid Project Background

Orchid Project has a vision of a world free from female genital cutting (FGM/FGC). Our mission is to foster and accelerate the abandonment of FGC around the world. We are a UK registered charity, with a global reach: www.orchidproject.org.

Female genital cutting (FGC) is the forcible removal of a girl's external genitals. **3.6 million girls** are at risk of being cut each year. **200 million women** are living with the devastating impacts of FGC worldwide. In half of the countries that practice FGC, the majority of girls are cut before they are 5 years old.

FGC contravenes human, health, child and women's rights. There are severe negative impacts when a girl is cut. These can include death at the time of the cut or from subsequent infection, inability to pass urine and menstrual blood, constant pain, difficult sexual intercourse and extreme obstetric complications.

Research Project Aim

Orchid Project is a leader in addressing the issue of FGC worldwide, through our local and international advocacy work and our proven social norms based approach in grassroots programming.

To advance the knowledge-base of the sector - and to lead to investment with even greater impact - we are seeking a research partner to help us answer the following question:
Investment in which next country or ethnic group in Africa will achieve the greatest acceleration of FGC abandonment?

Your research and recommendations on this question will include the following work:

- Key Informant Interviews with approximately 20 prominent actors in the FGC field, including from civil society, government, local NGOs, academia, and others.
- Research into which organisations are working effectively to change social norms around non-FGC issues such as Child Marriage, Gender-based Violence, and Community-Led Total Sanitation. Would those organisations be willing and have capacity to add FGC to their programming?
- Synthesise and provide a critical analysis of existing FGC research data to identify trends that suggest opportunities for programmatic impact. This research would focus on a limited number of practicing countries - based on the key informant interview findings - but would include:
    - Comparing data on rates of abandonment by country and/or ethnic group, and shifts in attitude towards the practice.
    - Identifying and detailing existing FGC programmes in practicing countries, including data on size, reach, methods, impact and metrics.

We anticipate that this work will be desk-based research and analysis, and will not require any travel. Orchid Project staff will provide subject matter expertise, guidance on existing research data, and consultation support throughout this project.

Deliverables and Proposed Timeframe:

All deliverables due in the March 15th- 30th timeframe, with specific dates to be mutually agreed upon prior to project commencement.

Deliverables include:

- A detailed project report, including all data, analysis, and recommendations
- Regular check-in conversations with Orchid Project staff throughout project

Next Steps and Project Contact

For a more detailed conversation, and to receive a complete Project Brief, please direct inquiries and expressions of interest to:

Susan Place Everhart, COO
Orchid Project Ltd.
The Foundry, 17-19 Oval Way
London, SE11 5RR, UK
Office: 0203 752 5505
Mobile: 07443 677256
susan@orchidproject.org

Annex 2. List of Key Informants

Full name	Organisation	Phone or email conversation	Notes
Claudia Cappa	UNICEF	08-Mar	
Maxence Daublain	EC	27-Feb	
Nafy Diop	UNFPA and head of UN Joint Programme		No response.
Francesca Moneti	UNICEF (former)		No response.
Beth Scott	DFID		Unable to participate, however we later had email contact.
Nina Strom	NORAD	09-Mar	
Ian Askew	WHO	06-Mar	
Maryum Saifee	US Dept. of State		No response.
Hon. Linah Jebii Kilimo	Kenya Anti-FGM Board		Unable to participate.
Naana Ooto Oyortey	Forward		Unable to participate.
Jacqui Hunt	Equality Now		Referred us to her colleague Mary Wandia.
Mary Wandia	Equality Now	01-Mar	
Lakhsmi Sundaram	Girls Not Brides		Referred us to her colleague Ellen Travers.
Ellen Travers	Girls Not Brides	07-Mar	
Tanya Barron	Plan UK		Unable to participate.
Anne-Marie Wilson	28 Too Many		Referred us to her colleague Amy Hurn.
Amy Hurn	28 Too Many	02-Mar	
Faith Mwangi Powell	Girl Generation	30-Mar	
Molly Melching	Tostan	28-Feb	
Alassane Diedhiou	Tostan Guinea Bissau	24-Feb	
Suzanne Walker	Amplify change	02-Mar	
Hannah Wettig	WADI	16-Feb	
Bettina Shell-Duncan	University of Washington	Email conversation	
Charlotte Feldman-Jacobs	Population Reference Bureau		Susan Place Everhart shared notes on an interview held in January.
Sheena Crawford	Independent consultant	03-Mar	
Gerry Mackie	Independent academic		No response.
Ben Cislaghi	LSHTM	28-Feb	
Jacinta Muteshi	Population Council	24-Feb	
Michael John Alexander Scott	M&C Saatchi		No response.

Mary Healy	Human Dignity Fund	14-Mar	
Pontso Mafethe	Comic Relief		Out of office.
Zohra Moosa	Mama Cash		Out of office.
Maggie O'Kane	The Guardian	02-Mar	
Cody Donahue	UNICEF	02-Mar	
Marlou de Rouw	Constellation	28-Mar	
Nkiru igbokwe	UNFPA Nigeria	30-Mar	
Florence Gachanja	UNFPA Kenya	Email conversation	
Lacina Zerbo	UNFPA Burkina Faso	28-Mar	
Desire Yameogo	UNICEF Burkina Faso	28-Mar	
Jane Miller	DFID Tanzania	29 Mar	

Annex 3. Database on programmatic opportunities

See separate excel file

Annex 4. Data searching on organisations involved in FGC in selected countries

The organisations active on FGC abandonment as listed in the 28 Too Many country reports served as the basis for the identification for interesting local organisations for Orchid Project to engage with in the selected countries. Other sources include the key informants interviewed, and relevant reports and websites on FGC.

Additional information on the organisations identified was looked for through a straightforward internet search, and based on key criteria, potentially interesting organisations for Orchid to engage with were selected. These criteria included general vision, mission and objectives of the organisation, and more specifically, approaches, target groups and focus regions for FGC interventions.

It should be noted that for many organisations only limited information became available through internet, particularly on the FGC interventions they conduct or are involved with.

For Kenya and Nigeria, a selection of organisations that looked promising based on available information through internet and key informants were approached by email in order to obtain additional information. Details of the organisations contacted in these countries are mentioned in tables 1 and 2 below.

For most countries, the promising organisations (or champions) in the selected countries could not be identified based on information available to the study team through this study.

For some organisations documents are available on a Dropbox dedicated to this study, and will be shared with Orchid Project. These documents were found online or provided by the organisations themselves.

Table 1 – Organisations contacted in Kenya

Nr	Organisation	Date	Means	Answer received	Comments
1	Adventist Development and Relief Agency (ADRA)	23+28+30 /3/2017	Email	No	In contact
2	Alton Maasai Project/Asante Africa Foundation	23/3/2017	email	Yes	
3	AMREF Health Africa	29/3/2017	Email	Yes	
4	Msichana Kuria	29/3/2017	Email	Yes	
5	Pastoralist Child Foundation	23/3/2017	Email	Yes	
Organisations requested more information from, whom it would be interesting to share knowledge with					
6	Dandelion Kenya	23+24/3/2017	Email	Yes	
7	Kepsteno Rotwo Tipin (KTP)	23+24/3/2017	Email	No	
8	Maasai Cricket Warriors (MCW)	23+24/3/2017	Email	No	
9	Vivid Communication with Women in their Cultures (VividCom)	23+24/3/2017	Email + phone	No	
10	Centre for the Study of Adolescence (CSA)	23+24/3/2017	Email	No	
11	Council of Imams and Preachers of Kenya (CIPK)	23+24/3/2017	Email	No	
12	Maendeleo ya Wanawake Organization (MYWO)	23+24/3/2017	Email	No	

Nr	Organisation	Date	Means	Answer received	Comments
13	National Council of Churches of Kenya (NCCK)	23+24/3/2017	Email	No	

Table 2 – Organisations contacted in Nigeria

Nr	Organisation	Date	Means	Answer received	Comments
1	Center For Social Value and Early Childhood Development (CESVED)	22/3/2017 24/3/2017	Email	Yes	
2	Child Adolescent and Family Survival Organization –Women's Rights Action Group (CAFSO-WRAG)	22/3/2017 24/3/2017	Email	No	
3	Community & Youth Development Initiatives (CYDI)	22/3/2017 24/3/2017	Email	Yes	
4	Girls' Power Initiative (GPI) Nigeria	22/3/2017 24/3/2017	Email	Yes	
5	Grassroots Health Organisation of Nigeria (GHON)	22/3/2017 24/3/2017	Email	No	
6	Safe Haven Development Initiative (SDI)	22/3/2017 24/3/2017	Email	No	
7	Society for the Improvement of Rural People (SIRP)	22/3/2017	Email	Yes	
8	The New Generation Girls and Women Development Initiative	22/3/2017 24/3/2017	Email	No	
9	Value Re-Orientation for Community Enhancement (VARCE)	22/3/2017 24/3/2017	Email	Yes	
10	Young Men's Network Against Gender Based Violence	22/3/2017 24/3/2017	Email	Yes	
11	Initiative for Food, Environment and Health Society (IFEHS)	22/3/2017 24/3/2017	Email	Yes	
12	One Life Initiative	22/3/2017 24/3/2017	Email	No	
13	Women's Health and Economic Development Association (WHEDA)			No	No email address, and organisation not reachable by email
14	Star of Hope Transformation Centre	22/3/2017 24/3/2017	Email	No	
15	Active Voices	23/3/2017	Email	Yes	

Annex 5. References

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[i] Shell-Duncan, Bettina, Reshma Naik, and Charlotte Feldman-Jacobs. 2016. “A State of-Art-Synthesis of Female Genital Mutilation/Cutting: What Do We Know Now? October 2016,” Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council. http://www.popcouncil.org/EvidencetoEndFGM-C.
[ii] Benin, Burkina Faso, Central African Republic, Côte d’Ivoire, Egypt, Eritrea, Ethiopia, Kenya, Liberia, Mauritania, Nigeria, Sierra Leone, Tanzania and Togo
[iii] Source: https://news.vice.com/article/ebola-ended-fgm-in-sierra-leone-but-now-its-back
[iv] Ministry of Health of Egypt (2015). Egypt Health Issues Survey.
[v] UNFPA (2015). Demographic Perspectives on Female Genital Mutilation. Available at: http://www.unfpa.org/publications/demographic-perspectives-female-genital-mutilation
[vi] Johansen R. E. B., et all. (2013). ‘Review article: What Works and What Does Not: A Discussion of Popular Approaches for the Abandonment of Female Genital Mutilation’, in: Hindawi Publishing Corporation, Obstetrics and Gynaecology International. Volume 2013: Article ID 348248. http://dx.doi.org/10.1155/2013/348248;
28 too many. Factsheet: Strategies to end FGM. Available on:
http://28toomany.org/media/uploads/overview_of_strategies_to_end_fgm_(june_2015).pdf (Accessed 02/03/2017).
[vii] UNFPA (2015). *Metrics of progress. Moments of Change. 2015 Annual Report. UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change*. Geneva.
[viii] Shell-Duncan, Bettina, Reshma Naik, and Charlotte Feldman-Jacobs. 2016. “A State of-Art-Synthesis of Female Genital Mutilation/Cutting: What Do We Know Now? October 2016,” Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council. http://www.popcouncil.org/EvidencetoEndFGM-C
[ix] REPLACE 2 represents a radical change to the way Female genital mutilation (FGM) is tackled in the EU, by developing a new approach that integrates individual behaviour change within a community-based approach (REPLACE 1, 2011). See for more information: http://www.replacefgm2.eu/about/REPLACE2.aspx
[x] Shell-Duncan, Bettina, Reshma Naik, and Charlotte Feldman-Jacobs. 2016. “A State of-Art-Synthesis of Female Genital Mutilation/Cutting: What Do We Know Now? October 2016,” Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council. http://www.popcouncil.org/EvidencetoEndFGM-C.
[xi] DHS Burkina Faso 2010
[xii] Shell-Duncan, Bettina, Reshma Naik, and Charlotte Feldman-Jacobs. 2016. “A State of-Art-Synthesis of Female Genital Mutilation/Cutting: What Do We Know Now? October 2016,” Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council. http://www.popcouncil.org/EvidencetoEndFGM-C.
[xiii] http://www.voanews.com/a/burkina-faso-female-genital-mutilation/3008913.html

[xv] http://steppingstonesfeedback.org/
[xvi] http://www.communitylifecompetence.org/
[xvii] http://www.communitylifecompetence.org/evaluations-and-other-documents.html
[xviii] http://raisingvoices.org/sasa/; http://www.tandfonline.com/doi/full/10.3402/gha.v7.25082;
[xix] Erulkar, AS and E Muthengi (undated) Evaluation of Berhane Hewan: A Program To Delay Child Marriage in Rural Ethiopia, International Perspectives on Sexual and Reproductive Health
[xx] Girls Not Brides, Child Marriage and Female Genital Mutilation/Cutting, August 2016.
[xxi] http://www.communityledtotalsanitation.org
[xxii] See: http://www.evidencetoendfgm-c.com/ (Compendium compiled by the Population Council)