



## GENERATION

AFRICA-LED MOVEMENT TO END FGM/C | MY POWER MY VOICE



# DEVELOPING A GIRL-CENTRED APPROACH TO END FGM/C: LEARNING FROM A PROOF OF CONCEPT ASSESSMENT IN KENYA

June 2024



The Girl Generation: Support to the Africa-led Movement to End Female Genital Mutilation/Cutting (FGM/C) programme (TGG-ALM) is funded by the UK's Foreign, Commonwealth, Development Office (FCDO). The programme is implemented by a consortium led by Options with partners Amref Health Africa, ActionAid, Orchid Project, Africa Coordination Centre for Abandonment of Female Genital Mutilation and University of Portsmouth. Population Council is implementing the FGM Data Hub - the programme's data and evidence arm.

### **Acknowledgments:**

This Proof of Concept report was developed by Options Consultancy Services as a partner in TGG-ALM to end female genital mutilation/cutting (FGM/C).

Options extends its gratitude to all consortium members, APHRC, CSOs, government representatives, activists and influencers, and everyone who participated in this process.

We also appreciate our staff who led in authoring this Proof of Concept report who are Jane Meme, Wina Sangala, Professor Samuel Kimani, Calleb Okoyo, Biset Ndombi.

## Contents

Executive Summary	2
1 Introduction	4
2 Background	4
3 Overview of TGG-ALM interventions in Kenya	5
4 Methodology	6
5 Key findings and learning	7
6 Overall reflections and discussion	15
7 Recommendations	18
8 Conclusion	19
9 References	20

## EXECUTIVE SUMMARY

Female genital mutilation/cutting (FGM/C) is a violation of girls' and women's human rights. Despite tremendous progress made over the years, FGM/C persists, driven by social norms, gender inequality and the desire to control women's sexuality. The Girl Generation - Support to the Africa-led Movement to End FGM/C Programme (TGG-ALM) seeks to accelerate positive changes in social attitudes towards ending FGM/C in selected regions of Kenya, Ethiopia, Somaliland and Senegal.

TGG-ALM is **girl centred** and adopts a bottom-up approach to its programming, with interventions implemented at individual, community, sub-national and national levels.

In February 2024 a Proof of Concept (PoC) process was undertaken in Kenya across three counties (Garissa, Isiolo and Narok) where the programme has been implemented since 2021. The aim of the PoC was to assess whether programme interventions are working, are sustainable, and can be scaled up, through reflective workshops with multiple stakeholders.

At the **individual level** TGG-ALM has been working with girls and boys through the establishment of End FGM/C school clubs. One product of the programme is a girl-centred training guide to be used by teachers to facilitate conversations with girls and boys on a range of topics including rights, gender, and violence. The PoC has revealed that the school clubs have facilitated greater empowerment, agency, and improved self-esteem. Quantitative programme data demonstrates positive shifts in knowledge, attitudes, and beliefs among school club attendees, for both girls and boys.

**Community level** interventions such as community dialogues (mother-daughter

forums, intergenerational dialogues, men only dialogues), and the development of networks and movements reveal evidence of positive shifts in attitudes around FGM/C in communities. Specifically, many communities are now viewing FGM/C as a form of violence with adverse effects on health and wellbeing, seeing it as a driver of school dropout, a violation of human rights, and against religious teachings. Community interventions are reportedly helping reduce stigma towards uncut girls and women. 'Champions', often survivors, are now leading community forums, with some acting as 'watchers', to whom girls and community members can report cases of FGM/C.

TGG-ALM small grants have helped community-based organisations to establish targeted activities in their own communities, whilst also strengthening their institutional capacity. Such achievements are helping some small organisations to become recipients of larger grants and expand their operations.

At the **County level**, Garissa, Isiolo and Narok have developed Anti-FGM/C and gender policies and included end FGM/C interventions in their integrated development plans. In addition, sectoral Technical Working Groups have been established to strengthen systems for local surveillance of at-risk girls and for reporting cases of FGM/C and other forms of violence against girls. Such initiatives have reportedly strengthened the movement to combat FGM/C.

Strategic engagement with different media platforms has helped elevate the voices of survivors and erode the stigma surrounding uncut girls. Media platforms have generated FGM/C Champions and change agents, and partnerships with journalists and radio presenters has led to a shift away from negative narratives towards positive messages.

**Nationally**, in Kenya, a pre-service training curriculum for health professionals on FGM/C prevention and response has been developed and is being rolled out in universities and colleges. By February 2024, 160 lecturers had been trained, who in turn have trained 1,877 health students from universities and mid-level colleges, as well as 30 health care workers and 18 community health promoters.

The PoC identified certain **challenges** at each level of the programme interventions, requiring consideration and leading to recommendations for how they should be tackled. Shifts in behaviours around FGM/C have been noted (e.g. medicalisation, changes in the types of practice, increased secrecy, changes in the age of cutting). Wider recommendations have also been proposed that can **facilitate growth, sustainability, and scalability**. These include leadership training for Champions;

continued engagement in policy development and advocacy; incorporation of the FGM/C curriculum into medical curricula; and continued strategic engagement with the media. Finally, the programme relies on the continual generation of robust data, documenting learnings so that they can be shared across a wider audience.

Overall, there was confidence among all those involved in the PoC process that the multi-pronged approach of TGG-ALM is working. **At all levels there is evidence, both qualitative and quantitative, of a positive shift in attitudes towards FGM/C.** As a result, PoC is considered to have been achieved in Kenya. The focus will now shift to addressing the recommendations and working towards scaling and sustaining the approaches developed under the programme.





## 1. INTRODUCTION

The Girl Generation: Support to the Africa-led Movement to End FGM/C programme (2021-2027), which builds on a prior UK aid five-year investment from 2013-2018<sup>1</sup>, has a vision of a world where girls and women can exercise their power and rights, have expanded choice and agency, and be free from all forms of violence. The intended impact of TGG-ALM is a reduction in FGM/C by 2027 in focal regions of Kenya, Somaliland, Senegal and Ethiopia. In 2021, the programme began working in partnership with communities across three counties in Kenya, with complementary activities with government and civil society at county and national levels.

In early 2024, an internal review assessed whether the current programme's interventions in Kenya had achieved Proof of Concept (PoC): early evidence that interventions are delivering the intended results and are potentially scalable and sustainable. This learning brief summarises what we learned from the PoC assessment, and recommendations for the future.

## 2. BACKGROUND

TGG-ALM aims to accelerate positive changes in social attitudes towards ending FGM/C, while strengthening the evidence base for what interventions work (and don't work). To achieve this, the programme has applied the socio-ecological model<sup>2</sup> whereby locally led interventions are implemented sub-nationally (at individual, household, community and county levels) and nationally, while positioning girls at the heart of the programme. A small grants mechanism provides funds to local organisations to deliver survivor-, youth-, and women-led interventions within their communities. This means that TGG-ALM is operating on the 'frontline', closest to where FGM/C is happening.

Programming and policies to tackle FGM/C have been rolled out across multiple countries in recent decades. Previous approaches have tended to be top-down, resulting in some positive changes at the policy (national) level but widely acknowledged to have had limited effect at the individual and community level<sup>3</sup>, where social norms and acceptance of FGM/C are embedded.

The programme strategy is to co-create, implement, test and adapt interventions to address FGM/C at multiple levels of society in selected locations. After a period of implementation and gathering feedback and data, PoC is assessed. If there is sufficient evidence that PoC has been achieved, the programme moves into a phase focusing on scaling and sustaining approaches, to support impact at a greater scale. This may involve encouraging institutions or systems to adopt programme learnings or products (such as training curricula) or may include influencing the policy environment.

### 3. OVERVIEW OF TGG-ALM INTERVENTIONS IN KENYA

TGG-ALM supports positive change in social attitudes in locations chosen for high levels of FGM/C, while also supporting emerging end FGM/C social movements, and strong, locally embedded partner networks.

A structured package of interventions is delivered by different partners at each level of the socio-ecological model to influence attitudes, gender norms, child protection mechanisms, the health system, and policies related to ending FGM/C.

All interventions are underpinned by key principles: **gender transformative and girl-centred** (recognising that girls are most affected by this form of violence), **'Do no harm'**, **adaptative management**, and an emphasis on **learning** and **evidence generation**.

**The key interventions are:**

**Individual level:**

- School clubs: partners ActionAid and Amref Health Africa (AHA) train and support patrons (teachers) to facilitate clubs within schools, using a specially designed girl-centred curriculum that covers rights, FGM/C, gender roles, other forms of violence, protection mechanisms, among other topics. Similar activities targeting out-of-school girls have also been implemented.

**Community level:**

- Partners train and support individuals ('Champions') committed to ending FGM/C to hold various

forms of community dialogues, providing them with coaching and training materials.

- Options manages a small grants mechanism to provide financial resources to expand the reach of local organisations with pre-existing work and commitment to ending FGM/C (or closely aligned areas), and to develop their capacity further. These funds support a range of local activities to end FGM/C through media, arts, schools, community meetings, survivor forums and policy advocacy.
- All partners support movement-building in a range of ways: convening women's rights and youth networks, connecting them with each other and with duty bearers; supporting 'Men4Change' networks; and training and amplifying the voices of survivors to promote their leadership of the end FGM/C movement.

**County level:**

A host of multi-sectoral interventions have been implemented to support an enabling policy environment at County level.

Examples include:

- Promoting the enforcement of the FGM/C law, gender and child protection policies, and the insertion of implementation frameworks into County integrated development plans.
- Formation of sector-specific Technical Working Groups and child protection structures that include cross-sectoral experts and professionals; these groups meet

monthly in all three counties.

- Engagement in Gender Technical Working Groups and Children Advisory Councils to strengthen local surveillance systems for at-risk girls and reporting systems for FGM/C cases and other forms of violence against girls, and to advocate for county resource allocation.

### National:

- The Africa Coordination Centre for Abandonment of FGM/C (ACAAF), a TGG-ALM consortium partner, has developed and is rolling out a standardised FGM/C prevention and response pre-service training curriculum in health training institutions. This curriculum aims to equip health care providers with knowledge and practical skills to prevent and respond to FGM/C. The training covers the shift towards medicalisation of the practice.



## 4. METHODOLOGY

Achieving PoC in Kenya required building, testing and refining a series of interventions at multiple levels. Community interventions were active in selected wards of Narok, Isiolo and Garissa Counties. A range of evidence and community feedback on these interventions was collected over time.

### Interventions were assessed against the following criteria:

**Effectiveness:** Are interventions leading to the positive changes we want to see?

**Desirability:** Are the interventions what people want and need?

**Feasibility:** Are interventions do-able and practical?

**Viability:** Are interventions sustainable and can they be scaled to other places?

**Alignment with key programme principles:** Are the interventions girl-centred, locally led, and do they adhere to the principles of safeguarding and do no harm?

The assessment included 24 reflection and feedback workshops with over 500 participants. The workshops were held in February and March 2024 in the three counties at community and county level with multiple stakeholders (See Table 1). Workshops were led by consortium partners ActionAid and Amref Health Africa, who are implementing community-based interventions, and Options' small grants team. Participants shared their experiences of TGG-ALM, achievements and challenges, and made recommendations for TGG-ALM to take into consideration to strengthen delivery and results. The African



Population and Health Research Center (APHRC), an Africa-based and African-led research institution with extensive regional and national expertise, was brought in as an external evaluation expert, to participate in workshops, review data, and help synthesise and summarise findings.

The review of programme monitoring and evaluation (M&E) data included school club surveys, pre- and post-tests with faculty and students of universities and colleges, a social movement scorecard<sup>4</sup>, tracking progress with advocacy, and ad hoc evaluations, e.g. of the Survivors Leadership Initiative<sup>5</sup>.

The assessment culminated in a national-level workshop that brought together stakeholders from relevant sectors to review feedback from community and county stakeholders, and programme M&E data. At the national level workshop, ACCAF and Options (Communications, Advocacy and Movement Building workstreams) presented data and evidence.

Finally, programme leadership reviewed findings and came to a decision as to whether PoC had been achieved.

**Table 1:**

Participant group	Number
Girls and Boys	124
Champions	60
Women and Men	142
Leaders/Elders	73
Youth	40
Grantees	25
County Level Stakeholders	94
<b>TOTAL</b>	<b>558</b>

## 5. KEY FINDINGS AND LEARNINGS

This section summarises results related to effectiveness: are interventions leading to the desired changes? Full details of methodologies and findings from each data source are available in internal MEL (Monitoring, Evaluation and Learning) reports (please contact us for more information).

### 5.1 COMMUNITY INTERVENTIONS

#### a) School clubs/forums for boys and girls:

According to stakeholders in reflection workshops and M&E data collation exercises, school clubs have led to improved knowledge, attitudes and beliefs; greater empowerment; and improved self-esteem and agency, particularly among girls (although this is location specific<sup>7</sup>). It was observed that girls are more confident to speak out and publicly share how they are now able to negotiate with their parents about their desire to remain in school. Teachers noted that the trend for more girls to stay in school has led to a reduction in teenage pregnancy and early marriage. Stakeholders reported a shift towards more equitable gender norms and strengthened action against FGM/C. For instance, girls are now reporting attempted/planned FGM/C to teachers, the police or local leaders; and girls are empowered to discuss FGM/C with their teachers, parents and community members:

**“Girls can now go and report to the police because they are confident in themselves and are courageous to face their elders”**

(School girl and club member, Narok)

**“Many of us have gone through FGM. We didn’t know it was bad. Once we learned from the forum, we started telling our parents and are now protecting our younger siblings.”**

(Schoolgirl, Kinna, Isiolo)

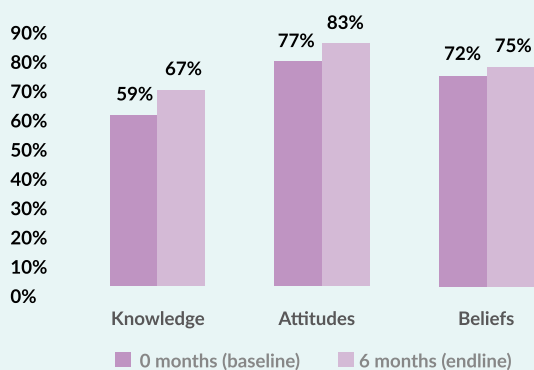
In Narok, boys were reported to be actively engaged in advocating against FGM/C, supporting their female peers by offering protection and encouragement to resist the pressure to undergo FGM/C, and encouraging them to seek help from authorities. This qualitative feedback is supported by quantitative M&E data demonstrating positive shifts in knowledge, attitudes and beliefs among school club attendees.

In Narok, data collected using a similar tool (administered in school clubs over a 6-month period) shows positive changes in knowledge, attitudes, agency, and beliefs among girls and boys. Girls tended to score higher for knowledge, attitudes and beliefs. There was also a positive influence on the agency of club members for both girls and boys, however boys showed the highest improvement (from 70% to 82%).

Sub-national stakeholders reported that clubs have encouraged boys and girls to become visible Champions of end FGM/C at family level. Girls and boys in the clubs report how they have gained confidence and are able to speak out. They can now educate and protect their sisters, female family members and peers from FGM/C and recruit others to advocate against FGM/C in their community. During community workshops, several schoolboys from clubs in Isiolo and Narok spoke up about taking action to protect their sisters and cousins from undergoing FGM/C:

**Figure 1: Changes in knowledge, attitudes, and beliefs in Narok school clubs**

**Average % of girls and boys in school clubs with positive change in knowledge, attitudes, and beliefs within a 6 month span**



**“The health club has helped improve our understanding of the effects of FGM through peer-to-peer learning, enabling us to talk to our parents and stop girls from being cut”**

(School boy, Narok)

These positive stories and stakeholder feedback reflect the positive impact of clubs at individual level, and within families and communities. For example, during a community dialogue in Isiolo, some mothers shared how their children are coming home from school warning them against FGM/C. The same participants also publicly announced that they would not have their daughters cut.



## Reported challenges and recommendations

Challenges	Recommendations
<p>Late involvement of boys (Isiolo), stigmatisation (from other children) of boys participating in the clubs which are viewed as a 'girls' thing'.</p>	<p>Early and meaningful involvement of boys since they are key stakeholders in the end FGM/C movement. Increase proportion of boys in clubs.</p>
<p>Limited engagement with boys and girls during school holidays (when girls are more likely to be subjected to FGM/C).</p>	<p>Intensify end FGM/C school club activities during school holidays including having mixed boys' and girls' sessions.</p>
<p>Where club patrons are not members of the local community, some community members perceive that the end FGM/C movement is led by outsiders who don't understand their culture.</p>	<p>Draw end FGM/C school club patrons/ assistants from implementing communities to 'legitimise' their patron role in school clubs.</p>



## b) Community Dialogues/ Meetings:

The different community dialogues (mother-daughter forums, intergenerational dialogues, men only dialogues) have all been reported by workshop stakeholders to have led to positive shifts in relation to FGM/C. Specifically, the dialogues were reported to have led to communities viewing FGM/C as harmful and violent with adverse effects on health and wellbeing. Different constituents within communities (community leaders, religious leaders, former 'cutters' and civil society representatives) increasingly consider FGM/C as a driver of school dropout, a violation of human rights and against religious teachings. In addition, the involvement of religious leaders in community dialogues has facilitated the delinking of FGM/C from religion, particularly in Muslim communities where FGM/C is often mistakenly believed to be a religious requirement.

**"In the past, we thought FGM was enshrined in religion but when the religious leaders and sheikhs were brought together, they declared it was not part of religion"**

(Men4Change representative)

Community dialogues are reportedly helping reduce stigma towards uncut women, who in the past used to be called derogatory names, whilst nowadays it is rare to hear such terms directed at uncut women and girls.



**Now, women are having children in the hospital. Even we, as cutters, have seen that FGM is bad. In the past numerous girls would bleed excessively after undergoing FGM and many would experience difficulties during childbirth. We have decided to stop cutting."**

(Former cutter)

Community dialogues have created safer spaces for women to feel more empowered in making decisions and taking on leadership roles with support and encouragement from men. They are now able to stand up against the cutting of their girls. In some places, community dialogues have encouraged men and women to sit and discuss issues together, reportedly uncommon prior to TGG-ALM interventions.

**"In the past, we used to undergo FGM. Personally, I was violated, and I underwent FGM but now, I won't allow my daughters to undergo FGM; I have two daughters."**

(Young Adult Female, Isiolo)

**"Equality of both genders is also more evident. Initially, men and women would not sit together; the ladies were shy too. But now women have even become leaders, leading people, and can talk about all issues freely"**

(Elder, Isiolo)

Just like the school clubs, community dialogues have cultivated end FGM/C Champions who contribute to facilitating end FGM/C forums and dialogues, and act as community 'watchers' and 'reporting points', working with chiefs, village elders and/or religious leaders to report girls at risk and prevent harm. They have also

become go-to contacts within the community for girls and boys who need support to avert planned incidents of FGM/C. Champions supported by the programme are engaging in the community and becoming local agents of change. A male Champion from Narok noted, *“The community is now more open to discussing FGM, which was previously a taboo topic”*. A female Champion from Narok confirmed that

some former cutters are collaborating with Champions to end the practice. She also pointed out that FGM/C has become more hidden for fear of legal repercussions. The Chief of Suswa (Narok) indicated that men are beginning to support end FGM/C advocacy in the community.

## Reported challenges and recommendations

Challenges	Recommendations
In some locations, men reported feeling that they had not been meaningfully involved in programme activities from the onset, yet they are key decision makers. There was also feedback regarding perceived ‘over-empowerment’ of women (especially for Isiolo).	Ensure meaningful involvement of men from the initial stages of engagement to provide a better ground for women and girls to counter FGM/C (e.g. boy-father dialogues, husband/wives dialogues), and to inculcate support for positive gender norms. However, be cautious not to perpetuate existing power imbalances or take away space/resources from women and girls: the programme is intentionally gender transformative and girl-centred, and some men may be pushing back against this.
In some areas, families take their girls from project areas to neighbouring villages for FGM/C (“FGM/C tourism”).	Advocate for scaling up interventions to the entire county to increase safer spaces (this will involve collaborating with County government and other civil society actors). Continued work with religious leaders for enhanced reach within their congregations. Incorporate positive messaging into songs and music, especially within the Maasai community for greater reach.
Some individuals in target communities have been hostile towards end FGM/C Champions and are unwilling to engage in community dialogues.	Carefully assess communities where end FGM/C activities are to be implemented by Champions and engage key gatekeepers to enable tailoring/designing of end FGM/C approaches that speak to contextual challenges. Champions to be encouraged to always adhere to ‘Do no harm’ principles.
There were some references to a remaining fear of being cursed if one does not undergo FGM/C.	Conduct research to enhance understanding of cultural norms and beliefs around generational curses that seem to hinder end FGM/C initiatives in some communities.



### c) Small Grants Mechanism:

Stakeholders reported that grants to small, medium and ‘anchor<sup>8</sup>’ grantee partners have empowered civil society organisations to engage in end FGM/C activities in their communities. The grants mechanism has strengthened leadership capacity in local organisations, leading to improved grant management.

Some of the small grantee partners have gone deep into harder to reach rural communities to galvanise a pool of ‘change agents’ and ‘village monitors’ who identify girls at risk of being cut, report incidents of other forms of violence against girls and garner community interest in learning and sharing on FGM/C. Promoting discussion on ending FGM/C has been particularly effective when grantee partners take survivor-centred approaches, either as survivors themselves, or collaborating with survivors as Champions. The active engagement of survivors as facilitators of conversations, sharing their stories via community dialogues or gatherings, is reported to have helped open up and encourage discussion regarding FGM/C among different target groups within these communities, thus enabling shifts in attitudes and norms.

**“The champions have mobilized the community girls to speak out against FGM. The community champions will also ensure the sustainability of the interventions against FGM”**

(Male religious leader, Narok)

Grantee partners have played an active role at county level in the development of end FGM/C policies and child protection and safeguarding policies. Because they are formally recognised as end FGM/C entities, they are invited to participate in county level policy discussions. In Narok, grantee partners have supported youth leaders to develop and submit an end FGM/C position paper to the Narok County Assembly.

Several grantee partners have been actively working with media channels to amplify end FGM/C messages. Social media campaigns have accelerated the spread of information and escalated discussions on ending FGM/C. Community radio sessions facilitated by grantee partners are reported to have reached over 80,000 listeners and generated positive feedback from their communities, helping to ‘break the silence’ around FGM/C at family and community level.

### Reported challenges and recommendations

Challenges	Recommendations
Lack of grants coverage in some villages, and in others, some overlap in operations between grantee partners and consortium partners.	Repeat exercise to map and better coordinate intervention areas. Advocate/leverage resources to expand coverage to more villages to maximize outcomes.
Some grantees reported that it is difficult to include some people with disabilities in community conversations due to their limited mobility.	The programme should have a special focus on persons living with disabilities, e.g. by organising targeted sessions and ‘going to them’ with interventions.

Some cutters have changed tactics and are performing FGM/C on babies as young as six months old, and girls below school-going age.

Pregnant women and new mothers should be targeted with end FGM/C sensitisation and dialogue. Continue to encourage members of school clubs to have conversations with their parents and younger siblings on end FGM/C messages.

## 5.2 COUNTY/SUB-NATIONAL LEVEL INTERVENTIONS

### a) Policy engagement and development:

There are three concrete examples of TGG-ALM contributing to strengthened policies and plans at County level. Narok County has passed an Anti-FGM/C policy and included end FGM/C interventions in its integrated development plan. Both Garissa and Isiolo have developed a gender policy and religious leaders in Isiolo have declared their commitment to end FGM/C.

### b) Movement building:

There has been measurable progress in social movements in all three counties as they have progressively moved to higher levels of the social movement scorecard (a specially designed evaluation tool to track the strength of the end FGM/C social movement) since the beginning of the programme. Several networks have been established or strengthened with TGG-ALM support: for example, a cohort of FGM/C survivors and activists who have participated in Survivors Leadership Initiative training have now formed their own network, which is linked to survivor networks in other programme countries and with the Anti-FGM Board in Kenya. Men4Change networks and youth networks of varying forms have been supported in all counties, and a national civil society coalition to end FGM/C has been set up.

### c) Strategic use of media and engagement:

Media engagement has resulted in an increase in the reporting of stories about FGM/C, including from survivors and former cutters. end FGM/C messaging has thus reached a wider audience, mainly via community and sub-national radio shows. Enhanced media engagement has led to changes in FGM/C terminology, with a shift away from local names/terms that used to promote FGM/C and stigmatise uncut girls. The programme has also trained journalists drawn from media houses at sub-national and national levels, and partnered with them in the use of media to reach wider audiences. One such media personality from a community radio station that broadcasts in the local Maa language in Narok said:

**“I decided to be part of the movement because of the agony that girls and women who have been cut undergo. I saw the way my elder sister suffered physically and emotionally and did not want to see my younger sisters suffering. I am happy that I have rescued my sisters. I am stepping forward to help the other girls in the community and country at large through community dialogues, television and radio talk shows and my social media platforms. During the journalist training, I gained expertise on reporting about FGM/C stories, and how to ensure safeguarding.”**

The programme has also taken advantage of key international days and events to increase the visibility of the end FGM/C movement. These key days, such as the ‘International Day of Zero Tolerance for FGM’ and ‘International Women’s Day’ attract large crowds, often with high-level county government representation, donors and larger organisations, attracting the media and thus effectively amplifying the movement. Grantee partners and ACCAF have also used these days as platforms to amplify their work and the movement.

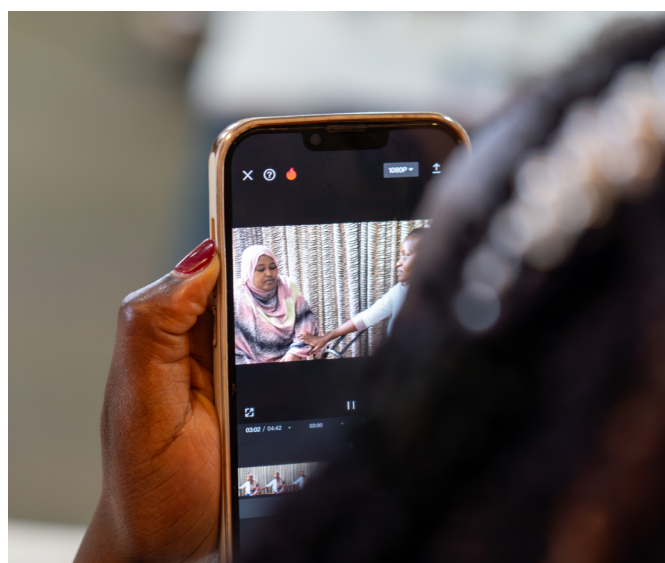
### 5.3 NATIONAL AND SUB-NATIONAL INTERVENTIONS – INTEGRATION

By February 2024, ACCAF had trained 160 university/college lecturers and teachers in Kenya, who went on to teach the FGM/C prevention and response curriculum to 1,877 health students from universities and mid-level colleges, as well as 30 health care workers and 18 community health promoters. Training effectiveness is measured by i) assessing levels of confidence on FGM/C prevention and response among lecturers and students through pre- and post-training evaluations and ii) measuring FGM/C knowledge among students before and after training. Both data sets show consistent positive improvements, and the viability of ACCAF’s training approach is demonstrated by the fact that it is now being scaled up within Kenya and in all other TGG-ALM countries.

This training has galvanized some students to become activists and Champions in the movement, over and beyond their medical training, suggesting positive attitudinal shifts towards ending FGM/C (see Box 2).

#### Box 2: Feedback on ACCAF training from a 6th year medical student

‘Since I was a child we were told that talking about FGM was a taboo, and we lived being blank about what happens behind the curtains once our little girls were scheduled for a “rite of passage” as they used to say. It wasn’t until this [ACCAF] training when I got to understand what FGM/C really is....The act tends to basically destroy the girl child’s life forever because it affects their sexual life, their maternal rights are violated and worst of all their psychological wellbeing is affected where they tend to think themselves as lesser of a lady for the rest of their lives... The main lesson from the whole training is to invest in ways of sensitising our populations about the effects of the acts and how beautiful life can be without it. Now that I know more about the act and have ways of mitigating it I would wish to be part of the team that brings a STOP TO FGM.’



## Reported challenges and recommendations

Challenges	Recommendations
ACCAF's standardised FGM/C prevention and response curriculum was too technical for Community Health Promoter (CHP) training.	Adapt and make 'fit for purpose' the current FGM/C prevention and response curriculum to suit the cadre of CHPs.
The training for Health Care Workers (HCWs) and CHPs identified gaps in knowledge of the medicalisation of FGM/C and interventions that may be used to address it.	Place greater emphasis on human rights, policy environment, legal issues and professional ethics around FGM/C in the HCW and CHP training.

## 6. OVERALL REFLECTIONS AND DISCUSSION

### 6.1 REFLECTIONS ON THE POC PROCESS

Overall, the assessment was inclusive, with feedback obtained from all critical stakeholders. Workshop facilitators made efforts to ensure balanced contributions. However, there were a few limitations. While there was near gender-balanced participation in some workshops with boys and girls it was challenging to engage the boys in the discussion. In mixed workshops among adults, discussions were dominated by men and/or leaders, leading to a predominance of men's views on certain topics such as the promotion of Sunnah<sup>9</sup> (a perceived form of 'less severe' FGM/C) in Garissa.

Most of the data assessed was qualitative, and it is therefore challenging to draw generalisable conclusions about the degree of change described or the proportion of a community who feel a certain way. The qualitative data

however provides rich, detailed insights into the underlying mechanisms, contexts, and outcomes, allowing us to understand not just what changes have occurred, but how and why they happen in specific contexts. By leveraging the diverse range of respondents and triangulating findings across multiple data sources, the MEL team are confident that the high-level conclusions drawn in this report are both robust and relevant. The learnings are also likely to be relevant in other contexts and will support the design of scalable and sustainable activities.

Most of the workshop participants who provided feedback had been involved in programme interventions, and therefore a degree of 'desire to please' (social desirability bias) in their reflections cannot be ruled out. However, this is not believed to be a major risk, as participants were comfortable pointing out areas where the programme could do better or should change, as the tables above demonstrate.

## 6.2 SHIFTS IN FGM/C: REMAINING CHALLENGES

M&E data reveals changes in **attitudes** among many individuals (e.g. the attitude that FGM/C should end), but slower changes in **beliefs** among some individuals and at community levels (e.g. the belief that if FGM/C is abandoned it may risk angering ancestors). This observation is in line with existing evidence on FGM/C and social norms, which recognises that even if individuals no longer support FGM/C, broader beliefs and norms at community level can be a barrier to change. Moreover, attitudes among individuals within a society will change at differential paces (with some 'early adopters' readily changing their behaviour, and others highly resistant to any change no matter what). In the past, FGM/C was broadly accepted and went unchallenged in these counties. Now, many individuals and local leaders (civil society, government and religious) openly reject FGM/C, leading to shifts in behaviours and language relating to FGM/C. Meanwhile, those who still support FGM/C may try to evade detection or deflect criticisms of FGM/C. These shifts include:

- Shifts to medicalisation, e.g. FGM/C being performed by health professionals 'under cover' in clinical settings.
- Changes in types of FGM/C being carried out and/or the terminology used, e.g. shifts towards "Sunnah" and "Kisasa" ("modern" FGM/C) lead to different forms of cutting as opposed to abandonment of the practice.
- Increased secrecy around FGM/C (e.g. to avoid the stigma of being uncut, parents may pay cutters to keep it a secret that their daughter

is uncut, or there may be cutting without public celebration, or the cutting may go on at night).

- FGM/C 'tourism' (cross county/national border FGM/C).
- Changes in age for cutting, targeting girls at a much younger age before they are aware of the full implications of FGM/C or of reporting mechanisms, or are too young to resist (infants).

These challenges highlight ways in which the programme needs to re-assess communication on ending FGM/C. While the programme focuses on girls' empowerment and general knowledge and attitudes towards FGM/C and gender norms, there has been less dialogue around the highly context-specific beliefs that might drive FGM/C, the social meaning and role of FGM/C, and the motivation for continuing FGM/C. Exploring and questioning these issues in greater depth, through adapted training materials and support for local change agents (including Champions and Patrons) could help accelerate the change process in the community.

## 6.3 POSITIONING OF MEN IN THE PROGRAMME

TGG-ALM is deliberately girl-centred and aims to tackle the gender inequality that helps perpetuate FGM/C, rather than simply reinforcing men's dominant role in decision-making. However, the end FGM/C movement requires all stakeholders on board, and meaningful inclusion of men is important. The feedback from some men that TGG-ALM is not adequately involving men raises various questions:



- Does it imply a need to re-strategise around the involvement of men<sup>10</sup>, especially at household level (husbands and elders)?
- Can a balance be struck between meaningfully involving men and boys as allies in ending FGM/C without reinforcing traditional male dominance in decision making? A balance that allows girls and women to take the lead with the support of male counterparts in their communities.
- Are these concerns voiced by men a symptom of them pushing back against the visible empowerment of women and girls?

While some recommendations about adapting clubs' curricula to be better tailored for boys are being taken on board by the programme, overall, programme teams concluded that men are in fact adequately involved, and it would not be justified to reallocate resources away from the central focus on women and girls.

## 6.4 SYNERGIES ACROSS THE SOCIO-ECOLOGICAL MODEL

Stakeholders applauded the programme's approach of working at multiple social levels targeting multiple target groups. This is seen as a unique approach, where no one target group is the custodian of information, and the groups can communicate easily with each other. TGG-ALM targets leaders, and girls and boys (in-school and out of school), women and men (either together and/or separately), some reformed 'cutters', the media, and County level officials. This approach is resulting in synergies across the different levels of the socio-ecological model: children who are engaged in school clubs are confidently talking to their parents, who in turn have been engaged in

community dialogues. Members of youth and women's networks are talking to and influencing County officials. Young activists are working with and supported by more experienced women activists. Children are making use of strengthened child protection mechanisms.

## 6.5 THE GIRL-CENTRED APPROACH

Girls are at the centre of TGG-ALM for several reasons: they are the most directly affected by FGM/C; they are future potential parents and leaders within their communities; and they are potentially powerful advocates for change. There is evidence of the power of the girl-centred approach in Kenya: girls (and boys) are demonstrating they know more about FGM/C, and connecting this knowledge to broader rights issues, which in turn enhances their confidence. Girls' voices, experiences and insights are key to the development of effective, sustainable and scalable programmes. It is crucially important to trust, listen to, and partner with girls, and ensure they are leading the change to combat FGM/C.<sup>11</sup> Numerous examples have been shared of girls standing up to their parents about the importance of going to and staying in school. Both girls and boys are sharing knowledge with peers on the importance of education and the dangers of FGM/C. They are not only helping to protect others in their families but also their friends. More girls now understand where and how to access protection. Teachers have also observed improved school attendance by girls, which they perceive has led to a reduction not only in FGM/C, but also in teenage pregnancy and early marriage.

## 7. RECOMMENDATIONS

**“If the donor stops supporting the project, we have already gained knowledge on FGM. We can still make civilian arrests, inform chiefs and authorities, and continue to stop FGM.”**

(Adult Male, Isiolo).

There are potential pathways to scale and sustainability for TGG-ALM approaches, and evidence that the interventions are scalable and sustainable. Key signs that the programme approaches are viable long term are listed below, with recommendations for the future:

1. Local change agents/Champions have been adequately nurtured to lead change in their communities with limited partner support and are actively doing so. Therefore, **training of trainers for more Champions** to take up leadership of local community-based activities (including those in already established social networks such as village savings and loans associations) could promote discussions in existing spaces/communities. Existing role models could inspire and motivate others to join the movement. The schools club model should be expanded among more schools, in collaboration with County government.
2. Laws and policies on FGM/C have been developed at county level. **Continue to work with political leaders and policy makers to encourage them to support and implement these laws and policies at local level.**
3. A national standardised pre-service FGM/C curriculum has been developed, to be integrated into health education institutions across Kenya and into other areas covered by TGG-ALM. **Continue advocating for the**

**curriculum to be integrated into individual medical teaching institutions’ curricula,** rather than as a separate ‘stand-alone’ (several universities have already done this).

4. Programme approaches are delivering positive results and important programmatic learning, with potential to inform other actors in the sector. **Continue to generate robust M&E data and document learnings; strengthen external communication and the promotion of programme outputs.**

**Further recommendations were provided by various stakeholders and the MEL team for consideration by TGG-ALM:**

- Support communities to deepen reflective conversations around the origins, social meanings and role of FGM/C, including beliefs that hold back prevention efforts. This may require a longer period of engagement with smaller groups of people to reach the necessary depth of discussion/questioning/reflection, but this is a crucial step towards reaching genuine commitment towards ending FGM/C among a critical mass of people.
- Continue engagement with County policy makers (through capacity development, influencing and dialogues) and continued lobbying to increase their influence and implementation of gender policies, and potentially to support scale-up of TGG-ALM approaches such as schools clubs.
- Enhance efforts to strengthen inclusion and better engage with persons with disabilities on the programme.

- Unpack and discuss further what it means to include ex-cutters in TGG-ALM community interventions in a responsible and ‘Do no harm’ way. There are potential risks in including perpetrators of violence in community dialogues where FGM/C survivors are present.
- Strengthen mechanisms for providing emotional support for FGM/C survivors who are on the frontline of campaigns (and are often re-living their own trauma whilst engaging in TGG-ALM activities); link them with avenues that provide peer, psychosocial and/or emotional support (e.g. survivors network).

Many of these recommendations have already been adopted and reflected in planning for Year 4; others are still under discussion.

## 8. CONCLUSION

Feedback from stakeholders at the community, county and national levels has affirmed the effectiveness of TGG-ALM approach, which is supported by programme M&E data. Interventions are both desirable and feasible. They are leading to positive changes, are

practical and designed to focus on various target groups at multiple levels of society. There is also evidence that interventions are scalable. The multi-pronged approach taken by TGG-ALM, whereby interventions are implemented with key population groups at different levels of the socio-ecological model is reported to be inclusive and effective. There is also appreciation that TGG-ALM has chosen to partner with and resource small and often newly established community-based organisations who would typically not qualify for grants, and yet they have a better understanding of the drivers and bottlenecks around social change in their localities.

TGG-ALM’s multi-pronged socio-ecological approach, through school clubs, community dialogues, grants, health training institutions, movement-building (including with youth and survivor networks) and policy advocacy is nurturing a diverse range of bold and committed Champions and change agents required in the long term to sustain the movement beyond the programme.

Proof of Concept is therefore considered to have been achieved in Kenya, with programme teams now focusing on refining and delivering plans to scale and sustain these approaches.



## 9. REFERENCES

1. <https://options.co.uk/publication/the-girl-generation-impact-report-2017-2018/>
2. <https://thegirlgeneration.org/thematic-focus/#theory-of-change>
3. Sources: Mwendwa, P., Mutea, N., Kaimuri, M.J. et al. "Promote locally led initiatives to fight female genital mutilation/cutting (FGM/C)" lessons from anti-FGM/C advocates in rural Kenya. *Reprod Health* 17, 30 (2020). <https://doi.org/10.1186/s12978-020-0884-5>
4. A Social Movement Scorecard is a rapid, participatory tool for assessing the stage of the social movement and captures the insights and expertise of local actors in the movement. There are well-recognised stages in the lives of social movements: 1) Emergence: individualised, but widespread feelings of discontent 2) Coalescence: the coming together of social movement constituents 3) Bureaucratisation/Formalisation: the strategy is carried out by formal organisations and trained staff. The movement is characterised by higher levels of organisation and coalition-based strategies (see: <https://www.humandignity.foundation/wp-content/uploads/2018/11/Social-Movement-Scorecard-Guide.pdf>).
5. The Survivors Leadership Initiative, also being implemented as part of TGG-ALM, is founded on training which draws on emotional wellbeing approaches developed and tested in 2018, and rolled out in Kenya in two stages (March 2022, with follow-up training with the same participants in November 2022) for 20 grassroots activists who are survivors of FGM/C. <https://thegirlgeneration.org/wp-content/uploads/2024/02/TGG-SLT-Evaluation-Learning.pdf>
6. School clubs have been set up as safe spaces in schools for girls and boys to be able to freely discuss all aspects of FGM/C. A patron from the school is identified to facilitate discussions which are guided by a curriculum designed by the programme and which covers a range of relevant topics.
7. There are variations between and within counties. For example, in Narok, boys were involved at the beginning of the programme whilst in Isiolo their involvement began at a later stage. In Isiolo, during the school club reflection meetings, girls in Oldonyiro and Burat Wards were more vocal and confident to speak out than those in Kinna Ward.
8. Larger, well-established organisations who provide capacity development support and guidance to small and medium- grantee partners in their area.
9. In Garissa, a predominantly Islamic county, FGM/C is referred to as Sunnah. The term Sunnah in Arabic means 'the path' or 'the way'; in the Islamic religious context it refers to 'a way of life or tradition of Prophet Muhammad' and thus in the context of FGM/C Sunnah suggests following the way of Prophet Muhammad. For a more detailed discussion see: <https://www.unfpa.org/sites/default/files/pub-pdf/De-linking%20FGM%20from%20Islam%20final%20report.pdf>
10. See: [https://cdn.who.int/media/docs/default-source/documents/gender/hrp-evidence-brief-masculinities.pdf?sfvrsn=1fd29f84\\_6&download=true](https://cdn.who.int/media/docs/default-source/documents/gender/hrp-evidence-brief-masculinities.pdf?sfvrsn=1fd29f84_6&download=true)
11. [https://thegirlgeneration.org/wp-content/uploads/2024/04/Girls-centered-framework\\_digital\\_v4.076.pdf](https://thegirlgeneration.org/wp-content/uploads/2024/04/Girls-centered-framework_digital_v4.076.pdf)

### TGG-ALM publications

If you would like to see more publications by TGG-ALM please either scan the QR code or visit <https://thegirlgeneration.org/global-public-goods/>





-  [thegirlgeneration.org](http://thegirlgeneration.org)
-  [info@thegirlgeneration.org](mailto:info@thegirlgeneration.org)
-  [@TheGirlGen](https://twitter.com/TheGirlGen)
-  [TheGirlGen](https://www.facebook.com/TheGirlGen)
-  [@TheGirlGen](https://www.instagram.com/TheGirlGen)

## Our partners

