



Learning brief: The key role of girl champions in ending FGM in Senegal

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1. Executive summary

This report explores the role of girls as champions for promoting the abandonment of female genital mutilation (FGM), focusing on their motivations, challenges and the impact of their actions. It summarises interventions,

evidence and learning from an end FGM programme in Senegal, which is taking a girl-centred approach at multiple levels: engaging communities, health professionals, the broader end FGM movement, and national policy makers. Specifically, it looks at girl champions in Tambacounda, Kédougou, Sédhiou and Kolda regions.

Programme monitoring and evaluation data reveal the deep desire of girls to serve their community and raise awareness about the harmful effects of FGM. It shows that the champions have had a significant impact on their communities, including changing attitudes towards FGM. However, they face considerable challenges, including cultural resistance and difficulty in mobilising certain groups. Despite these challenges, the girl champions continue to play their role fully as agents of sustainable change in their communities.

To ensure the effectiveness and sustainability of their efforts, there is a need for closer collaboration with local authorities, continued capacity development, greater financial support for broader coverage, and more inclusive recruitment processes to provide all girls with equal opportunities to become champions, particularly marginalised girls and



those living in remote areas.

Girls are key agents of change in promoting the abandonment of FGM. With the support of a strong local, regional and national movement, they can drive lasting transformation in their communities and contribute to the ultimate goal of the National Strategy for the Abandonment of Female Genital Mutilation 2022-23, which aims to eliminate FGM in Senegal by 2030.

Introduction

This report explores a community-based approach to social change to end FGM in Senegal: girl champions. TGG-ALM partners Amref, ActionAid Senegal (AAS) and Options (via grantee partners) all support girls and young women as champions for ending FGM. The learning in this report comes from monitoring, evaluating and observing these efforts. The report outlines the theory of change for the girl champions approach. It shares lessons learned, including successes and challenges, and makes recommendations

with a view to sharing promising practices. It highlights the importance of awareness-raising strategies, support for survivors and the positive effects that engaging girl champions and survivors can have on shifting attitudes towards FGM.

TGG-ALM is co-creating, implementing, testing and adapting interventions to address FGM at multiple levels of society. This report supports this learning and testing, ahead of a comprehensive Proof of Concept assessment in Senegal in early 2025.

Background

TGG-ALM aims to accelerate positive changes in social attitudes towards ending FGM, while strengthening the evidence base about what works (and what does not). The programme was established to contribute to global efforts towards an end to FGM by 2030. Its vision is 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, including FGM. Girls are at the heart

of programme design, implementation and evaluation. The intended impact is a reduction in FGM by 2027 in focal regions of Kenya, Somaliland, Senegal, and Ethiopia.

Within Senegal, TGG-ALM operates in Tambacounda, Kédougou, Sédhiou and Kolda regions, which have high FGM prevalence¹. In Senegal, FGM is widespread, affecting approximately 20% of women aged 15-49 (2024), down from 25% in 2019. In Kolda and Sédhiou, the prevalence is 68.4% and 80.9% respectively, and the rate reaches as high as 96% in some regions such as Kédougou.

Theory of Change for Girl Champions Approach

The girl champion approach proposes that - when supported - girls are willing, able and effective at bringing about intergenerational change relating to FGM. Girls are the first, and most significantly affected by FGM, and can therefore be powerful and legitimate spokespeople in denouncing this form of violence. Their testimonies raise community awareness, shift attitudes among those within their sphere of influence, and strengthen advocacy for the abandonment of FGM. What's more, as girls represent potential future mothers, when they are supported with knowledge on FGM and their rights, they can help break the cycle of FGM for their daughters. The girl champion approach responds to one of the pillars of the National Strategy for the Abandonment of FGM 2022-2023, which is community mobilisation through the creation of dynamic alliances and movements.

By placing girls at the forefront of interventions, the approach tackles the deep drivers of FGM: gender inequality and the social norms that perpetuate it. This approach allows girls to reclaim not only their bodies, but

also their voices, aspirations and capacity to shape a more just and equitable world.

The girl champions approach is embedded within TGG-ALM's broader theory of change, which reflects the social ecological model², and includes interventions to end FGM at multiple levels of society (individual, household, community, local and national government/institutions, global). This approach focuses on both individual empowerment and systemic transformation, key ingredients to achieve gender equality. It includes the empowerment and capacity development of girls, community dialogues between generations (facilitated by girl champions, and involving influential leaders such as religious leaders and health professionals), and the participation of girls in local, regional, and national movements to end FGM.

The theory of change also requires the approach to be locally-led and participatory, driven by girl champions and local civil society partners (including Options' grantee partners) and local state actors. These partners work with girl champions and support them to implement activities, under the supervision of the project team.

Methodology

This report draws on data from quantitative and qualitative sources, including:

- Semi-structured interviews and surveys with key informants (six girl champions (Amref), 11 girl champions (Options), six coordinators and girls' club supervisors from Adolescent Guidance Centres (CCAs), and two grantee partner representatives)
- Focus group discussions (30 girl champions from Kolda and Sédhiou; six girl champions in Koussanar, nine in Kédougou, 12 in Bakel).

- Quantitative data were collected through a questionnaire to 11 girl champions
- Document review (activity reports implemented by young people (community dialogues, exchange visits, etc.), stories of change).
- Testimonies from programme participants

Interview data was collected from October - November 2024. The document review relates to the period from July 2024. Discussions were conducted in local languages to allow for common understanding and to encourage participation. Respondents were interviewed individually with their consent and in private, to enable them to feel comfortable sharing information and personal views without peer or family influence or pressure. Data from qualitative interviews was analysed using a thematic approach.

The following learning questions are explored in this report (different partners explored them to varying degrees):

- What evidence is emerging to support (or refute) TGG/ALM's theory of change regarding the role of girl champions in ending FGM?
- What motivations drive girls to engage in becoming girl champions?
- What works and what doesn't work in the girl champions' strategy to bring about change in their communities? (including how best to support girl champions)
- What strategies can be put in place to ensure the sustainability of, and greater inclusion within, the girl champions approach?

Summary of the Girl Champion Approach

All three TGG-ALM partners share core features in their work with girl champions:

- Placing young girls at the centre of interventions
- Creating girls' clubs from the groups of girl champions
- Promoting girls' leadership
- Anchoring girl champions within community structures linked to local partners
- Supporting girl champions to carry out a range of social change activities within their communities, including dialogues and group discussions.

Amref focuses on formal youth institutions and existing networks, working through Adolescents Guidance Centres (CCAs). These state-run structures supervise girls aged 12–24 including those who are committed to ending FGM, child marriage, and gender-based violence. Amref trains girl champions in leadership, organises dialogues with community leaders, offers education on human rights and reproductive health, provides safe spaces, and supports girls to lead advocacy campaigns at various levels.

AAS adopts a community-led model, partnering with local NGOs and community members to ensure girls' voices guide all stages of the programme. Community leaders are engaged to work with girl champions to support change. For example, religious leaders help dismiss myths about FGM being compulsory on religious grounds, and midwives reinforce messages about the negative health consequences.



Girl champions develop leadership and advocacy skills and lead intergenerational dialogues, community talks, and awareness-raising sessions. They share accurate health information, dispel myths around FGM, and promote collective solutions within the community.

Options indirectly supports girl champions via the small grants mechanism, funding local civil society organisations across Senegal's four target regions. The grants prioritise frontline groups, shifting decision-making closer to communities. All 24 grantees implement community activities and some focus support to girl leaders. For example, OFAD Nafore (OFAD/N) and Réseau des Jeunes pour la Promotion de l'Abandon des mutilations génitales féminines et des mariages d'enfants (RJPA) established Girl Leaders Clubs to hold community talks and forums, identify resistance factors, and train girl champions in communication techniques.

Findings

Recruitment

The selection of girl champions for activities was cited as an important stage in determining the success of the overall approach. According to RJPA (a grantee partner), the success of recruiting and mentoring young girl leaders lies in community involvement in the selection process. RJPA gives priority to girls who have already been involved in local youth groups. This makes it possible to choose girls who are motivated and connected to their communities, facilitating their acceptance and impact. RJPA selects girls already showing an interest in changing behaviours in their communities, but who may lack a learning framework on women's and girls' rights which would enable them to share and discuss these issues with their communities.

Similarly, AAS uses multiple criteria for the selection of girl champions including existing engagement in community activities. One girl

champion in Koussanar explained: *“Before the arrival of TGG-ALM, I worked with AAS’ partner, the Yakar Niani Wouly Federation of Koussanar, through the girls’ clubs. I was very committed and when the project arrived, they contacted me so that I could join the project. In addition to being a committed girl, I was also a survivor of FGM and it was an opportunity for me to express myself and share my suffering and to fight so that my sisters do not suffer the same as me.”*

OFAD/N, another grantee partner, highlighted that girl leaders must have certain qualities, such as self-confidence, voluntary commitment, communication skills, tolerance, humility, confidentiality, accessibility, availability, and the ability to listen. To ensure the participation of a wide range of girls and people with various disadvantages, and to ensure sustainability and equity, OFAD works through a participatory and inclusive approach, both in terms of their criteria for choosing young girl leaders, and in their choice of villages. OFAD/N has chosen areas where there are no existing interventions on FGM, very remote villages on the border with Gambia, and girls who do not attend school as members of the girl leaders’ clubs.

Motivations

Amref found that the main motivation for girls to become champions comes from their desire to serve their community, and more specifically to raise awareness for the abandonment of FGM. Testimonies provide perspectives on this motivation:

“What motivated me was seeing girls testify about the harmful consequences of FGM. As girl leaders, voices, we must help them and raise awareness, so that they are not stigmatised or psychologically affected”

(girl champion, FGD)

“What motivated me was the opportunity to help my community, especially seeing many girls and women suffering in silence. I wanted to be a TGG-ALM champion to support them”

(girl champion, FGD)

“What also motivates us is that being survivors ourselves, we are best placed to convey the messages, raise awareness and inform. Having experienced this practice, we have a responsibility to help women and girls who have suffered the same fate”

(girl champion, FGD)

Training and Supervision

Amref found that almost all girl champions surveyed found the quality of training beneficial, with 40% rating it “excellent,” 20% “good,” and 30% “adequate.” A few felt the training was insufficient, suggesting potential improvements. Both interviews and focus group discussions underscored the value of ongoing support and reinforcement. Coordinators and supervisors noted that continued mentorship enabled champions to adapt to community needs, build confidence in speaking out about FGM, and become effective role models.

“What works well is the supervision of the champions. They have been trained, but it is above all the continuous reinforcement that allows them to be role models for their communities”

(CCA Coordinator and Supervisor).

“Champions evolve according to the context. For example, it was difficult for girls under 18 to address issues related to FGM, but today, thanks to the communication strategies learned with AMREF, they have been able to adapt to the context”

(CCA Coordinator and Supervisor).

“Through the activities and training, we have seen a great evolution, particularly in terms of decision-making, speaking out, and other advantages such as the opportunity to get out of Sédhiou to meet people and better master the subjects discussed”

(Girl champion, FGD).

“The support of the Badienne Gox3 and the supervision of the CCA are essential. Each time the service accompanies the champions, there is continuous capacity building. Locally, the support of the village chief is also crucial. These actors are known and accepted in the locality, and they are the ones who support this programme”

(CCA Coordinator and Supervisor).

Girl champions also benefited from emotional, financial, and mentorship support; some emphasised learning the “Do No Harm” principle to avoid causing harm through advocacy efforts. After learning about the Do No Harm principle, one champion reported “we received training to strengthen our leadership, learn to choose our words and avoid hurting others”.

AAS’ champions reported gains in knowledge about FGM, as well as leadership and communication skills. One girl champion in Kédougou reported, “These activities allowed

us to better understand the consequences of FGM on health, but also to understand the position of religion in relation to FGM. The capacity building from the programme allowed us to have more debates, thus facilitating our awareness-raising activities in the field.”

Impact: what works?

70% of Amref champions surveyed believe that their actions have a significant impact on the community, while 13% say that this impact is very strong. On the other hand, 13% consider the impact of their actions on the community to be moderate. Regarding the change in behaviour or attitude towards FGM within the community, all but one of the 30 respondents said they have observed a positive change. This is corroborated by interviews and FGDs, where numerous examples were shared of girl champions breaking the silence and tackling stigma relating to FGM, and influencing their communities:

“These champions have managed to get people to come together, often around the talking tree, to discuss these issues. For me, this is a very positive sign. This will further strengthen good communication and, above all, raise awareness in the community so that it realises that this is a practice that must be abandoned, so that girls can live their lives peacefully.”

(CCA Coordinator and Supervisor).

“There are many specific examples. I think that through these champions, if you talk to them, you will see that they have managed to guide girls who were on the verge of being cut. We are relaying the information to the relevant departmental services, and we are working together to prevent the act from being committed.”

(CCA Coordinator and Supervisor).

“Thanks to intergenerational dialogues, where we invite religious leaders and health professionals to participate, parents tell us about the positive impacts of the project in the community. They show us their gratitude for having empowered girls and put them forward in society”

(Girl champion, Interview)

“We have observed that religious leaders, very influential figures in the community, are starting to speak out on FGM, based on religious arguments. The subject of FGM is no longer as taboo as it used to be. People are starting to talk about it in public, which was not allowed before.”

(girl champion, FGD)

“I can give my own example. When I first went to training on FGM, I didn’t want to wear the T-shirt that said ‘Zero Tolerance to FGM’ because I was afraid of the community’s reaction. They would say to me: ‘Why are you against our practices?’ It intimidated me because I was seen as someone with a complex. But over time, I have noticed that this perception has changed. In the village, parents have started to see things differently, even if some practices remain hidden”

(Girl champion, FGD)

“This process is even more effective because we are girls from the community, and we have a direct link with our parents, brothers and sisters”

(Girl champion, FGD)

“At first it was difficult because as a girl, talking to adults about practices they consider normal was not easy. I was told that I was not respecting my community or my culture. But as people became aware of the impact of FGM, they started supporting me, and now I am told that I am their hero”

(Girl champion, FGD)

AAS found girl champions to be advocating and raising awareness among religious and customary leaders through community intergenerational dialogues and radio broadcasts, taking the lead in these activities. This approach has attracted the interest of other actors, such as community health workers, former FGM practitioners and midwives, who utilise their forums to share information on the harms of FGM. In these forums, girls take the lead and promote intergenerational dialogue. This supports the girls not only to raise awareness among grandmothers, parents, women and other girls about challenges they may be facing related to FGM, but also to break down barriers between generations. These activities, themed around the consequences of FGM on the lives of survivors, and moderated by girl champions with midwives as panellists, provide a platform for the community to freely speak and share their experiences. AAS also reports that since the arrival of TGG-ALM, the issue of FGM is no longer taboo, and has been discussed everywhere: in dialogues, on the radio, in the home, etc.

One girl champion in Bakel shared the changes she has observed, even among FGM practitioners: *“In fact, the results of the data collected in the field through focus groups allowed us to observe changes in the different target groups involved in the project. [...] the woman who cut me when I was even younger has decided to abandon the practice and has joined us in*

promoting the abandonment of FGM”.

In Koussanar, an FGM practitioner who was invited to a training activity on the consequences of FGM with the girl champions, swore in front of everyone that she will no longer practice FGM and committed herself to promote the abandonment of FGM alongside the girls. During a follow-up visit to Koussanar, she reported that she had been approached to cut girls, but had refused and threatened to denounce people if they continue. These changes are also observed at the level of parents, as a young girl in Bakel reported, *“I was in a lot of pain during my menstrual periods. During an activity as part of the project I heard that FGM could be the cause. One day, my stomach hurt so much that I didn’t go to school, I stayed in my room crying. My parents found me in my room and asked me why I cried, I told them that it is because of you that I am suffering because you had circumcised me. When I had finished explaining to them all the consequences of FGM, they asked me for forgiveness and guaranteed me not to circumcise my sisters.”*

According to grantee partner OFAD/N, changes seen in the community thanks to girl leaders are:

- Organisation of activities by girls themselves; girls’ leadership
- Dynamic communication between girls and parents including on previously sensitive topics such as FGM, health and hygiene issues
- Involvement of parents and leaders within the community in supporting girls for positive social change
- Increased resilience of girls to threats and negative social practices.
- Strong enrolment of girls in school; strong retention of girls in school.

- Increased self-confidence among girls.

Grantee partners believe that girl champions’ testimonies, based on their own experiences or those of other women, had a strong impact on the community. These testimonies have touched the sensibilities of communities, especially other young people. This enabled other young girls to speak out and share experiences, creating new links and strengthening youth action networks for the abandonment of FGM.

“As a girl leader, I’m convinced that the involvement of young people (girls and boys) can influence the definitive abandonment of FGM within 5 to 10 years. Through this project, I’ve come to understand that we need to have self-confidence and be fully committed if we are to achieve our goal of abandoning the practice. We note that there are still people who resist this abandonment. These are often people (parents) who are not from the project’s area of intervention and have not received any awareness-raising. With awareness-raising and the commitment of young people, with the collaboration of religious and traditional leaders, we are convinced that the practice will be abandoned. Now we need to think about how to support the girls’ leadership clubs technically, and identify and train mentors from the community, so as to perpetuate the gains made after the project’s end”.

Girl leaders shared their views on the approaches that work best to bring about change in ending FGM:

- Raising awareness among women of childbearing age, grandmothers, peers, and former FGM practitioners
- Communication between girls (peer-to-peer approaches), and between daughters and mothers (intergenerational dialogue)
- Involving grandmothers in awareness-

raising campaigns, and boys, as they will be tomorrow's parents

- Small group talks
- Providing training in religious, legal and medical arguments
- Conferences, sharing information on the consequences of FGM.

Girl Champion from Tambacounda

It's very rare for teenage girls to discuss subjects such as FGM, marriage or education with their peers and parents. But one girl champion from Tambacounda, who describes herself as "daring", used her experiences to convince her father not to subject her younger sisters to FGM, after explaining how the procedure had affected her life. She found the courage to speak out by taking part in awareness-raising sessions dedicated to children's rights organised by OFAD/N in partnership with Options. For her, this programme was a turning point in her life. "At first, I was very shy, I didn't dare speak up or have a discussion, even if I was right," she says. Over time, however, the sessions gave her more and more confidence in herself and her choices. "At first, I didn't know what I wanted to do with my life, but I learned to make decisions and plan my future."

Influential figures to drive change

To support girl champions in their activities, TGG-ALM has looked to other influential figures within communities who can support and work alongside girl champions. Here, we highlight two key change agents and the strategies AAS has taken with them:

Involvement of grandmothers: Girls fed back to AAS the importance of involving grandmothers in awareness-raising and training activities, as in target communities, grandmothers are generally at the centre of decisions, especially with regard to FGM. Their involvement, commitment and adherence to the programme's outcomes is integral to shifting attitudes in the community in general, and of parents in particular.

AAS has explored how grandmothers can be integrated into the programme. For example, during gatekeepers training, AAS invited the coordinator of the "Grandmother Project" to speak to the role grandmothers have within communities and in families. The Grandmother Project works in urban and rural communities to improve the lives of women and children through its innovative approach to Change through Culture. This leverages community knowledge and experiences to build capacity to promote positive change and eliminate negative social norms that sustain FGM. AAS is also exploring how TGG-ALM can involve grandmothers in training and awareness-raising activities carried out at community level by the girls.

Involvement of midwives: AAS has also adapted the programme to involve midwives, who are best placed to talk about the health consequences of FGM. Midwives provide postnatal consultations for women and babies, so they are well informed about the risks and health impacts. They play an integral role in providing trusted medical information to communities. AAS found that community midwives were very interested in awareness-raising activities as opportunities to sensitise heads of families and the whole community on the consequences and traumas suffered by women. In addition, they provide information on the Ministry of Health's position on FGM.

Girl champions work with the midwives especially during awareness-raising caravans, talks, and community forums.

Challenges

Girl champions frequently encounter obstacles. The major challenges identified by Amref champions concern the mobilisation of boys (26%) and men (17%), as well as other girls (11%). In addition, some girl champions face community pressures aimed at dissuading them from continuing their role, which concerned two of the respondents.

When it comes to champions' perceptions of how difficult it is to bring about change in their community, opinions vary. A third consider it difficult, while a quarter consider it very difficult. In contrast, a third consider it moderately difficult. Only two champions reported it relatively easy to bring about change.

“From a sociological point of view, FGM is a deeply rooted cultural practice. These practices pose a problem because some communities are very reluctant to do so, which complicates the work of champions.”

(CCA coordinators and supervisors).

“For example, in Kolda, during an activity, a man called me out about the t-shirt I was wearing. I explained to him that we were raising awareness about FGM. He then called me all sorts of names, because for him, it is part of normal practice: all girls should be cut. But I don't let myself be affected by these criticisms”

(Girl champion, FGD)

“The most difficult aspect is having to face direct opposition from some people, especially in communities where FGM is still very present. In the field, we often face insults because we address sensitive subjects like FGM. It can be exhausting”

(Girl champion, FGD)

“Another challenge is that girls are discussing sensitive issues with their mothers, which can make acceptance difficult at first. However, over time, things change for the better”

(Girl champion, FGD)

“As for the challenges, it is difficult for young people like us to speak to a large audience of both old and young people. The arguments have to be strong, because many people are reluctant to change, especially those who have themselves been victims of this practice”

(Girl champion, FGD)

Scale And Sustainability

Sustainability was a key consideration for all partners when designing the girl champion approach. For Amref, linking girl champions with state-supported CCAs is an important sustainability strategy:

“It is crucial to work with state structures that are sustainable and have capacity building and awareness-raising programs for young people. By collaborating with these structures, we will be able to perpetuate the activities of the champions.”

(CCA coordinators and supervisors).

The vast majority of girl champions (87%) believe that their role is sustainable, and will last beyond the life of the current programme:

“For example, the New Deal girls’ clubs continue to operate and have an impact even without direct partners. If we establish a strong connection between the champions and these clubs, we can ensure that the awareness-raising work continues even after the project ends”
(girl champion, FGD).

AAS, through its interventions at community level, works with strategic local NGO partners, who are embedded within local communities. These partners will continue to be active in communities beyond the life of TGG-ALM. The vision is that girl champions will work with these partners to create and build the capacity of youth clubs on a larger scale, adapting interventions according to each local context. The girl champions will be organised in a formal network, with the support of partners at the community level. Another sustainability strategy being explored is to train girl champions in fundraising techniques, so that they can seek grants in future.

Partners are also considering how to scale up approaches. For example, an adaptation that has been implemented is getting girl champions to organise clubs and activities in new localities, sometimes far from the CCAs or other youth services, to give a broader range of girls, in remote locations, the chance to be involved in TGG-ALM. This required the programme team to help organise discussions with all sections of the population and support the girls to be aware that their voice can be heard, and that they can defend their rights. These clubs are gradually being linked up with institutional services closer to these locations.

Conclusion And Lessons Learnt

Evidence from TGG-ALM in Senegal suggests that girl champions (especially when they receive targeted training, mentorship, and ongoing support) are powerful drivers of change in ending FGM. Their leadership has helped communities openly discuss and question FGM, resulting in greater willingness to abandon the practice. Survivors’ testimonies are particularly impactful, lending legitimacy to awareness-raising efforts and motivating local leaders, midwives, and former FGM practitioners to join the movement.

Crucially, embedding girl champions within community structures and partnering with local NGOs and state institutions strengthens sustainability. Continuous capacity development, inclusive engagement (targeting remote and out-of-school girls), and engaging influential figures such as grandmothers and religious leaders further amplify impact. Overall, by positioning girls at the centre of interventions and ensuring strong community ownership, this suggests that the Theory of Change is valid and likely to be a viable pathway toward achieving Senegal’s goal of eliminating FGM by 2030.

Key lessons and recommendations

- **Selection criteria** for the recruitment of girl champions should reflect survivor status, leadership qualities, and prior community involvement, while also ensuring girls from remote or marginalised backgrounds have opportunities to participate. Community endorsement also help secure acceptance, motivation, and ultimately greater impact for the champions’ efforts to end FGM.

- **Promote role models to achieve multiplier effect:** The stories of champions themselves, especially those who are survivors of FGM, inspire other girls to act. Girl champions can have a multiplier effect and inspire other young people (especially young boys, who have always thought that FGM is a subject that only concerns women and girls); grandmothers and midwives who then become part of the movement to end FGM at the community level; and other girl and women survivors.
- **Strengthening participation of men and boys:** both Amref and AAS are adapting their strategies to address the challenges around mobilising and engaging men and boys. They plan to involve more male community leaders, village chiefs, religious leaders (Imams) and traditional communicators (alongside women leaders) in community mobilisation efforts, as they are highly influential. They will also target more boys within schools, and through encouraging CCAs to invite men and boys into their activities. In addition to engaging grandmothers, they will engage with male heads of household. The aim is to debunk myths (such as the perception that FGM is just an issue for women), create space for interactive discussions around FGM, and recruit men into the movement to end FGM.
- **Grandmothers and midwives are powerful allies** in shifting norms around FGM because both groups wield significant influence in family and community decisions. Grandmothers often guide cultural practices and can legitimise new attitudes, while midwives bring trusted medical expertise to reinforce the harmful effects of FGM and encourage its abandonment.
- **Create opportunities for marginalised girls:** Provide equal opportunities for engagement for girls from less advantaged backgrounds, those less exposed to organised structures like youth clubs, those with less formal education, and those from cross-border and other remote areas.
- **Ongoing support and reinforcement are critical:** Ongoing financial, emotional, and material support (this could include income-generating activities) can strengthen the resilience of champions, ensure the sustainability of their actions, and allow them to organise their own activities at community level. Continued mentorship and supervision can be provided via suitably qualified NGOs, or state structures that support youth (including schools).
- **Scaling girls' clubs:** Training champions in other regions and developing peer educator networks could expand reach of girls' clubs. Establishing standards for setting up girls' clubs and holding webinars to share learning could make replication in other areas easier.
- **Sustainability:** Suggestions reported included identifying community mentors who can continue to support girl champions after the project ends; integrating girls' clubs into formal structures such as CDS (health development committees); and strengthening linkages between girl champions' clubs and local NGOs (for example, by strengthening Councils of Young People at local level).

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