



THE ROLE OF ARP IN FGM/C ABANDONMENT

Lessons and potential

September 8 2022

What constitutes ARP?

1. ARP is communicated as an alternative to the cutting aspect of FGM/C
2. Holistic community involvement
3. Select girls who have not already undergone FGM/C
4. Includes a programme of education
5. A final public ceremony or graduation
6. Considers that girls who have been through ARP are more mature
7. ARP requires significant funding from outside the community.

Do the seven components listed above reflect your understanding of the key components of ARP? What changes, if any, would you make?

Note: The purpose of this document is to capture the flavour of the dialogue taking place throughout the event, rather than to record all points made by participants.



Comments

<p>Group 1 Arunav Kaul / Sarah Tenoi</p>	<ul style="list-style-type: none"> • Health perspectives can be added to the list • Include key stakeholders such as elders who partake in FGM/C • Male engagement is an important aspect that needs equal attention • Inclusion of those who have already been cut is critical • Measures need to be self-sustainable and scalable
<p>Group 2 Lamin Massaquoi / Shinina Shani</p>	<ul style="list-style-type: none"> • Consideration to age groups targeted by ARP • Not focused only on the ceremony/graduation but seen as a continual process with particular focus on continuous engagement with women and girls • Agreement with the key components, especially including men and boys • Include stakeholders, and clearly delineate their role and intention • Introduce the concept of social change to communities and include a declaration • External funding is needed but it's not a must. If a community buys in to ARP it can continue without much external funding • Informed by the community, not a predetermined definition • Should also include girls who are cut as they are more likely to promote the practice than those who are not yet cut. In other words, it should include all those who are cut or likely to be cut • Should capture the socio-cultural components
<p>Group 3 Katy Newell- Jones / Namulindwa Shibah</p>	<ul style="list-style-type: none"> • Social services and social protection services, also including services to support girls who have been cut and rescue shelters • Not excluding girls who have been cut • Social norms • Holistic community involvement absolutely central • Girls are not necessarily more mature after ARP but have greater capacity/capabilities • External funding: think more about sustainability • Monitoring: how do we support and follow up girls who have been through ARP? This needs to be part of the model of ARP • Follow-up to public declarations • Importance of safe and supportive environment • Care needed with terminology. Is 'graduation' an appropriate term? Transition would be preferable • Alternative source of livelihood for souwis / cutters (although this view is contested) • Who's benefiting from the (Kenyan) Anti-FGM Act? Need to engage men and boys • Need to add an implementation framework for countries, for coordination and tracking efforts • Intersectional framework to include other harmful practices that compound FGM/C, e.g. child marriage • Include economic empowerment for girls under priorities for girls and women at risk

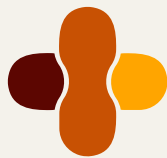


<p>Group 4 Rachael Hongo / Valerian Mgani</p>	<ul style="list-style-type: none"> • The components are ok, but will depend on the kind of ARP being implemented • Post-event alternative events and monitoring • Involvement of boys/men • Consider laws, social and religious factors when planning ARP • Involvement of girls who have already been cut • Consistency of follow-up and funding for sustainability within communities
<p>Group 5 Lotte Hughes / Alice Crookenden</p>	<ul style="list-style-type: none"> • Importance of paying attention to girls who go through ARP (e.g. follow up to check if girls are cut later) • Focus on boys and men (as part of community involvement, but should be more emphasis) • Should it still be called ARP? There are different kinds of interventions, e.g. all girls together whether they have had FGM/C or not, with focus shift on how to get good educational outcomes and prevent early marriage, regardless of cutting status. Does ARP risk singling out girls depending on their cutting status? Should ARP focus on the cut or life skills programmes? • ARPs should be modelled after what the community perceives to be the rite of passage/what the community is already doing. Communities should decide what this looks like, rather than NGOs • Community should say when they are ready for ARP rather than fit with NGO/donor timelines • If ARP funding comes from outside, it's not sustainable. One should look at sustainability before we do ARP so that communities can continue ARP in absence of CSOs • This is an area that has gone wrong, needs to be interrogated. Also NGOs fear missing out on funding, it's scary to push back to donors. Donors should give space/trust so NGOs feel safe to be honest and say something didn't work, allow for more long-term thinking • Cutting practices are changing because of interventions (e.g. cutting after all the noise around ARP). If ARP is only done during one month of the year, communities will move to less severe cut (to recover more quickly and hide it) or do it another time. As trends change, models need to change too • Maturity: 'traditional' rite lasts months and takes girls through many phases, so at the end she thinks differently, therefore the community says she's mature. Can a 3-day ARP mimic this? And is this desirable? Or should ARP delay adulthood, extend childhood/youth to focus on education etc.?
<p>Plenary</p>	<ul style="list-style-type: none"> • Is there a space for girls who have been cut? They shouldn't be excluded • Donors are perhaps part of the problem • Engagement with boys and men is important • After COVID: how is that going to impact ARP?



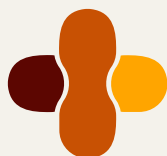
Lessons from communities

Presentation	Comments / Questions from participants
Uganda Namulindwa Shibah	<p>Rioba Gregory (RG): ARP has worked well in Kuria communities, where we have seen a good number of girls coming up and gaining confidence through sessions they attend during the ARP period.</p> <p>RG confirmed that cross-border FGM/C affects their work to end FGM/C.</p> <p>Julieta Sevene (JS): You mentioned that there is lack of coordination between partners. Are there any coordination platforms/groups on FGM/C?</p> <p>Lotte Hughes (LH, responding to JS): Not that I know of, though the Anti-FGM Board of Kenya has tried to standardize ARP. No report back on how successful that has been. Maybe it's not a good idea anyway, since one size doesn't fit all.</p> <p>Peter Kemei (PK): Yes, the Anti-FGM Board in Kenya has Guidelines on conducting ARP. Note that this is just a guide, hence implementation varies from one community to another.</p> <p>Charles Leshore (CL): What cultural institutions are you referring to? Pokot, Samburu? No unified body.</p> <p>Arunav Kaul (AK): In terms of curriculum, is it possible to share or shed light on the curriculum? Would be nice to see the models you are teaching.</p>



Lessons from communities

Presentation	Comments / Questions from participants
<p>Tanzania Valerian Mgani</p>	<p>Charles Leshore (CL): Changing and sustaining social norms is a good practice.</p> <p>Hannelore Van Bavel (HVB): A recurring component seems to be that ARP is not just about ending the cut, but like Valerian said, about “giving girls a better” future, e.g. ending child marriage too, delaying adulthood, extending childhood, keeping girls in school.</p> <p>Katy Newell-Jones (KNJ): Now that 24 traditional cutters have stopped cutting, is there a shortage of cutters or are others taking up the role either from within the community or from across borders?</p> <p>Valerian (VM): Ex-cutters are also engaged in the ARP. Yes, cutters cross the border, so we also reach them, sensitise and advocate. We make groups of women and educate them in entrepreneurial skills, and connect them to the government to start business.</p> <p>Meltem Agduk (MA): Regarding rescuing girls and taking them out of their families to have training and ARP: what are you doing with the families who reject their daughters at the end of the ARP programme? What do you do with the girls of these families?</p> <p>VM: We always conduct reconciliation. Can sometimes take more than a year, while the girl is at a safe house. At the safe house, there are other activities. Girls continue their studies in the government boarding schools. They don’t remain idle.</p> <p>Lotte Hughes (LH): Are rescue centres really the answer? They are a short-term 'solution'.</p> <p>VM: Not a permanent solution, but to help girls for a short time. While she’s there, we do reconciliation with the parents to change their minds.</p> <p>Grace Uwizeye (GU): Follow-up question: after reconciliation, do you follow up with the girls and families to ensure that they are not subjected to FGM/C?</p> <p>VM: We do follow up with local government at the local level.</p> <p>CL: Has the community collectively reached a point to see the need for change and efforts to declare an end to FGM/C collectively?</p> <p>CISP Kenya: I like the use of community dialogues as an intervention to address FGM/C, especially harmful social norms perpetuating the behaviour.</p> <p>LH: Is the government support package for cutters sustainable, or is it time limited? The Anti-FGM Board has mysteriously removed the guidance from its site. Does that indicate, I wonder, that the Board and Kenyan govt no longer promote ARP? Or maybe the guidance is under review.</p> <p>Arunav Kaul (AK): Thank you for all your great work Valerian. I wanted to ask, is there any plan to introduce ARP as a curriculum in all the schools in the region, given you also have the support of the government?</p>



Lessons from communities

Presentation	Comments / Questions from participants
<p>Kenya Shinina Shani</p>	<p>Charles Leshore (CL): True, politicians get scared to talk about FGM/C as it's a tool to deny one votes.</p> <p>LH: Great points, Shinina. But when NGOs say their ARPs are community led, are they really - when NGOs are still funding and intervening? How will the Maternal and Child Bill for Narok County mesh with the national law?</p> <p>CL: We [AMREF] did earlier carry out a study for acceptance of ARP and assessed who the girls would want to bless them. Traditional leaders were the most preferred compared to religious money-making pastors and schools.</p> <p>Katy Newell-Jones (KNJ): You say that communities can develop their own ARP ceremonies if they like. Have any taken this up? Or are they abandoning ARP?</p> <p>CL: Communities do their own ARPs and have mastered resource mobilisation after training in ODSS.</p> <p>Ann Maina (AM): Great presentation and work Shinina. For politicians that support ARP do we follow up on the conversations they have away from the limelight?</p>
<p>Sierra Leone Rugiatu Neneh Turay</p>	<p>Charles Leshore (CL): Do they sign a bondo confirmation? I like the public declaration to complete the ARP at family level.</p> <p>Lotte Hughes (LH): Rugiatu mentions showing films on FGM/C. Do they show the actual cut being done OR are they documentaries about the practice? Showing the actual cut is traumatising.</p> <p>Hannelore Van Bavel (HVB): Is this another example of how ARP delays adulthood, creating more time for education, etc?</p> <p>LH: With respect, I'm concerned about the persistent idea that girls become women overnight - either as a result of FGM/C or ARP. A 12-year-old or 14-year-old girl is not a woman. Doesn't the perpetuation of this idea not encourage parents to continue marrying their girls off at far too young an age?</p> <p>CL: Scale-up targeted to hotspot villages. We [AMREF] used to invite members of hotspot villages to ARP ceremonies.</p> <p>Ariefab Kumara (AK): I'm also from Sierra Leone. Here in SL, the theme about FGM and bondo is the same: you can't perform FGM/C without bondo, and you can't perform bondo without FGM/C. So FGM is English language, bondo is traditional language. How do you separate these two words for the understanding of the communities, and how sure are you about the sustainability of this programme? What are your exit plans, i.e. what if your project funding finishes and you need to leave the community?</p>



Lessons from communities

Sierra Leone
Rugiatu
Neneh Turay

Lamin Massaquoi (LM): Also as a Sierra Leonean, in line with Ariefab's question: the critical question is, can you realistically separate the concept of bondo and the concept of FGM? Are they inseparable? My cousin said no. Message is "let's continue with bondo, but leave cutting". But if people believe it can't be separated, then is ARP the right approach?

Alice Crookenden (AC): This is very interesting, and something that we are trying to figure out in Samburu. Can you separate the culture from FGM/C, when there are so many rites (aside from the girls graduation), that relate to it?

Owolabi Bjällkander (OB): I am a researcher on FGM from Sierra Leone, and I have found communities in SL where cutting is done outside the Bondo Society. I have also heard of initiation ceremonies that used to happen in southern districts where girls became bondo members without any cutting.

Rugiatu (RNT): At the beginning, people said it's not possible to do bondo without cutting. Families take their kids to hospital for FGM. They cut girls without training. We are saying: remove the cutting, let's focus on the training which has been the key theme and reason to keep bondo.

Harriet Ndagire (HN): Are there any follow-up interventions after the bondo events?

CL: Showing an actual film of circumcision informs men what FGM actually is and influences their denunciation. Some have never seen the reproductive health organs and they ask a lot of questions that bring engagement on sexuality.

LH: Point taken, Leshore. But I've seen graphic films of babies being cut, shown to kids [at an ARP] who screamed their heads off. Is that not traumatising? It also doubly abuses the children who are shown being cut.

Ariefab Kumara (AK): My question was the separation of bondo from FGM. Bondo is another word for FGM. Bondo is the local language and FGM is the cutting. the questions are: a) how to separate bondo from FGM; b) sustainability plans.

HN: So shall you achieve reducing FGM if bondo is managed and cutting continues?



Lessons from communities

Plenary

KNJ: Where ARP is being used it seems to be deeply embedded into programmes to encourage abandonment. Is it possible to actually find out the impact of the ARP element? How are people monitoring and what data is being collected?

Alice Crookenden (AC): We promote the Loita Rite of Passage (LRP), but we leave it up to families to carry out LRP or not. We created it with community and leaders and then promoted it. But we never paid for any ceremonies, nor attended them; we leave families to decide whether they want to pick it up. Monitoring is very hard, because we're not involved in it. We've done surveys during Dec-Jan season, when most ceremonies are carried out, to ascertain how many families have graduated girls through LRP or traditional FGM or "kisasa" (Swahili for "modern", used to refer to "less severe" forms of cutting, usually type I). Historically, it has been a good way of following up on the percentage of communities moving on to LRP. But patterns have been disrupted, and now it's happening throughout the whole year. SAFE Maa is trying to figure out more continuous monitoring. Cutting at night and secret cutting makes it hard to tell what's going on. Trying to involve more community members and girls in the programme to get more accurate reading.

LH: So how do you know, Alice, whether families left to their own devices don't cut? Since it's done in private and there are no witnesses, moreover it's left to former cutters to do the new rite.

AC: This is a real challenge. We have to ensure that the community trusts us enough to give us an honest report of what is happening. The outreach officers often find that if a girl has actually been cut, even if the family claims that she has been through the LRP, there are friends and neighbours who know about it. Outreach officers do a thorough investigation to find out. But it is becoming harder to know, as more people are arrested and fear increases.

LH: Thanks. I'm sceptical, as you can tell! I reckon there's a lot of 'faking' going on. By that I mean cutters have agreed with girls and mothers to practise Type 4, but they keep this secret from the men and rest of the community. Without actually witnessing the practice, no one else can ascertain what it consists of.

AC: This is true. But there are also cutters who do not cut girls, and then people they have. So it is working both ways.



Lessons from communities

Plenary

Charles Leshore (CL): It works both sides, once they see then they ensure that no girls go through the cut, report and these girls become keepers of their peers. Trauma in my case has a huge impact on sustained intergeneration dialogues. In Kajiado cutters have surrendered and await a public declaration by the 9 Maasai clans [that is due] before the end of 2022. It is within the presidential directive and legacy framework in Kenya.

AK: Community assessment before going in. Each year, we call community stakeholders and beneficiaries, discuss challenges and successes, and numbers. Last year, about 20 people went through FGM. How many people this year? A concept was shared with UNFPA and it may have gone silent due to the election. This declaration will be witnessed by the Maasai parliament in Tanzania.

Brian Katungi (BK): We need to take a whole community approach. Consider power relations that males/fathers determine and influence girls to be cut.

LH: But making declarations does not necessarily lead to actual change, or indicate that change has taken place.

Namulindwa Shibah (NS): Surveillance and monitoring to track and monitor.

Shinina Shani (SS): There is a need for coordinated data collection and reporting structures with a portal where all players forward the information about interventions, successes, challenges and lessons learned. Regular review meetings among key players and with the community.

CL: The declaration starts with denunciation by the parents of the girls and a collective declaration by community traditional leaders witnessed by politicians and churches, activists, governments and the girls.

LH: Yes. But the fact of the declaration does not necessarily lead to behaviour change.



Research impact on the impact of ARP

Responders	Comments / Questions from participants
<p>Hannelore Van Bavel University of Bristol</p>	<p>Thank you, Samuel and Brian, for those thought-provoking presentations.</p> <p>I want to start by providing some background to today's discussion on Evidence on the Impact of ARP. Katy and I started this webinar series exactly because there is a lack of research on ARP, despite its popularity among funders and NGOs.</p> <p>At the first webinar, back in November 2021, Lamin presented a systematic review of existing studies on ARP commissioned by UNFPA and conducted by him and his colleagues. Lamin, please correct me if I'm wrong. Based on 31 articles, they concluded that there is evidence to say that ARPs were effective at increasing knowledge about the potential risks of FGM, but that there was lack of evidence on ARP's effectiveness in reducing FGM/C prevalence.</p> <p>The systematic review mentioned Dr Muhula's study on Amref's CL-ARP as one of the exceptions. Why? Because it used a difference-in-difference design, or quasi-experimental design, that in theory would allow one to measure the impact of the CL-ARP.</p> <p>Simply put, difference-in-difference studies compare one group (for example a village) that has received an intervention with another group or village that has not received the intervention. What is crucial is that the two groups or villages are comparable, in terms of ethnicity, socio-cultural characteristics, national policy and legislation, and so on. Why is this important? To make sure that the differences that we measure are indeed attributable to the intervention and not, say, to the fact that one village was exposed to a radio talk show on FGM and the other village was not.</p> <p>To compare two villages that are comparable, we need data on both villages. And this kind of data is often not available. The DHS for example, only has data available on county level. And therefore, a difference-in-difference study based on the DHS leads to comparing counties. But I think it is fair to say that counties are not easily comparable. Marsabit and Kajiado, for example, have a very different ethnic or tribal makeup - and in both counties, various other NGOs, churches, and so on are also active against FGM/C.</p> <p>So I think one thing we should think about is: if difference-in-difference studies are indeed the gold standard to measure the impact of ARP, what kind of data do we need to have reliable findings? And how can we collect this data? What kind of financial and human resources do we need? What kind of collaborations between NGOs and international or external researchers do we need? Can local universities be involved?</p> <p>And perhaps the other question is also: are difference-in-difference studies indeed the best way to quantify ARP impact? And perhaps Mhairi, you want to say a bit more about that in a moment.</p> <p>The strength of the AMREF study lies in its use of mixed-methods. As a social anthropologist, I am happy and grateful that there seems to be a growing recognition that we need both quantitative and qualitative research to measure and understand how change happens.</p> <p>Both the AMREF and the UNFPA study use qualitative methods such as in-depth interviews, key informant interviews, and FGD (focus group discussions). I think these are really important to capture community perception of what kind of change has been happening, and what they attribute this change to. Interviews and FGDs can also capture the more ambitious and sometimes contradictory attitudes and behaviours people have regarding FGM/C and related issues.</p> <p>I've done ethnographic research on SAFE Maa's interventions in Loita, but I'll let Sarah and Alice talk more about how they think their intervention can be studied, and I'll chip in if appropriate.</p>



Research impact on the impact of ARP

Presentation	Comments / Questions from participants
<p>Samuel Muhula AMREF</p>	<p>Lamin Massaquoi (LM): Always great to hear you share your study, Samuel. A question I have always had is whether or not counties (control vs intervention) were investigated for other social norm change interventions that were not ARP? Did the control or observed community have more/less of those interventions? How do you account for the magnitude/scale of these interventions?</p> <p>Charles Leshore (CL): What made teenage pregnancy (TP) increase significantly in 2020?</p> <p>Katy Newell-Jones (KNJ): COVID and closure of schools, etc. might have had an impact on TP in 2020.</p> <p>Mhairi Gibson (MG): What were the baseline rates of FGM/C in the control and intervention groups?</p> <p>Jane Kigen (JK): AMREF has developed a good document on girl-centred curriculum. Do you include girls who have been cut in the ARP or other girl-only spaces?</p> <p>Lotte Hughes (LH): What about other factors that might have influenced FGM/C decline in Kajiado, such as education, church, other NGOs' ARPs?</p> <p>KNJ: Did the qualitative interviews give you an idea of the level of support for CL-ARP at community level? Who is supporting and who is opposing?</p>
<p>Katungi Brian Consultant UNFPA</p>	<p>Charles Leshore (CL): Explain the observation where communities see the practice differently from NGOs. Interesting symbolic significance.</p> <p>Katy Newell-Jones (KNJ): Were there also differences in the way men and women in the community see the practice, and how women and men see ARP?</p> <p>Alice Crookenden (AC): Was the final conclusion that ARP was not effective in this setting?</p> <p>Meltem Agduk (MA): So ARP is not transformational?</p> <p>CL: Access to information to inform decisions, enabling environment and services by girls are key elements of ARP in SRHR.</p> <p>KNJ: You talk about girls needing to learn about being an 'effective' wife and mother. Do you also advocate for awareness raising with men and boys on their roles</p>



Research impact on the impact of ARP

Responders	Comments / Questions from participants
<p>Alice Crookenden / Sarah Tenoi SAFE Maa</p>	<p>No long-term follow-up with girls and families. General community rather ARP girls and families surveyed. Difficult to know whether it's the ARP, other parts of the wider programme, or other elements like education, that impact on FGM/C reduction. We would like to see: follow ups with girls and their families (6 months, 5 years, 10 years) to ask about their experiences and see how their lives turned out. From our work: although FGC is a community practice and influenced by the social life of the community, it's also a personal decision. Why did a girl from one family go through LRP and her family accepted it, whereas another girl who went through LRP but then parents decided that it doesn't meet their requirements and she still needs to be cut?</p> <p>Which other factors influence? Loss of income, drought, COVID-19, or maybe the family they wanted to marry into said that FGC was an absolute necessity? This kind of research can tell NGOs: if we do an ARP, what else do we need to make sure it's sustainable? e.g. income- generating activities during times of drought, access to schools. What kind of services do we need to provide along with the ARP?</p> <p>Challenge to have this kind of long-term follow-up, also donors might want faster data.</p> <p>Lotte Hughes (LH): Dare I say the unsayable. Is it time to allow an unbanned Type 4? Surely a small nick on the inside of the thigh is better than types 1-3?</p>



Research impact on the impact of ARP

Responders	Comments / Questions from participants
<p>Mhairi Gibson University of Bristol</p>	<p>https://www.socialscisceregistry.org/trials/4517</p> <p>Brian Katungi (KB): Randomised trial in Sierra Leone sounds interesting.</p> <p>KNJ: Event history sounds fascinating as it mirrors how community members often talk about changes in their communities. Floods, droughts, COVID, etc. Please do pass us some literature references.</p> <p>KNJ: How practical would it be for researchers with expertise in these kinds of approaches partnering with NGOs/CSOs?</p> <p>Mhairi Gibson (MG): Techniques for data collection are quite easy, and designed to be used in the field. They are more participatory than standard questionnaires. Academic collaborators to help with analysis.</p> <p>Charles Leshore (CL): Quite a number of studies on themes such as interventions and programmes, SDGs like no. 5, human rights, and sociocultural.</p> <p>MG: Here are 3 references using event history analysis and calendars:</p> <p>Rural to Urban Migration Is an Unforeseen Impact of Development Intervention in Ethiopia PLOS ONE</p> <p>Rural to Urban Migration Is an Unforeseen Impact of Development Intervention in Ethiopia PLOS ONE</p> <p>An Energy-Saving Development Initiative Increases Birth Rate and Childhood Malnutrition in Rural Ethiopia PLOS Medicine</p>



Final reflections

Stakeholder	Comments
Meltem Agduk UNFPA	<ul style="list-style-type: none">• Multi-sectoral engagement• Holistic community involvement, including men and boys• Essential to keep up to date on changes• Health and psychological issues• ARP as an empowerment programme - power challenges - gender equality - gender transformation• Need data. Without data we can't develop or change a programme• Need to examine the curricula of ARPs