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LEARNING BRIEF

Learning and Adaptation Report: Ending FGM in Ethiopia

Community-led approaches in Amhara

12th March 2025

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Learning and Adaptation Report: **Ending FGM in Ethiopia**

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EXECUTIVE SUMMARY

This Learning and Adaptation report shares early results and learning from TGG-ALM's community engagement initiatives to end FGM in Amhara, Ethiopia. These include a small grants mechanism, intergenerational dialogues, and peer discussions for youth. Despite conflict in the region requiring the programme to briefly pause implementation and adjust modes of delivery (such as shifting peer discussions from schools to churches, and supporting local champions to deliver more activities), early programme results are positive.

Qualitative and quantitative data suggest that attitudes towards FGM and gender equality are moving in a positive direction, and that a groundswell of public opinion is building towards abandoning FGM. This is the result of sustained engagement over time, and the proactive involvement of a range of influential community actors including religious leaders, youth, health workers, and women's rights networks. The grants mechanism, a community-driven approach, is successfully fostering collective efforts to protect girls. Through this approach, local leaders are becoming strong advocates for the abandonment of FGM.

Learning from the programme validates existing technical guidance on ending FGM in this context and highlights the potential importance of innovative approaches such as promoting the leadership of survivors and 'model couples' (early adopters of FGM abandonment) as advocates.

INTRODUCTION

TGG-ALM is an adaptive, learning programme, with a focus on generating evidence of what works (and what does not work) to end FGM in different contexts. The programme co-creates, implements, tests and adapts girl-centred interventions at multiple levels of society. This report shares learning and early results from community engagement approaches to ending FGM: a small grants mechanism (led by Options); and delivery of peer discussion sessions with girls and boys, and community dialogues through community champions (led by ActionAid Ethiopia (AAE)). These interventions are in Farta and Guna woredas (districts) of South Gonder Zone, Amhara region, where FGM prevalence is 62%[1]

[1] DHS 2016

. The report shares learning gathered while delivering the programme in a conflict setting, under a state of emergency.

BACKGROUND

TGG-ALM aims to accelerate positive changes in social attitudes towards ending FGM. 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 are free from all forms of violence, including FGM. Girls are at the heart of programme design and implementation. The intended impact is a reduction in FGM by 2027 in focal regions of Kenya, Somaliland, Senegal, and Ethiopia. TGG-ALM began in Amhara in April 2022. In August 2023, conflict broke out, and a state of emergency was declared, resulting in restrictions on movement and communications (including internet), and bans on large public gatherings.

OVERVIEW OF INTERVENTIONS

The theory of change for both peer discussions (for youth) and intergenerational dialogues (for the wider community) is that by addressing information gaps and misconceptions around FGM (e.g. that it does not have harmful physical/mental impacts, that it is not a form of violence, that it is required by social expectations, religion, or marriageability), community members (girls, boys, men, women, health professionals, religious leaders, etc.) can be supported to end FGM through positive shifts in attitudes and behaviours. This requires engaging target groups in sustained, informative and structured discussions which provide a safe and encouraging space to challenge existing beliefs about FGM.

Intergenerational dialogues play a pivotal role in dismantling the social norms that underpin forms of violence such as FGM through education, collaboration with religious and elder leaders, and sustained dialogue across formal and informal platforms. The dialogues are led by local champions who engage community members through trust and existing relationships, and support discussions about sometimes taboo topics such as FGM. These dialogues address FGM and wider rights violations against women and girls. Meetings take place monthly and involve a broad range of approximately 50 community participants per location, including men and women, religious and clan leaders, medical professionals, and law enforcement officers. In addition to formal monthly activities, champions conduct regular discussions through other channels, including religious platforms (e.g. weekly church sermons, framing FGM as incompatible with faith) and Women's Watch Group[2] meetings (where regular dialogues are held to foster solidarity and advocacy).

AAE has also supported and trained champions to promote organised social diffusion: cascading programme messaging to others in their social network who have directly participated in programme interventions. This could include hearing information in churches and funeral ceremonies from priests creating awareness about FGM. This is a key scaling and sustainability approach for TGG-ALM.

Peer discussions/clubs follow a girl-centred approach, empowering participants to lead conversations about FGM, centring experiences and voices of girls, and supporting boys as allies who speak up against FGM. Discussions follow a structured approach: using a Facilitation Manual, participants are guided through 23 separate sessions covering topics such as bodily autonomy, sexual and reproductive health and rights, violence against women and girls and FGM, leadership and

[2] These are anti-gender-based violence forums which report cases of FGM and support prevention efforts.

decision making, education and rights. They receive comprehensive training and mentoring, and have access to safe spaces to discuss issues impacting their lives, including FGM and other forms of violence. Discussions are led by Volunteer Community Facilitators[3] (VCFs) in coordination with wider community structures. For example, when discussions were re-started after a period of conflict, refresher training was delivered with Women's Watch Groups and local leaders, to ensure buy-in and coordination across different mechanisms to address violence.

Grants mechanism: The grants mechanism is a key intervention for TGG-ALM. It channels financial and technical support to small and/or new community-based organisations (CBOs), who are close to where FGM occurs, to equip them to lead transformative and sustainable change within communities. The mechanism is grounded in feminist funding principles. Grantee partners are women, girl and youth-led grassroots organisations, including survivors and activists. A gender equity lens is applied to partner selection: the involvement of men is actively encouraged, balanced with the importance of centring women and girls, and FGM survivors in particular.

The theory of change for the grants mechanism is that by providing financial resources, organisational development and technical support, frontline organisations - already recognised in their communities for their commitment to ending FGM - can expand social change initiatives, develop leadership, and strengthen their organisations to continue their work sustainably. Frontline organisations are best placed to design and implement local end FGM initiatives that are responsive to local contexts, and which build on existing relationships of trust and influence.

Grants set up: The first step was a scoping and validation exercise, mapping out potential partners. Selection of grantee partners was guided by consultations with consortium partners and local grants advisory committees (GACs), which were set up by Options, and whose members come from the local community and are familiar with the FGM ecosystem. First-time recipients of any grants are prioritised, based on their reputation and existing end FGM work. This locally led selection process ensures that resources flow directly to those best-placed to work on ending FGM, regardless of their ability to compete in a grants application process.

The first cohort of six grantee partners, selected in August 2023, have had one year of support. Grants are reviewed and issued on an annual basis with the intention to fund for as long as possible (within programme timelines), and where appropriate, to graduate smaller grants to larger grants, subject to grantee partner performance and availability of funds. An up-to-date list of grantee partners is available on the programme website.

Box 1: Types of Grants

Grant values and types are categorised as follows:

1. Small grants: up to £2,000, for small local organisations who may be first-time recipients of any formal funding and might not meet typical due diligence criteria (legal, financial, or operational).
2. Medium grants: up to £20,000 per year, for more established community-based organisations who meet more stringent due diligence criteria and have some track record in managing grants.
3. Anchor grants: up to £100,000 per year, for larger, well-established organisations who will provide

[3] VCFs are volunteers with AAE for TGG-ALM who facilitate dialogues at the community level, organise awareness creation workshops and represent AAE and TGG-ALM at community level. They receive training and support from AAE through the programme, and are also connected to other community structures and stakeholders for overall coordination against FGM.

capacity development support to nearby small and medium grantee partners. There is typically one anchor grant awarded in each sub-national area.

4. Travel grants: Individuals receive up to £3,500 to participate in movement-building events related to ending FGM.

METHODOLOGY

This report draws on the following data and evidence:

- Quantitative data on changes in knowledge, attitudes and beliefs among boys and girls in peer discussions, and participants in intergenerational dialogues
- Qualitative data on intergenerational dialogues and on initial results from social diffusion work led by intergenerational dialogue champions.
- Review of grants mechanism documents (from Options and grantee partners, including qualitative data, work plans, project designs, progress reports (including narrative reports, reported results, lessons learned, challenges and case studies), and reflections from the grants team.

The conflict in Amhara led to limitations in regular data collection in 2023 and early 2024. Data from peer discussions come from August and December 2024. The methodology was a quantitative survey (before and after cross-sectional study) with girls and boys (aged 10 to 17 years) who had been attending boys' and girls' forums, where peer discussions are delivered. The baseline sample size was Guna 151, Farta 197. The endline was Guna 119; Farta 103[4] . Data was collected using a structured questionnaire administered by trained data collectors. The data was verified and checked for completeness daily. It was analysed using Microsoft Excel to generate woreda-specific data.

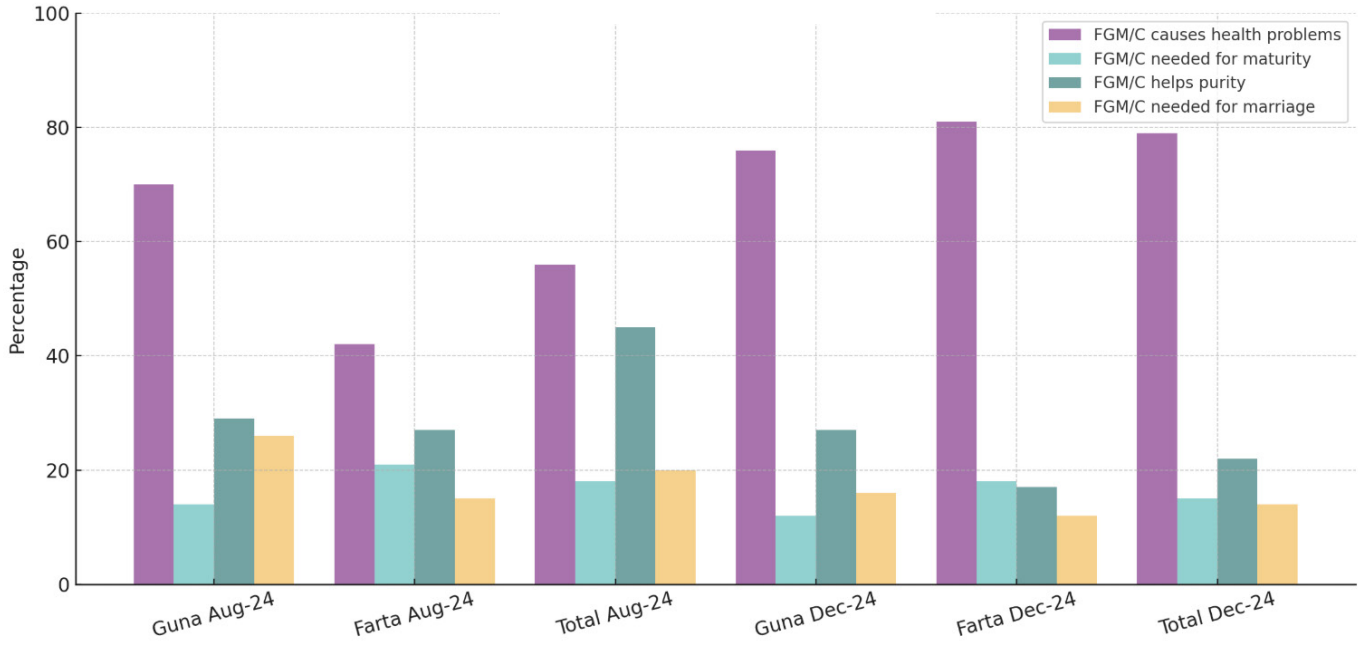
For intergenerational dialogues, AAE assessed progress through quantitative and qualitative data, namely survey data, Focus Group Discussions (FGDs) with participating community members, and collecting stories of change. FGDs were held in October 2024, with stories of change collected on an ongoing basis, most recently in December 2024. To assess initial impacts of social diffusion work, FGDs were conducted in February 2025 with intergenerational dialogue champions who have been leading this work .

FINDINGS

Findings from Peer discussions

Survey results from peer discussion participants show positive changes across indicators on knowledge, attitudes and beliefs (see figure 1 below). Notably, the percentage of youth agreeing with the statement that 'FGM causes health problems' rose from 56% in August to 79% by December. The percentage agreeing with the statement that FGM 'helps make women and girls pure' fell from 45% to 23%. The other two indicators in the graph below (which had lower initial levels of support towards FGM) also moved in a positive direction but less dramatically: the percentage who agreed that 'FGM is needed to help a girl become mature' fell from 18% to 15%, and the percentage who agreed that 'FGM is needed for a girl to get married' fell from 20% to 14%.

Figure 1: Changes in beliefs about FGM/C



Qualitative feedback echoes the survey results:

"My attitudes on FGM have changed" Story of Berhanu, 18-year-old male, Amhara

Berhanu is a student and participated in TGG-ALM school peer discussions in 2023.

"After my participation in peer discussions, currently I have a negative attitude towards FGM and understand that it is a harmful practice that exposes girls and women to different health problems [...] because of a sustained peer discussion on the impact of FGM many young men like me believe FGM has no more importance and is causing health problems on our sisters [...]. The intervention supported me and my classmates although the security is challenging, to somehow work on the young population, awareness raising and to move together; then they will have the potential to convince their families to shift the community attitudes [towards FGM] to not [cut] their daughters in our communities, together with religious leaders and health extension workers."

Findings of the intergenerational dialogues

FGD participants described the community's initial resistance to the programme. When FGM was introduced as a topic, many community members dismissed it as trivial. Some reacted with mockery, ridicule, or discomfort, particularly towards women facilitators and women's working groups, who were perceived as "immoral" for openly discussing sexual anatomy and FGM. Advocating for gender equality and explaining the harms of FGM required persistent effort, as the community struggled to take these messages seriously. Gradually, attitudes shifted through:

- **Collaboration with influential figures:** Religious leaders and health extension workers joined the dialogue, lending credibility to the cause.
- **Personal testimonies:** Community members who experienced severe consequences of FGM—such as childbirth complications, loss of sexual desire, or divorce due to marital strain—shared their stories publicly.

- **Visible health crises:** Instances of infant deaths from FGM-related bleeding, prolonged labour pain in survivors, and other medical emergencies linked to FGM forced the community to confront its harms.

Figure 2: Shift in Egalitarian Beliefs about men and women/boys and girls. including gender roles

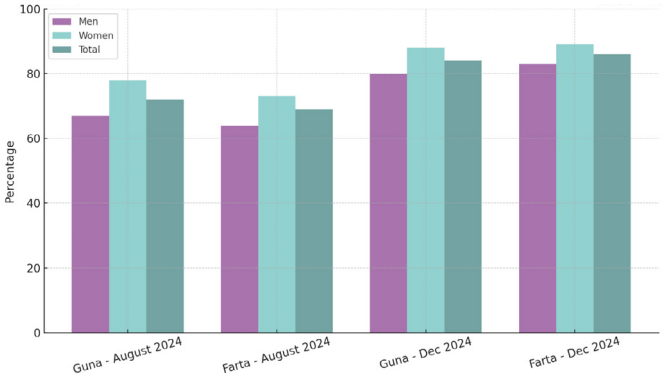


Figure 2 shows that following participation in intergenerational dialogues, there was a shift from 71% to 86% of sampled participants expressing egalitarian beliefs, with positive improvements among both men and women. Egalitarian beliefs are measured through questions including: 'Do you think it is important that sons have more education than daughters?' and 'Do you think a woman's only role is to take care of the home, husband, and the children, and cook for the family?'.

Today, most community members acknowledge that FGM has no benefits and causes profound harm. Key indicators of progress include:

- **Youth advocacy:** Students who participate in peer discussions now educate their families, urging them to abandon FGM.
- **Behavioural shifts:** Reformed FGM practitioners have publicly renounced the practice and joined advocacy efforts.
- **Community mobilization:** there is broad participation in campaigns to end FGM, which reflects growing consensus against the practice.

FINDINGS FROM GRANTS

The review highlighted the varied ways in which grantee partners approach ending FGM, and some of the early positive results they are reporting:

Community Awareness and Sensitization: These efforts are at the core of grantee partners' strategies. They organise community dialogues, sensitisation meetings, and awareness campaigns to educate local communities on the dangers of FGM and to challenge deep-rooted cultural norms that perpetuate FGM. By using various platforms, including public gatherings and informal meetings, grantee partners ensure communities receive clear and consistent messages about the harmful effects of FGM. Additionally, collaboration with Iddir leaders, religious leaders, and local influencers enhances credibility and effectiveness, as these respected figures play a crucial role in shaping community attitudes and behaviours. Grantee partners ensure that messages against FGM reach diverse segments of society.

Grantee partners report that these efforts have led to a noticeable **shift in attitudes towards FGM**, particularly among women, youth, and religious leaders. Many community members now openly discuss the harmful effects of FGM, and there is growing support for its abandonment. Religious leaders are increasingly advocating against FGM, reinforcing that it is not a religious requirement. Community leaders have also emerged as **vocal advocates**, using their influence to spread messages to protect girls and to reinforce the importance of abandoning FGM.

Local women's groups and grassroots community activists have played a pivotal role in fostering solidarity and support networks to protect girls from FGM. Through **ongoing**

[2] In this context, modern is understood as the girl attending school, being well informed on her rights and opportunities and being exposed to different ideas and perspectives. Also sometimes conflated as urban.

home visits and village dialogues, these groups have strengthened community ties and created shared responsibility for the wellbeing of girls and women. Their collective efforts have **reinforced community-wide commitments** to abandoning FGM and ensuring at-risk girls receive protection. A compelling example is that of a respected priest, who engaged in discussions with a mother about her newborn daughter's future. He helped her realise that FGM had no religious basis and only caused harm. His message inspired other community leaders to organise village-wide dialogues. These discussions **sparked a movement,** leading to a unanimous decision by the community to protect girls from FGM.

Another powerful example is the story of an 18-year-old girl who actively opposed FGM after participating in community discussion sessions. With her newfound knowledge, she persuaded her mother and older sister to abandon FGM, ensuring that a newborn relative would not be subjected to it. Her advocacy was also celebrated by the wider community. This shift shows the growing role of **youth in challenging violence** and promoting change within their communities.

Engagement of Men and Boys: Recognising the significant role that men play in shaping community norms, grantee partners include male engagement as a key strategy. Fathers, husbands, community elders, and young men are engaged in dialogue sessions, workshops, and sensitisation forums to challenge the traditional beliefs that support FGM. These discussions provide a platform for men to address perceptions of FGM and explore their role in protecting girls and women. This helps communities move towards collective action against FGM, rather than seeing it as solely a women's issue. Community-based male role models who publicly advocate against FGM also play a critical role in shifting attitudes and promoting behaviour change within their peer groups.

Schools and Youth Engagement: Schools serve as important spaces for preventing FGM and empowering young people with the knowledge to protect themselves and others. Grantee partners establish and strengthen school-based clubs and peer education groups (such as safe space dialogues for girls) to provide students with accurate information about FGM and gender rights. These initiatives empower girls and boys to advocate for their rights and challenge cultural pressures that normalise FGM. However, these interventions faced challenges as schools remained closed for much of the implementation period due to conflict. Despite these challenges, grantee partners made efforts to engage young people through alternative approaches where possible (see section on 'challenges' below).

Survivor Support: Supporting FGM survivors is a key aspect of grantee partners' approaches. Through psychosocial support, counselling services, and survivor networks, they provide safe spaces for survivors to heal, share their experiences, and build confidence. Referral mechanisms are also established to ensure survivors can access medical care and legal support where needed. However, there was limited provision of economic empowerment initiatives, such as vocational training, to help survivors become financially independent, reducing their vulnerability to further harm. Where possible, grantee partners linked survivors to other initiatives or networks in the community that could support them in this way. This gap in support structures limited grantee partners' ability to address the broader socio-economic needs of communities, which could have enhanced the overall sustainability of the intervention.

Model Couples: A notable approach emerging is the engagement of model couples as end FGM advocates. A grantee has identified and trained couples who have made a conscious decision to reject FGM in their own families.

These couples serve as role models within their communities, using their personal experiences to influence others. Early results indicate that this approach has been effective in shifting perceptions around FGM. Model couples have been actively sharing their stories in community dialogues, demonstrating how rejecting FGM aligns with healthier family relationships and improved wellbeing for girls. Their testimonies have inspired other families to reconsider the practice, leading to growing conversations around alternative rites of passage that do not involve harm. The influence of these couples, combined with wider awareness efforts, is helping to normalise the idea that abandoning FGM is not only possible but beneficial for the entire community.

Training and capacity-strengthening efforts focus on empowering community actors with the knowledge and skills needed to lead end-FGM initiatives. Grantee partners provide structured training sessions for religious leaders, Iddir groups, women's groups, health professionals, and CBOs, encouraging them to become advocates for change. This equips them with evidence-based information on the health, social, and legal consequences of FGM, enabling them to educate and influence their respective communities effectively.

Organisational strengthening: The grants mechanism supports grantee partners to strengthen their institutional capacity. This includes training on effective project implementation, financial management, monitoring, evaluation and learning (MEL), and advocacy strategies. Enhancing the technical and operational capacity of grantee partners, the programme ensures that interventions are well-coordinated, impactful, and sustainable. A focus on peer-to-peer learning and mentorship further strengthens local ownership and long-term commitment to ending FGM.

CHALLENGES

The ongoing conflict in the region has hindered activities, including the ability to safely carry out field visits, postnatal monitoring visits (to prevent FGM among newborn baby girls), provide psychosocial support, and hold large community gatherings. It also disrupted school-based activities, affecting implementation of many educational interventions targeting youth. Grantee partners reported that the conflict exacerbated the vulnerability of girls to violence including sexual violence, abduction, and early marriage, as schools were closed, and mobility was restricted. These circumstances limited the overall reach and effectiveness of certain interventions, particularly in remote areas.

In response, grantee partners adapted by shifting their focus to community-level interventions, such as home visits, local dialogues, and partnerships with community leaders and health workers. Additionally, churches and other safe community settings were used to reach some of schoolgirls and boys, ensuring continued engagement and awareness-raising. These adjustments maintained momentum while also protecting the affected youth.

AAE responded to the conflict by implementing a conflict sensitive approach and adapting implementation strategies, however, many community interventions were paused for a period. In addition to monitoring the security context and working with local actors and community members to ensure staff and participant safety, central to adaptations was strengthening the capacity of community and grassroots actors (including VCFs) who supported the continued running and eventual resumption of programme delivery. When security allowed, AAE was able to adapt the delivery of peer discussions to hold them in out of school settings, as schools remained

closed. AAE has now successfully restarted all community interventions including the regular delivery of the peer discussions and community dialogues, reaching 1,000 youth (750 girls, 250 boys) via peer discussions and 500 community members (250 men, 250 women) via dialogues in the most recent programme quarter alone.

Scale and sustainability strategies – social diffusion findings

In the FGDs, the most common channels for social diffusion were mentioned as schools, weddings, funeral ceremonies, and churches. The most influential actors were noted as priests, Iddir leaders, CBOs, members of peer discussion groups, Health Extension Workers (HEWs), and merchants. FGD participants shared how they spread programme messages to areas outside their communities. They explained that they teach people in nearby villages and other places, even when traveling for family visits, ceremonies, or religious holidays. For example:

- One participant taught about FGM at religious events at least four times a year
- Another shared the message with 100 people in a nearby village (kebele) when she was there for religious and cultural ceremonies.
- Some worked with local health workers to teach people in other areas during funeral times.
- Participants reported speaking with people from distant places while traveling to markets.

CONCLUSIONS, LESSONS LEARNED AND ADAPTATIONS

The evidence above suggests that approaches taken by AAE, the grants mechanism and grantee partners are having the desired effects. Even with the disruption due to conflict, quantitative data shows positive shifts in their knowledge, attitudes and beliefs towards FGM among boys, girls, and participants in dialogues. Intergenerational dialogue participants and grantee partners shared testimonies and stories of change showing how discussions have shifted people's views towards FGM, as well as concrete steps being taken towards its abandonment. FGD data from intergenerational dialogue champions provides examples of how programme messaging has been shared beyond the direct geographic footprint of TGG-ALM. By encouraging effective communication, empathy, understanding of diverse viewpoints, social skills development, and the creation of a more inclusive atmosphere, peer conversations between boys and girls are proving beneficial to both sexes, and contribute to the fight against gender stereotypes, biases and issues of gender-based violence.

Some key lessons learnt and adaptations from these interventions to inform continued TGG-ALM programming and the wider sector include:

Religious Leaders as Key Advocates for Change: Learnings in this context validate existing technical guidance on ending FGM on the importance of engaging religious leaders. When properly educated, they can play a powerful role in challenging FGM. Through discussions, it became evident to them that religious texts, such as the Qur'an and the Bible, do not support FGM, but rather promote values of dignity, well-being, and respect. This realization empowered religious leaders to use their influence to advocate for the abandonment of FGM. Grantee partners adapted by integrating these religious teachings into awareness

campaigns, encouraging religious leaders to incorporate anti-FGM messages into their sermons, discussions, and community outreach efforts. This approach has proven effective in overcoming cultural resistance rooted in misconceptions about religion. AAE also conclude that ongoing education is needed from religious leaders, HEWs and community educators. While awareness is growing, sustained interventions are crucial to ensure lasting change.

Success factors for continuing work during conflict: AAE's longstanding roots in these communities, and connections to local structures, supported the conflict sensitive approach and adaptations needed following the outbreak of conflict. Their ability to work with community actors, such as VCFs, HEWs, Women's Watch Group (WWG) members, etc., to support the continuation of programming was possible through the sustained support provided by TGG-ALM in the lead up to the conflict, and refresher trainings since. Supporting community members as agents of change, who take up implementation themselves, is contributing to the programme's sustainability approach.

Success factors for diffusion of shifting attitudes in communities: Ongoing, structured, informed discussions about FGM – through the peer discussions and dialogues – is contributing to shifts in knowledge and attitudes. However, informal channels have also been generated by community members taking up end-FGM messages themselves. A holistic approach, involving different stakeholders and representatives of community structures, helps collaboration across sectors towards addressing FGM, and has been observed to organically support social diffusion of end-FGM messaging. For example, WWG members, intergenerational dialogue champions and peer discussion VCFs advise pregnant women how to make safe delivery arrangements and receive quality prenatal care. Within their own families, they talk about alternatives to child marriage and FGM. Additionally, they provide WWGs with updates on support available, such as visits from HEWs who provide primary care in the villages. Therefore, social diffusion can occur through different coordination mechanisms and at cultural events in and outside TGG-ALM implementation areas.

Leveraging local advocates: Grantee partners' strategy of engaging survivors and model couples in promoting the abandonment of FGM has proven effective. Survivors shared their personal stories, encouraging others to reject FGM, while model couples, who demonstrated positive change, became role models for the community. Grantee partners adapted by expanding the use of both survivor advocates and model couples as community influencers. This approach created a ripple effect, motivating others to follow suit and fostering a broader commitment to abandoning FGM in the community.

Innovative Grants Mechanism: The grant-making mechanism is proving to be highly effective, due to its participatory and locally guided approach. The model allows the programme to support frontline CBOs that are often overlooked by other donors. By empowering local organisations with flexible funding, TGG-ALM ensures that interventions are tailored to the unique needs of communities, leading to impactful results. This inclusive approach not only builds local capacities but also fosters a sense of ownership and sustainability in communities.

A holistic assessment of TGG-ALM's work in Ethiopia will be published in mid-2025 ('Proof of Concept' assessment).

PROGRAMME TEAM

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ACKNOWLEDGEMENTS

Joanne Hemmings, Options (editorial support)

This brief was funded by UK Aid from the United Kingdom government via The Girl Generation: Support to the Africa-led Movement to End FGM programme. The views expressed do not necessarily reflect the UK government's official policies.

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