An estimated 5.5 million people across 8,830 communities across West Africa have publicly declared their abandonment of female genital mutilation/cutting (FGM/C) and early marriage, and the movement is still growing. A range of factors have contributed to these changes including Tostan’s Community Empowerment Programme (CEP). The CEP illustrates the transformational power of community-led participatory critical awareness raising and social learning processes to empower people, and support them to change norms and behaviours, and inspire a wider movement. In Senegal, by 2011 5,315 Tostan partner communities had participated in 56 public declarations to abandon FGM/C and it fell by more than half in participating villages. The programme has also had a positive impact across other aspects of gender equality and in governance, education, health, environment, and economy in a range of communities from eight countries in West and East Africa. (Djibouti, Guinea, Guinea-Bissau, Mali, Mauritania, Senegal, Somalia and Gambia).
ABOUT OXFAM’S INSPIRING BETTER FUTURES SERIES

The case study forms part of Oxfam’s Inspiring Better Futures case studies which aims to inspire, inform, and catalyse action to build a fairer, more caring and environmentally sustainable future. The 18 cases show that people are already successfully building better futures, benefiting millions of people, even against the odds in some of the world’s toughest and most fragile contexts in lower-income countries. The cases, which range from inspirational to strongly aspirational have all achieved change at scale by tackling underlying structural causes of poverty and economic, climate or gender injustice. Although conceived before the COVID-19 pandemic they provide compelling examples of how to build a just and green recovery and resilience to future shock. You can also read the series synthesis paper at this link.

© Oxfam International October 2020

This case study was written by Anam Parvez Butt. Oxfam acknowledges the assistance of Gannon Gillespie, Molly Melching, Kelsey Doyle, Francesca Moneti, Diane Gillespie, Helen Wishart, Filippo Artuso and Ruth Mayne in its production.

For further information on the issues raised in this paper please email rmayne1@oxfam.org.uk

The views and opinions expressed do not necessarily reflect those of Oxfam. Oxfam and the authors cannot be held responsible for any consequences arising from the use of information contained in this report.

This publication is copyrighted but the text may be used free of charge for the purposes of advocacy, campaigning, education, and research, provided that the source is acknowledged in full. The copyright holder requests that all such use be registered with them for impact assessment purposes. For copying in any other circumstances, or for re-use in other publications, or for translation or adaptation, permission must be secured and a fee may be charged. E-mail policyandpractice@oxfam.org.uk

The information in this publication is correct at the time of going to press.

DOI: 10.21201/2020.5860
Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford, OX4 2JY, UK.

Rates of Female Genital Mutilation/Cutting (FGM/C) have been falling across West Africa. One of the contributory factors has been the Community Empowerment Program (CEP). The CEP is a three year long, holistic, human rights-based and participatory education programme that aims to empower communities in resource-poor rural areas in West Africa to improve their own lives and wellbeing by identifying and then collectively working towards a vision and corresponding goals. The programme is run by Tostan, an International NGO based in West Africa supported by a range of donors. It is one of a number of initiatives by government agencies and civil society actors to reduce FGM/C in Senegal and across the region. The CEP has three main components:

- **Human rights-based education classes** in local languages, which foster group discussions and learning on democracy, human rights, problem solving, hygiene and health (including practices that are harmful to health, especially to women’s health, such as child marriage and teenage pregnancy, and FGM/C) and provide training on literacy, numeracy, project management and problem solving to partnering villages (Tostan, 2011). The classes are facilitated by local Tostan agents who live in the community over the three-year period.

- **The establishment of a Community Management Committee (CMC)**, a local governance body with at least 50% women, set up at the outset of the program and selected by the community to provide leadership to advance agreed upon goals stemming from the common vision, the understanding of human rights and the capacity gained in problem solving. (Tostan, 2018)

- **Organized diffusion** whereby those attending the classes spread their learning amongst peers, family and community members, and CMC members in their localities, as well as in neighbouring villages, mobilizing others to join the movement to shift harmful social norms and behaviours. In almost all cases, this component would lead to inter-village public declarations in which communities publicly announce the abandonment of traditional practices, such as FGM/C and child marriage. (Cislaghi et al. 2019).

Evidence shows that the CEP has had a positive impact across a range of areas including governance, education, health, environment, and economy (Cisse et al. 2018) in a range of West African countries. This case study focuses on its impact on addressing gender injustices, particularly female genital mutilation/cutting and child marriage in Senegal. Evidence from rural Senegal shows that the CEP has:

- Substantially enhanced participants’ knowledge and expression of human rights and gender equality;

- Strengthened women’s self-awareness and sense of self-worth and individual agency;

- Led to less rigid gendered roles with indications of men taking up
more caring responsibilities and women entering public spaces and taking on leadership positions with enhanced voice and agency;  

• Changed norms sustaining female genital mutilation/cutting (FGM/C) leading to reductions in the estimated rate and frequency of FGM/C and child/forced marriage (CFM) in participating villages, lower social acceptance of the practices as well as other positive gender related outcomes (Diop et al. 2004; 2008, UNICEF 2008, CRDH 2010);  

• According to an expert longitudinal study in rural Senegal, the estimated rate of FGM/C fell in CEP villages from 65% to 15%, while for control villages they fell from 86% to 47%;  

• A quantitative impact evaluation (Diop et. al, 2004) showed that the CEP had contributed to reducing gender-based violence among participating communities from 86% to 27%.  

Quantitative research reveals the programme has contributed to reducing child marriage, though this has impacted girls marrying before the age of 15 and not those marrying before the age of 18 (UNICEF, 2008).  

Based on these results and an evaluation carried out by the Government of Senegal in 2008, the Tostan approach was adopted by the Government of Senegal in its National Action Plan for the Abandonment of Female Genital Cutting for 2005-2010 and 2010-2015.  

The movement to abandon FGM/C and child marriage continues to grow in West Africa. By 2019, as a result of the dynamics promoted the CEP, an estimated 5.5 million people across some 8,830 African communities in eight countries have joined the movement to abandon FGM/C and other harmful practices, and the momentum is still growing.  

Participatory education programmes like the CEP can also play an important role in helping build resilience to and preparedness for health pandemics such as COVID-19 and other possible future shocks. During outbreaks of COVID-19 the local trained committees and leaders are helping to raise community awareness, improve understanding of health and hygiene, (especially for women and girls who may not have had access to formal school), mobilize mutual support and provide information about the virus (what it is, how to prevent its spread and what to do if you get it). This work is backed by regular radio broadcasts and two illustrated booklets produced by Tostan about the COVID-19 pandemic, one of which provides an Islamic perspective. (Melching, 2020, Personal communication, 8th September).  

KEY INSIGHTS  

The CEP creates participatory safe spaces with a transformative curriculum where people themselves can identify problems in the existing normative status quo and work to change gender norms around voice, agency, roles and responsibilities, health, child marriage and FGM/C. The approach provides an important voluntary and bottom up complementary approach to government legislation, which on its own,
was unlikely to achieve desired mass shifts in deeply rooted social norms and behaviours.

The CEP’s positive impact to date highlights the enduring and transformational power of group-based participatory critical awareness raising (Freire, 1972) and social learning (Bandura, 1977) processes to change consciousness, empower people and enable them to shift norms, behaviours and practices from within and improve wellbeing. Some of the features of the CEP that enable successful impacts and scaling include the following:

• It provides a safe space in which participants and local leaders carry out mobilization activities, host the facilitator and take ownership of the programme including defining and achieving their own vision.

• It facilitates the shift of community level social norms rather than focussing on individual attitudes. A cornerstone of norm change is the inter-village public declaration, coming as a high point of a process of organised diffusion among communities, which makes visible the changes that are happening and makes public the changed expectations and beliefs around FGM/C. What was previously a normal and expected practice becomes no longer acceptable.

• The community-based human rights education guides a ‘values deliberations process’ which enables participants to re-examine, relate and apply human rights to their own values, experiences, and aspirations.

• Principles of respect for everyone’s human rights and greater gender equality are discussed and agreed upon in the classes and then reinforced in practice by building the skills of women and girls to take on new roles, such as speaking in public, through role play and by enabling them to be teachers to their peers. The new roles are further reinforced by the emergence of women leaders in the Community Management Committees.

• Religious and community leaders are engaged from the outset of the programme through membership in CMCs and involvement in social mobilisation activities. This enables Tostan’s facilitators to better understand and enable discussions around existing value systems whilst gaining more legitimacy and minimising backlash.

What makes the initiative unique is its remarkable scaling. Locally led, ‘organized diffusion’ is built into the programme from the outset and led by those attending the classes. They spread their learning amongst peers, family and community members, and committee members in their localities, as well as to neighbouring villages and those in extended family networks, mobilising many others to join the movement to shift harmful social norms and behaviours.

A recent study (Boury,M. 2019) highlights that despite this positive progress, FGM/C still exists in some regions indicating the need for continued action including more coordinated action between government agencies and NGOs.
WHAT HAS CHANGED?

THE CHALLENGE

In Senegal, 53.2% of the population (8,428,000 people) are multidimensionally poor while an additional 16.4% are classified as vulnerable to multidimensional poverty (2,595,000 people) (UNDP, 2019a). It ranks in the bottom third of countries on the Global gender gap index with the largest gender gaps in economic participation and opportunity (World Economic Forum, 2020).

FGM/C, procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons, is a violation of women and girl’s human rights, has no health benefits and is condemned by many international treaties and conventions, as well as by national legislation in many countries. It can have significantly harmful short- and long-term effects on women and girls, such as severe bleeding, pain, trauma and PTSD, damaging their mental, physical and sexual health and wellbeing and sometimes leading to death. It is a global issue; however, those at most risk are young girls living in communities in Western, Eastern, and North-Eastern regions of Africa, in some countries in the Middle East and Asia and from certain ethnic groups where it is a common and acceptable practice (WHO, 2008).

In Senegal, according to the 2005 Demographic and Health Survey, the national estimated rate of FGM/C was approximately 28% with the majority of girls being cut before they turn five. The estimated rate of FGM/C varies considerably by ethnicity, being 78% among the Soninkes, 74% among Mandinkas, 62% among Fulani and 60% among Diolas (Kandala and Shell-Duncan, 2019). These are also the populations that were targeted by the CEP.

Research has shown that among practicing communities the behaviour of cutting girls is held in place by a social norm that makes FGM/C a valued, acceptable behaviour. Where the social norm is strong it is a social requirement. The FGM/C social norm is, in turn, upheld by shared beliefs that consider uncut girls to be unmarriageable, more promiscuous and a source of shame to the status and honour of the entire family. In Senegal, as elsewhere, the social norm around the acceptability or necessity of FGM/C also interplays with other social norms on preserving a girl’s morality, fidelity, chastity and suitability for marriage and together drive the harmful practice. These norms are upheld by strong sanctions against those who don’t follow them, in a context of high levels of social interdependency whereby one family’s decision-making around FGM/C is affected by the decisions of other families, especially since it is seen as a criterion for marriage. Uncut girls or women and their families in Senegal often report experiencing ostracization from their communities. (Cislaghi 2016).
The Community Empowerment Programme

Throughout the 1980s and 1990s, Tostan’s basic education program for communities was developed and constantly improved through ongoing iteration based on community feedback. The CEP today consists of the following three components:

- **Human rights-based education classes** which foster group discussions on democracy, human rights, problem solving, hygiene and health and provide training on literacy, numeracy and project management to selected villages (Tostan, 2011). Emphasis is also placed in the modules on certain traditional practices that are harmful to health, especially to women’s health, such as child marriage and teenage pregnancy, and female genital cutting. Classes are held separately for adults and young people and each have approximately 25 to 30 participants most of whom have never received formal education or dropped out early. The classes are held for 30 months over three years, meeting three times per week for approximately two hours. They are led by a local trained facilitator who, always using the local language, draws on modern non-formal education techniques as well as traditional African oral traditions like theatre, storytelling, dance, artwork, poetry, song, and dialogue. The educational classes ‘create an environment where capacities, skills, and aspirations can grow, where group member norms can be renegotiated, and where economic constraints can be addressed, through the creation of group strategies for revenue generation’ (Cislaghi et. al, 2019). Care is taken with narratives and language from a cultural and religious perspective. As Tostan’s founder explained: *In discussions with Islamic Religious Leaders about best practices for women's health, they suggested that when speaking about the use of contraceptives, it would be most effective to focus our language on “birth spacing” within the broader context of women and children's health. We subsequently found very little opposition to educating on the use of contraceptives when framed in this way.* (Melching, M. (2020), personal correspondence, 3rd September).

- **Community Management Committees (CMC)** which are local governance bodies set up at the outset of the program to provide leadership to advance agreed upon goals stemming from the common vision, the understanding of human rights and the capacity gained in problem solving. CMC members are selected by the community and at least 50% of the members have to be women. CMC members receive training on their roles and responsibilities and play a central role in coordinating the organized diffusion activities within the community and to other communities of the social network. (Tostan, 2018) The CMCS also receive a grant of approximately $800 in the second year of the program, once they have acquired key project management, literacy and financial skills and support from the program in their engagement with local government and with sectoral service providers, especially in the areas of health, education and birth registration.

- **Organized diffusion** whereby those attending the classes spread their learning amongst peers, family and community members, and
committee members in their localities, as well as communities outside of their own villages, mobilizing others to join the movement to shift harmful social norms and behaviours. In almost all cases this component would lead to intervillage declarations to publicly announce the abandonment of traditional practices, such as FGM/C and early marriage. (Cislaghi et al. 2019). In recent years, the Village Chief of each community also presents a commitment document signed by village leaders during the public declaration and local authorities follow through on the declarations afterwards.

POVERTY REDUCTION

Changing harmful behaviours

A range of governmental agencies and NGOs have contributed to the falling rates of FGM/C in Senegal and West Africa. The CEP has enhanced participants knowledge and expression of human rights and gender equality, created spaces where people themselves could identify problems in the existing normative status quo and work to shift norms, increased women’s voice and agency, reduced child marriage and gender-based violence and catalysed participants to abandon FGM/C.
Impacts on gender equality and human rights

Qualitative research (Cislaghi, Gillespie and Mackie, 2016) explored the impact of the CEP’s Democracy and Human Rights sessions on communities living in the rural areas near Kaolack in Senegal a year after the program was initiated. Their research reveals that the programme had already substantially enhanced participants knowledge and expression of human rights and gender equality. Gendered roles were becoming less rigid with indications of men taking up more caring responsibilities and women entering public spaces and taking on leadership positions. ‘A partnership model of gender relations was more widely developed. Women talked about the importance of the right to work (outside the household). Although gendered division of labour remained, men helped in new ways with the family and the community. The public sphere had expanded beyond the elder males: women and younger men were invited to public meetings and had the right to participate. Women participants in the CEP took on new leadership roles in the village, ‘in charge of’ youth, education, unity, or health, for example.’ (Cislaghi, Gillespie and Mackie, 2016). The classes, the Community Management Committee established at the outset of the CEP, and inter-community meetings offered repeated forums in which women’s voice, agency, and leadership could further emerge and grow. Fundamentally important is the fact that men are part of the change process and agree with it. They promote the changes because they recognize their value for making headway toward their human rights-based vision of wellbeing. Monitoring data shows that the quality of relationships between women and men, both in the village and in households, improves as a result of the program.

A quantitative impact evaluation (Diop et. al, 2004) also showed how the CEP had contributed to reducing gender-based violence among participating communities from 86% to 27% including intimate partner violence (Box 1). CEP participants and people in non-participating villages were interviewed at baseline, endline, and two years after the end of the project. This was supported by qualitative evidence. For example, an 18-year-old participant shared, ‘No man now dares to lift his hand against a woman’. Tostan has also had a positive effect through the CEP on reducing child marriages although quantitative research shows that this has impacted girls marrying before the age of 15 and not those marrying before the age of 18 (UNICEF, 2008).

Abandonment of FGM/C

Starting with the village of Malicounda Bambara in the Thies region of Senegal in 1997, followed by 12 villages in 1998, then 18 villages in the Kolda region of Senegal, the movement to abandon FGM/C had spread to 1,500 villages by 2005 with 5,315 communities having participated in 56 public declarations by 2011. With support from governments and donors it has now scaled to six West African countries: Guinea, Guinea-Bissau, Mali, Senegal, Mauritania, The Gambia as well as to Somalia and Djibouti with over 8,800 communities publicly declaring their decision to abandon FGM/C (Tostan, 2019).
Quantitative and qualitative independent evaluations have confirmed the large-scale impact the CEP has had on the abandonment of FGM/C across six countries (Diop et al. 2004; 2008, UNICEF 2008, CRDH 2010). This case study focuses on its impacts in Senegal where the programme operated the longest and evaluations and evidence of the methodology’s impacts have been focused.

An evaluation by UNICEF six years after the end of the first phase of the Community Empowerment Programme revealed that the estimated rate of FGM/C performed on girls has significantly decreased in all villages, with the pace of change fastest in CEP intervention villages and villages that took part in public declarations. In CEP villages FGM/C rates fell from 65% to 15%, 74 to 8% for public declaration villages, while for control villages they fell from 86% to 47%. Quantitative research is supported by qualitative findings from interviews conducted with programme participants exposed directly and indirectly to the programme; An imam noted ‘It [the public declaration] has great significance in this village, because I have not seen or heard of a single case of cutting in the village since then. So, it appears that there is a decline of the practice in the village, if not its total abandonment by the population.’ This trend was seen across villages where public declarations took place. A woman from a village where the CEP wasn’t implemented but which participated in the Public Declaration shared ‘Before the Public Declaration, some girls were cut. But since we did the Public Declaration, we gave it up because we are Bambaras, and when we decide something we do not go back on our word.’ Another participant shared, ‘We were all in agreement about the declaration because it put a stop to the practice of FGC’ (UNICEF, 2008).

STRUCTURAL SOLUTIONS

The CEP was able to achieve these community-led changes in behaviours/practices primarily through its transformative curriculum which created spaces where people themselves could identify problems in the existing norms and work to shift them, and through increasing knowledge and awareness of gender equality and human rights and the consequences of harmful practices such as FGM/C and child marriage.

Gender norms

As mentioned above, the CEP focussed on shifting social norms which have been found to have a stronger influence on behaviours, rather than shifting individual attitudes. The CEP empowered community members to collectively change gender norms and corresponding beliefs and practices, aligning them with existing positive values of the community and religion. At the outset of the CEP, communities define a vision for their community that builds on their shared positive values which is then reworked based on the human rights learning they have undertaken. Throughout the 96 sessions of the first year of the program, a process of deliberation enables participants to examine existing gender roles and
revise them to be consistent with their vision and values so as they are more conducive to their wellbeing.

Through encouraging discussions where participants examine current practices in relation to their deeper values and shared vision, the programme enabled shifts in gender norms away from traditional gender roles towards ‘a collective responsibility to realise human rights and the right to be free of discrimination’ connecting them to values of peace and security (Cislaghi, Gillespie and Mackie, 2016).

Qualitative research (Cislaghi, Gillespie and Mackie, 2016) revealed that women as well as men in CEP villages, and those that benefitted indirectly through organised diffusions, began to adopt more gender equitable norms. ‘One woman said it is important for women to work hard and strive to do anything a man can do. The whole class agrees with this’. And a man thought it memorable that ‘one woman said that the best thing [social approval] for a man to do [what one does] is treat his women equally. Everyone agrees with this [reference group]’ (p.95).

The fact that CMCs always have over 50% women representatives reinforces the change process. Seeing women in positions of leadership and taking up new roles contributes to shifts in perceptions and norms regarding gender roles. In addition, through role play, participants rehearse new behaviours and new roles previously considered unacceptable or abnormal, such as women speaking in public or men participating in village clean-up activities. Participants subsequently apply the newly gained confidence and skills in their daily lives within their households and in the community.

Ethnographic research (Cislaghi, 2018) in a small Fulani village in central Senegal before, during and after the CEP provided insights into how the programme was bringing about changes in power within (personal agency), power to (personal know-how, skills) and power with (collective capacity). Women reported having an increased sense of self awareness, self-worth and individual agency in relation to men. A female participant noted, ‘Now women know their rights and have a lot more influence in the decision-making of the family’. A shared power among women also emerged through the programme with another female participant sharing ‘Before women didn’t get together because of all of their work but with the class, we see each other every day and we talk to each other and have more confidence. So, when there is a meeting and we are all there, we are not afraid to speak, because [in class] we have learnt how to speak and how to be listened to.’

**Social norms\(^1\) around FGM/C**

In communities that benefitted from the CEP, norms (both descriptive and injunctive\(^2\)) sustaining FGM/C have shifted with uncut girls considered to be healthier and more marriageable than those subjected to FGM/C, and the practice considered to be less socially accepted, desired and less prevalent by members of the reference group.\(^3\) As noted by a facilitator, ‘At the beginning, there was a kind of mistrust for these girls from some of the men, but lately they have realized that girls
who had not been circumcised were cleaner and healthier than those who had. From then on, they had great respect for the former. So today these girls have no more problems to find suitors.’ An Imam also supported this: ‘The only effect of the public declaration that we have noticed is that it effectively put an end to circumcision in our village, where it no longer exists today.’ (UNICEF, 2008)

Even where the practice hasn’t been fully abandoned, there is evidence that social sanctions relating to uncut girls are being removed, manifesting an increased acceptability of not cutting girls or a weakening of existing social norms. Before the programme began, public ceremonies to celebrate FGM/C were a common occurrence whereas these no longer take place. Instead, as supported by a female non-participant from a CEP village: ‘There are lots of uncircumcised girls within the village. They are well considered. They are not submitted to social exclusion in relation to this situation’ (UNICEF, 2008).

Knowledge of human rights

Participants of the CEP significantly increased their knowledge of human rights, 83% for women and 51% for men between the baseline and post-intervention surveys conducted. Over 90% of women who took part in the endline and post-intervention studies were aware of their rights to health, education, drinking water, food, a clean environment, marriage and work. The impacts also spread to non-participating women and men in intervention villages – likely through community meetings and CEP participants adopting someone external to the programme for information sharing (Diop et al. 2004).

Knowledge of risks associated with FGM/C and child marriage

In intervention villages as well as those benefitting indirectly through participation in public declarations, knowledge and awareness of the risks associated with FGM/C increased significantly as a result of the programme. Immediately after participating in the programme, men and women’s awareness of at least two consequences of FGM/C rose dramatically for men (11% to 80%) and women (7% to 83%) declining to 73% and 66% at the endline. There was also a significant increase in awareness levels among the women and men who lived in the intervention villages but didn’t participate in the program (7 to 47% for women and 11 to 45% for men) who could mention at least two of the dangers of FGM/C after the intervention. (UNICEF, 2008)

There was also an increased understanding of the risks posed by child marriage for complications during pregnancy and childbirth. As a non-participating woman from Médina Chérif indicated: ‘Yes, we stopped giving our girls off for marriage early. At the beginning, we gave them off at 15 and the girls had complications during pregnancy and childbirth. It is the Tostan programme that made us aware of all these problems that young girls encountered during pregnancy.’ (UNICEF, 2008)
Along with enhancing knowledge of risks associated with FGM/C and child marriage and enabling shifts in social norms at scale, the success of the programme also influenced government policies. The Government of Senegal officially adopted the Tostan model for its National Action Plan for the Abandonment of Female Genital Cutting for 2005-2010 and, following a government-led evaluation in 2008 also adopted it for its National Action Plan of 2010-2015.

**CHALLENGES**

Despite its success in enabling shifts in norms and abandonment of FGM/C at scale, the CEP is not without its limitations and challenges. Tostan’s learning shows that people will find space in their lives for this kind of program, but only if they find it highly relevant, and with a pedagogy and content that they find engaging. They also need to feel supported by their families and community to attend. Community Management Committees (CMC) play a central role in the development process and ensure the programme is well designed and supported. Additionally, where needed, the CEP takes breaks during planting season and other critical moments so that participants never feel they need to choose between basic income and classes (Tostan staff member, personal communication).

Questions have also been raised about how inclusive the programme is with certain types of villages seen to self-exclude because of the actual and perceived pre-conditions of the programme. An evaluation highlighted how villages where FGM/C was more prevalent and norms more rigid may not sign up for the programme as abandoning circumcision was perceived by some community members as a prerequisite for the programme. Additionally, the requirement of the participating village to pay for the food and accommodation of the facilitator may have excluded more deprived villages. (UNICEF, 2008).

More widely, continued effort is still needed. A recent study undertaken in the southern region of Kolda (Boury,M. 2019) shows that in 20% of the communities which participated in public declarations evidence suggests FGM has been abandoned; for 35% of the communities there is some evidence of communities organizing/discussing abandonment; and for 45% of the communities there is no evidence of abandonment (Ref). The study recommends that the Governmental Departmental, Communal, Local and Village Committees for the protection of children give greater to the issue and highlights the need for greater coordination and monitoring between governmental and non-governmental actors.

**DURABILITY OF CHANGE**

Tostan has found that once social norm shifts take place, it is unlikely for the norms to shift ‘back.' Social change does not preclude a given individual from continuing or attempting to continue the practice, yet the organization has found that such individuals risk facing immediate and
sometimes harsh social consequences. For example, when it was discovered that one cutter in the Region of Tambacounda, who had publicly renounced future cutting, had cut girls in another community, the Community Management Committee denounced her to local authorities, and she served time in prison. In other words, the social forces that once held the practices in place now hold in place the new norm of not cutting and related norms upholding the human rights of girls and women. (Gillespie, 2020, Personal communication, 8th September).

Evaluations have, however, revealed that a number of years after the programme has ended some of the Community Management Committees have ceased to exist and others are less active as a result of ‘the lack of organized follow-up and the absence of basic health, education and water infrastructure in the villages’ which limits people’s capacity to mobilize⁴ (Diop et al., 2008).

HOW CHANGE HAPPENED

SCALING DYNAMICS, PATHWAYS AND STRATEGIES

These cases confirm the power of social networks, participatory group-based social learning (Bandura, 1977) and critical awareness raising (Freire, 1972) processes to simultaneously influence social norms and behaviours and strengthen individual agency and collective capacity. But what also makes the CEP notable is the extent to which the impacts diffused and scaled. The CEP enabled change at scale through a combination of horizontal, vertical as well as in depth scaling.

Horizontal scaling and strategies

The horizontal scaling of the Community Empowerment Programme occurred through an intentional process of organised diffusion built into the design of the programme. There are three stages of diffusion:

• In the first stage each programme participant ‘adopts’ someone external to the Tostan class to share knowledge and skills gained and community meetings are organized by the Community Management Committee with non-participating community members to share key learnings (image to the left in figure 1).

• The second stage is a wider process of diffusion where social mobilization teams comprising influential leaders and participants engage communities that are part of their social network, even across national borders, and information spreads to larger intra-marrying groups (middle image in Figure 1).
• This process of social mobilization reaches a peak in the third stage when intra-marrying groups come together and make a public declaration to abandon FGM/C. This makes the collective commitment explicit and serves to strengthen the confidence of individuals that were hesitating. It also signals to other communities that change is occurring (which is important for shifting descriptive norms) and inspires them to take similar action (image to the right in figure 1). If someone from a different ethnic group is in the community, they must first reach out to their extended family in other areas before they feel it is safe to abandon FGM/C.

Figure 1: Organized diffusion through the CEP (Source: Cislaghi, 2018)

Horizontal scaling has been incremental and continues to expand to this day with more and more communities (geographical communities or personal social networks) holding public declarations. It has reached new communities both in Senegal and neighbouring countries via participants networks, social mobilization and declarations (Gillespie et. al, 2018). This horizontal scaling has also been mirrored in other West African countries where Tostan has directly implemented the CEP.

Vertical pathways and strategies

Vertical scaling has also occurred via influencing national policy, with Tostan’s CEP model being adopted by the Government of Senegal in its National Action Plan for the Abandonment of Female Genital Cutting 2005-2010 and 2010-2015. Additionally, since 2017 Tostan has begun to undertake activities directly with district and departmental government which, in the context of decentralization, have increasing responsibilities and resources for local development. Following an initial pilot undertaken with UNICEF in 2017-18 in eight Senegalese districts across four regions, and with some revisions from feedback, Tostan has now incorporated this latest innovation in new rounds of the CEP. With this new component, Tostan more deliberately enhances community capacity to advocate and collaborate with local government. Concurrently, through dedicated, participatory training activities, the programme builds the capacity of local elected officials in decentralized government structures to manage resources and carry out their community development mandates in the district. These two elements together with the rest of the CEP lead to greater alignment between communities and decentralized government in the pursuit of wellbeing goals that include the abandonment of harmful practices.

Additionally, since 2015, Tostan has offered a 10-day sharing seminar on the CEP model and has trained over 600 NGO and religious and traditional leaders from 48 countries. The UNFPA-UNICEF Joint
Programme on FGM/C, which has incorporated lessons learned from Senegal into its programme design in other countries, has also enabled adoption in other countries (UNFPA and UNICEF, 2013).

Over the years Tostan has also driven in-depth/functional scaling through revising its curriculum based on monitoring, evaluation and participant feedback. It has added new modules on human rights, women’s health and democracy and post-program modules on peace and security and the reinforcement of parental practices (Gillespie et al., 2008). Beginning in 2019, Tostan has started incorporating the latest innovation to the CEP that increases the capacity of decentralized government to support communities in achieving their well-being into all country-implementations. This:

• Provides the opportunity for class participants and local leaders to carry out social mobilization activities and take ownership of the programme including defining and achieving their own vision for community wellbeing;

• Facilitates the shift of community level social norms rather than focussing on individual attitudes. A cornerstone of norm change is the collective (or intra-village) public declaration, coming as a high point of a process of diffusion among communities, which makes visible the changes that are taking place and makes public the collectively changed expectations and beliefs around FGM/C. Whereas it was previously considered to be normal and even desirable, the practice is no longer deemed acceptable.

• Guides the values deliberation process that enables participants to re-examine, relate and apply the rights to their own values, experiences, and aspirations through a community-based human rights education approach.

• Promotes principles of respect for everyone’s human rights and greater gender equality through discussion and consensus in the classes, reinforced in practice by building the skills of women and girls to take on new roles, such as speaking in public, through role play and by enabling them to be teachers to their peers. The new roles are further reinforced by the emergence of women leaders in the Community Management Committees, who then serve as role models.

• Includes engagement of religious and traditional leaders who attend sharing seminars where they align human rights with teachings from their holy books, thus ensuring their engagement from the outset of the programme. These leaders are also members or honorary members of the CMC and are actively involved in social mobilization activities. This enables Tostan to better understand and enable discussions around existing value systems whilst gaining more legitimacy and minimising backlash.

• Builds in locally-led organized diffusion into the programme from the outset, led by those attending the classes. They spread their learning amongst peers, family and community members, and CMC members in their own localities, as well as reaching out to their social networks,
mobilising others to join the movement to shift harmful social norms and behaviours.

**CONTEXTUAL DRIVERS AND CONSTRAINTS**

A range of actors – community, local NGOs, governmental and international donors – have contributed to the reduction of FGM/C in Senegal and the region. Social changes that had begun 20 years prior to the programme created a fertile ground for the CEP – ‘women are obtaining more and more recognition of their equal status’ (Cislaghi, 2018).

A key factor facilitating the effectiveness and scaling of the CEP in Senegal has been the Senegalese government’s commitment to ending FGM/C. Following the formation of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) which since 1984 has advocated for anti-FGM/C legislation and a year-long intensive anti-FGM/C campaign led by different Senegalese civil society organizations and the public declarations of communities to end FGC from 1997-1998, the practice was declared illegal by the Government of Senegal in 1999 (Hombrados, 2018). While the legislation sent an important message signalling change, it was insufficient on its own to translate into widespread changes in the practice without the bottom up educational activities and social mobilization provided by the CEP. In fact, government legislation initially increased resistance to change and led to some outright acts of revolt; for example, Tostan learned of at least one hundred girls who were cut in the region of Tambacounda, reportedly done to show that one cannot legislate an end to FGC. This mirrors wider research findings that: ‘Among supporters of FGC, legal norms ran counter to social norms, and did little to deter the practice, and in some instances incited reactance or drove the practice underground. Conversely, where FGC was being contested, legislation served to strengthen the stance of those contemplating or favouring abandonment’. (Shell-Duncan et al, 2013).

The leadership of local communities (including covering the living expenses of facilitators) has been essential to the abandonment of FGM/C. The Ministry for Women, the Family, Gender Equality and the Protection of Children has led the changes in national policy to end harmful practices. External assistance and partnerships have also been important for the project planning and financing. In several contexts, UNICEF was an important financial and strategic partner, supporting implementation of community programs in hundreds of communities, engaging government, and organizing international seminars to promote theoretical understanding of key themes including community-led development, human rights-based approaches, and the nature and dynamics of social norm change.
Among the factors constraining change, deep-seated gender norms around the status and role of women and girls in society and attitudes towards girl’s schooling and leadership initially limited women’s participation and leadership in the programme, though this constraint began to shift quickly during the values deliberation process. When public declarations took place without sufficient involvement and consensus of village leaders, participants of the Tostan classes faced ‘numerous criticisms, opposition, threats, and insults’ (UNICEF, 2008).
CEP TIMELINE

1991: Tostan established in Dakar, Senegal and begins rolling out 1st iteration of the Community Empowerment Programme.5

1995: Tostan sharpened the CEP’s focus on human rights of women and children and women’s health.

1997: The first declaration publicly announcing the abandonment of FGM/C in Senegal held in Malicounda Bambara in the region of Thies.

1998: 12 villages declared their decision to join the Malicounda Bambara pledge followed by 18 villages in the region of Kolda.

1999: Senegal passed first legislation to expressly prohibit FGM/C.

2000: Tostan expanded the focus of its curriculum to make democracy and human rights the foundation of its program and integrated men and religious leaders more fully into the sessions.

2002: Tostan launched CEP in Guinea.


2009: 4,121 villages that had directly or indirectly been part of the Community Empowerment Programme had publicly declared the abandonment of the practice in Senegal.

2013: 6,000 communities in eight countries had declared their abandonment of FGC/M and child marriage.

2015: Tostan offers ten-day seminars to share Tostan content, participatory methodology, human-rights approach, and organized diffusion strategy.

2020: Close to 9,000 communities in eight countries have declared their abandonment of FGC/M and child marriage following implementation of the CEP and organised diffusion by community members. Tostan continues activities in five countries (The Gambia, Guinea, Guinea Bissau, Mali and Senegal).
## ANNEX: CASE STUDY AT A GLANCE

<table>
<thead>
<tr>
<th>Case study name</th>
<th>Communities shifting social norms to end Female Genital Mutilation/Cutting in West Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
<td>Senegal, West Africa</td>
</tr>
</tbody>
</table>
| **Country indicators** | Senegal  
  **Income**: lower-middle-income economy, 46.7% of the population live below the national poverty line (World Bank, 2020)  
  **Inequality**: Palma ratio of 1.89 in 2012 (UNU-WIDER, 2019)  
  **Human Development Index**: ranked 166th out of 189 countries (UNDP, 2019b)  
  **Gender gap**: ranked 128th out of 153 countries (WEF, 2020)  
  **Civic Space**: rated as ‘Obstructed’ (Civicus, 2020)  
  **Fragility Index**: ‘Elevated Warning’ (Fund for Peace, 2019)  
  **Climate risk index**: ranked 142nd out of 181 countries for 1999-2018 (Eckstein et al., 2020)  
  **Ecological threat**: Medium exposure, ETR count:2 (Ecological Threat Register, 2020) |
| **Time period** | 1991 onwards. The Community Empowerment Programme and momentum to end FGM/C and child marriage is still evolving and spreading. |
| **Systemic Challenge** | Gender Injustice |
| **Type/s of poverty benefits** | Voice and agency - increased women’s participation in decision-making in both family and community meetings and in positions of leadership 
  Decrease in gender-based violence 
  Decline in rates of female genital mutilation/cutting (FGM/C) and child marriage |
| | • By 2020 an estimated 5.5 million people across 8,830 communities from eight countries in Africa (Djibouti, Guinea, Guinea-Bissau, Mali, Mauritania, Senegal, Somalia and Gambia) have publicly declared their abandonment of FGM/C and child marriage and the movement is still growing.  
  • In Senegal, as a result of organized diffusion by 2011, 5,315 communities had participated in 59 public declarations. The momentum is growing, and abandonment |
of FGM/C has taken hold in other countries.

- According to an expert longitudinal study in rural Senegal, the estimated rate of FGM/C fell from 65% to 15% in CEP villages while for control villages it fell from 86% to 47% from 1998/1999 to 2006. Though the practice had not fully disappeared, its frequency and social acceptance had declined sharply in the villages that had declared abandonment.

| Structural changes | • Increased awareness and changes in attitudes toward human rights for all, gender equality, girls’ education, and support for ending intimate partner violence, and FGM/C and child marriage
• Increased awareness and knowledge of the consequences of FGM/C and child marriage of opportunities to discuss them collectively in safe spaces
• Shifted harmful social norms underpinning GBV
• Strengthened women’s decision-making power within the household and in the community |

| Dynamics of change | A mix of intentional and spontaneous change as participants define their own goals i.e. the focus on FGM/C and child marriage was incidental as Tostan offers a holistic program focussed on human rights rather than only on FGM/C or child marriage. The interest in FGM/C and child marriage came from participants themselves, much to the surprise of the Tostan programming team. Change spread incrementally but the programme’s impact was transformational in addressing structural causes of FGM/C and child marriage as well as the practices themselves. |

| Routes to scale | Horizontal and in-depth scaling has occurred through community-led organized diffusion and work with district government in direct programme implementation and indirectly through training of other organizations in the fundamentals of the Tostan CEP programme. Vertical scaling has also been achieved via influencing of national policy. |

| Types & quality of evidence | A number of independent studies, internal as well as external mixed methods and quasi-experimental evaluations have been undertaken so the quality of evidence for outcomes, poverty impacts and contribution is strong. |
REFERENCES


UNICEF (2010). Legislative Reform to Support the Abandonment of
Female Genital Mutilation/Cutting.


NOTES

1. There are different definitions of social norms. Some definitions consider the informal rule plus the resulting pattern of behaviour to comprise the norm (e.g. Tostan, Bicchieri, 2006; 2015; Heise, 2013); others (e.g. Young, 2014) consider the norm to be the informal rule or shared beliefs governing behaviour (ODI, 2015; Oxfam, Parvez Butt and Sekaram, 2019) - definition adapted from ODI, 2015.

2. Descriptive norms refer to beliefs about what others in a group actually do (i.e. what is typical behaviour). Injunctive norms refer to beliefs about what others in a group think others ought to do (i.e. what is appropriate behaviour).

3. The group of people whose opinions are important to someone taking a decision on how to behave; a group of people this person can identify with, is similar to, or wants to belong to. (Ruiz, D., and Garrido, A. (2018). Breaking the Mould: Changing Belief Systems and Gender Norms to Eliminate Violence Against Women in Latin America and the Caribbean. Oxfam.)

4. Tostan notes that it has made a range of changes to the CEP address this finding.

5. Tostan’s Community Empowerment Programme (CEP) has previously had other names, for example, the Village Empowerment Programme. For simplicity's sake, this case study uses the current name to reference all versions of the programme.
Oxfam is an international confederation of 20 organizations networked together in 67 countries, as part of a global movement for change, to build a future free from the injustice of poverty. Please write to any of the agencies for further information, or visit www.oxfam.org

www.oxfam.org