



The Faith Effect

*Equipping Faith Leaders to Empower Girls in Ethiopia and Nigeria
- Final Report -*



CENTER FOR
INTERFAITH ACTION
on global poverty

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**The Faith Effect:
Equipping Faith Leaders to Eliminate Female Genital Cutting and Early Marriage
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**The Faith Effect:
Equipping Faith Leaders to Eliminate Female Genital Cutting and Early Marriage
Executive Summary**

*Over an 18 month period, CIFA engaged religious leaders in Ethiopia and Nigeria to change attitudes and behaviors surrounding the issues of early marriage (EM) and female genital cutting (FGC). Through interfaith models and toolkits, created from CIFA's in-depth formative research in those two countries, religious leaders have been empowered as advocates for stopping these harmful traditional practices. The percentage of faith leaders involved in this project who opposed early marriage and FGC **more than doubled** as a result of our intervention. Based on these compelling program results, CIFA is equipped to take anti-FGC and EM interfaith programs to scale in Ethiopia, Nigeria and other priority countries, and to leverage the powerful voices of faith leaders (FLs) to champion the elimination of these harmful traditional practices.*

Context

In the world today, we know that ensuring the well-being of girls is catalytic in terms of overall community advancement – when girls thrive, communities thrive. Yet the tools of economics and modern medicine alone are not enough; the cornerstone of development success is changing beliefs, attitudes, and behaviors of people and communities toward girls and women. Girls' health, well-being, and development must be a paramount priority – medically, culturally, spiritually and legally – at the grassroots level and adopted at scale. We learned early in this project that faith leaders (FLs) play a key role in shaping congregational and community attitudes and behaviors around these issues, and that mothers of all faiths falsely believe much of the rationale for FGC and early marriage is religious. With support from the Nike Foundation, CIFA sought to generate change in FL attitudes and develop effective models and tools for FLs to use with congregants, in order to eradicate FGC and EM.

Results

CIFA achieved its project objectives in Nigeria (Edo State) and Ethiopia (Amhara Region) of developing and testing models and tools that work to change attitudes and behaviors among faith leaders on FGC and EM. These models and tools are now ready to be scaled-up sub-regionally in Ethiopia and Nigeria, and they could quickly be adapted for national application in both countries.

Early in the project, baseline surveys in favor of eliminating EM and FGC were at 32% and 40% respectively, and most of the faith leaders represented in the samples were doing nothing to prevent their communities from engaging in these harmful practices. By the end of the project, 80-100% of FLs involved in both countries were willing to use the tools, and 93-100% of FLs in Ethiopia who had been trained, equipped, and deployed were actively engaging their congregations to halt these practices a month later. The project generated the following results:

Shift in attitudes: On FGC, faith leaders in Ethiopia moved from a 32% baseline to 93-95% (Muslim-Christian) favorable to eliminating FGC. On EM, they moved from a 40% baseline to 93-100% favorable (Muslim-Christian) to delaying marriage until the age of 18. Nigeria's baseline was 25% on EM and 33% on FGC; follow-up in focus group discussions indicated that 80% of FLs (see "Tools" below) would be willing to use the tools developed.

Willingness to use tools: We developed and tested the effectiveness of our interfaith tools for FLs to utilize in their engagements with faith communities: in Nigeria (Edo State), 80% of FLs were willing

to use the tools for congregational advocacy; in Ethiopia (Amhara Region) 97-100% of FLs were willing to use the tools for congregational advocacy.

Models deployed in communities: 71 Muslim and Christian FLs were trained, equipped, and deployed in Ethiopia¹ to work toward delaying age of marriage and eliminating FGC. In follow-up monitoring a month later, 100% of Christian and 93% of Muslim FLs who had been trained were proactively engaging with their congregants in small group settings.

Key Take-aways

1. **FLs can be powerful advocates to end FGC and EM** – *when* appropriately engaged;
2. **FLs play a key role in shaping congregational and community attitudes and behaviors** around these issues, especially as many mothers falsely believe much of the rationale for FGC and early marriage is religious.
3. **Most FLs do not currently have the knowledge or tools** to shift their own attitudes or to be advocates for ending FGC and EM; a key success factor for FL engagement and faith community approaches is creating a space for attitudinal shift and providing easy-to-use tools that congregations will accept;
4. **FLs must be engaged respectfully, interactively, and within the context of their values and faith traditions** – the models and toolkits developed in this project provide the ability to do that.

Potential Impact

Products developed to use at scale: During this project, CIFA *developed a range of innovative models, tactics and tools to generate attitudinal shifts among FLs* through facilitated interventions. We *created toolkits for FLs* so they can improve their own knowledge on EM and FGC, discuss the issues with other FLs, and engage congregations in small group or individual conversations, or through women’s and girls’ groups within the house of worship. The toolkits include illustrations to generate discussion, interactive modules, scriptural quotes, a female anatomy lesson, and much more. All components were well-received in Nigeria and Ethiopia, and prompted transformational behavior change in Ethiopia.

At-risk Local Populations: In Nigeria’s Edo state, we estimate that 200,000 girls (0-14 years of age) are at risk of early marriage, and 570,000 girls are at risk of female genital cutting. In the Amhara Region, we estimate that 1.8 million girls (0-14) are at risk of early marriage, and 2.6 million girls are at risk of female genital cutting. If this program were to be scaled-up, millions of girls could have a better life.

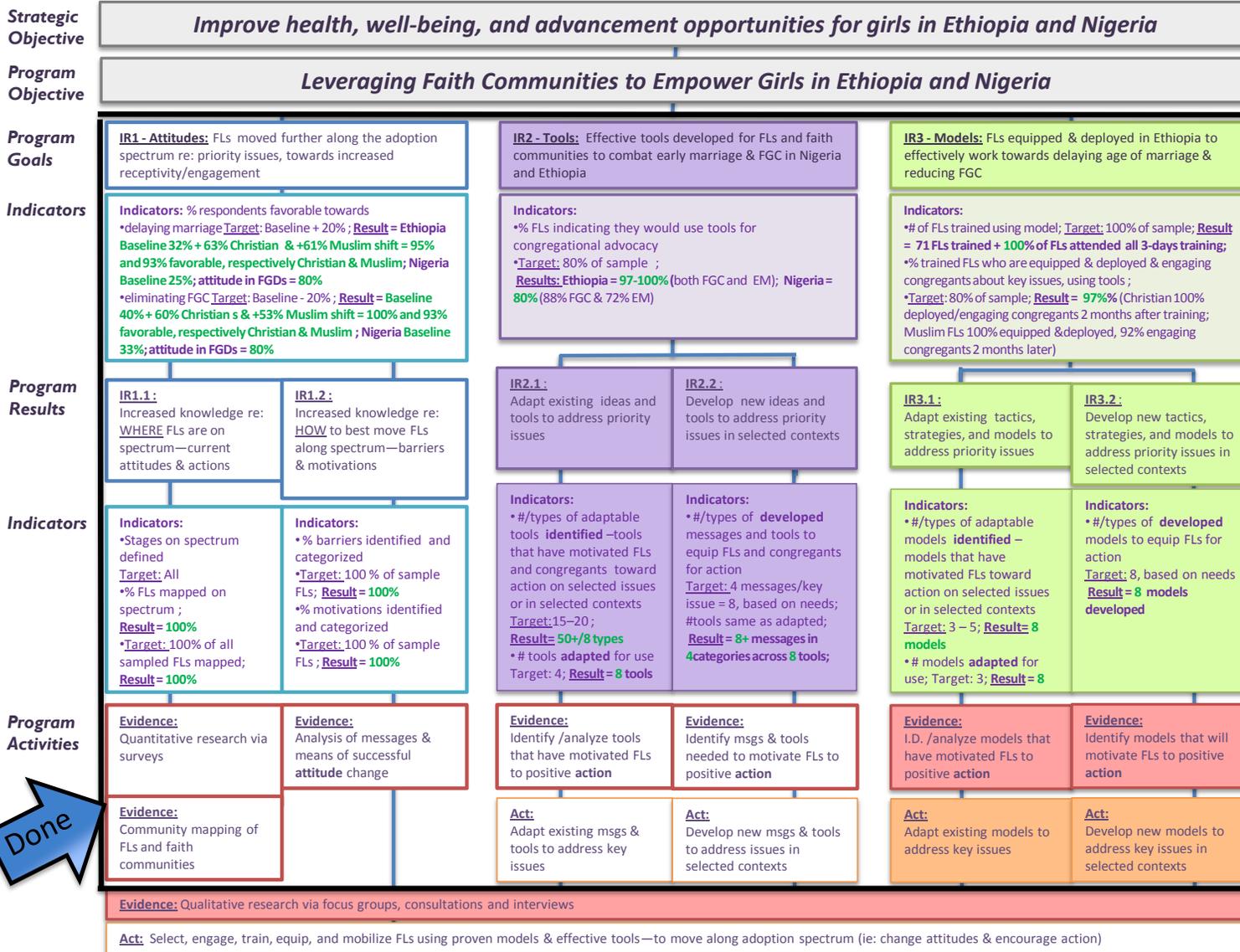
The Way Forward

Based on our findings and conclusions, there are at least four immediate ways the investments made to date can be leveraged to reach the greatest number of people rapidly, and to help improve the lives of millions of girls quickly and cost-effectively. These include sharing the findings globally, making the tools and models available to all, scaling-up rapidly in Edo State and Amhara Region, and engaging other development actors in supporting an expansion of this effort in Ethiopia, Nigeria, and elsewhere.

FLs are under-utilized catalysts for driving positive attitude and behavioral change. This project has generated a new body of evidence and understanding about how to equip and deploy faith leaders and faith communities on behalf of girls. The stage is set to launch broader national campaigns to stimulate change at scale, with tested and proven faith-based tools and models specific to Ethiopia and Nigeria.

¹ As approved by Mark Ferdig and Tienke van Lonkhuyzen, and documented in memoranda and email correspondence, CIFA focused its deployment on Ethiopia alone.

RESULTS FRAMEWORK



Acronyms and Operational Definitions

Acronyms

CIFA	Center for Inter-Faith Action
DHSE	Demographic and Health Survey Ethiopia
EGLDAM	“Ethiopia Goji Limodawi Dirgitoch Aswogaj Maihiber” (Amharic for Ethiopia Harmful Traditional Practices Eradication Association)
EM	Early Marriage
EOC	Ethiopian Orthodox Church
EOTC	Ethiopian Orthodox Tewahedo Church
FGC	Female Genital Cutting
FGD	Focus Group Discussion
FL	Faith Leader
FTL	Faith and Traditional Leader
FL Toolkit	Faith Leader Toolkit
FTM	Facilitator Training Manual
GDP	Gross Domestic Product
GBV	Gender-Based Violence
GOs	Governmental Organizations
NGOs	Non-Governmental Organizations
HDI	Health Development Index
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HTPs	Harmful Traditional Practices
ICPD	International Conference on Population Development
KAPs	Knowledge, Attitudes, & Practices
KIIs	Key Informant Interviews
M&J	Moret & Jiru Woreda, Our Lowland Locality for Faith Leader Training
MDGs	Millennium Development Goals
MMTs	Models, Messages, and Tools
MOH	Ministry of Health
NGO	Non-Governmental Organizations
RH	Reproductive Health
SNNPR	Southern Nations Nationalities and Peoples Region
SRH	Sexual and Reproductive Health

Operational Definitions

In order to have consistent standards throughout the research, CIFA has used the following operational definitions for the following prominent terminologies:

1. **Arranged marriage:** Marital arrangement made for two individuals by the two sets of parents, mostly without the consent of the would-be spouses.
2. **Attitudes:** Refers to how faith leaders/communities perceive the issue of early marriage and FGC, and their willingness to engage in action for/against delaying the ages of marriage and avoiding FGC.
3. **Early marriage:** Marriage below the full legal age of eighteen years.
4. **Facilitator Training Manual:** The guide developed by CIFA staff is intended for anyone facilitating and/or leading a four-day faith leader training on the practices of FGC and EM. The guide is divided as follows: Day 1 – Welcome and Introductions, Day 2 – FGC, Day 3 – EM, Day 4 – Wrap-up, Review, and Closing Festivals/Sensitization Day. Throughout the training, FLs are presented with information on the medical, legal, social/cultural, and theological ramifications of FGC and EM through structured curricula, anatomy lessons, guest speakers, film showings, and other activities.
5. **Faith (or religious) leader:** Any person (male or female of any age) recognized by local community/congregation as a spiritual/faith leader – either deriving their status from formal religious /denominational structures or long-term community recognition of spiritual influence.
6. **Faith Leader Toolkit:** Refers to the set of educational materials developed by CIFA staff to equip faith leaders with the information and tools needed to engage their communities in faith-based conversations about stopping the practices of FGC and EM. The toolkits consist of Information Sheets and FAQs, religious text-based Conversation Starters, Women’s Group Modules, Youth Group Modules with consistent key messages throughout, as well as educational flipcharts and female anatomy lessons illustrations.
7. **Female Genital Cutting (FGC):** The practice of cutting/damaging the female external genitalia (including the clitoris, prepuce, labia minora, and labia majora). There are 4 types, according to the World Health Organization, with varying ranges of damage done to the external genitalia and vagina, urethra, and rectum.
8. **Focus Group Discussion:** One form of qualitative research conducted among key stakeholders in Ethiopia and Nigeria. Structured discussions about the beliefs surrounding FGC and EM, as well as the potential for faith leaders to engage in efforts to end these practices, were held with the following groups: faith leaders (Protestant Christian, Ethiopian Orthodox, and Muslim), government officials, NGO representatives, traditional leaders, mothers, and youth/girls.
9. **Kebele:** Refers to a town or locality within a given *woreda* in Ethiopia; the faith leaders from CIFA’s faith leader trainees came from Chefa Dire and Chireti kebele within Artume Farsi *woreda*, and from Yimedeb and Jehur kebeles within Moret & Jiru *woreda*.
10. **Key Informant Interviews:** Refers to structured interviews used as one form of collecting quantitative data on faith leaders’ beliefs regarding FGC and EM, and for qualitatively assessing FLs’ potential according to other key stakeholder groups. Key stakeholders were given surveys

and/or interviewed with a specific guiding set of questions to incite discussion on the knowledge, attitudes, and practices of their congregants, as well as their own beliefs on the practices of FGC and EM.

11. **Models:** Refers to the different approaches and tactics with which to approach faith leaders and faith communities (e.g., from the pulpit, house-to-house, community based sensitization, etc). Using faith leaders and the community to effectively work to delay the age of marriage and avoid FGC.
12. **Tools:** Describes the set of messages and materials that can be used in shifting the behaviors and practices of faith leaders and congregants (e.g., sermon guides, pamphlets, daily mediations). This project aims to equip faith leaders and faith communities with effective tools to change these harmful traditions.
13. **Tradition:** a set of customs passed down over the generations, and a set of beliefs and values endorsing those customs.
14. **Traditional leader:** any person who, in terms of customary law of the traditional community, holds a traditional leadership position, which is recognized both by the community and government.
15. **Traditional practice:** Traditional practices are customary beliefs/thinking/behavior/habits/acts transmitted from the past generations and likely to be passed to the next.
16. **Woreda:** Refers to a third-level administrative division of Ethiopia; it is a subdivision of a particular zone within a region. The hierarchy goes as follows: country, region, zone, woreda. CIFA's small-scale faith leader trainings were held in Artume Farsi and Moret & Jiru woredas.

Context and Framework

Introduction

This project is the conclusion of over two years of work investigating how faith leaders can be transformational actors in key issues affecting girls, in order to enable large-scale transformational action to help eradicate FGC and EM.

First (“Phase I” – late 2010 to early 2011) we delved deeply into the role of FLs actively engaged in championing the rights of women and girls in their communities in Liberia, Nigeria and Ethiopia. The research highlighted not only the achievements of faith leaders (FLs) “Champions” to date, but also the unique potential for FLs to openly discuss and teach about issues that are critical to the ongoing development of girls, despite the perception that they are too sensitive, taboo, or culturally entrenched to address.

We then moved into the current project (Phase II) where field research and over 2,000 interviews allowed us to deepen our understanding of FL and congregational attitudes and behaviors relative to FGC and EM. During this second phase, CIFA sought to apply Phase I learnings to develop messages, models, and tools to generate attitudinal shifts among the FLs themselves, and to equip them to engage their congregations effectively. The process was iterative and interactive, bringing together faith leaders, mothers, girls, government officials, local NGOs, and others. We documented results through interviews and focus group discussions in Ethiopia and Nigeria.

Our aim under this grant was to move from research-to-action, with the ultimate project goal of equipping and deploying faith leaders to take action on EM and FGC. We succeeded in that goal, and in the future we plan to extend the measures of success to include the impact of faith leader activity within the community (which was beyond the scope of this grant). The initial feedback CIFA has received from faith leaders indicates that our small-scale projects already are generating changes, not just among faith leaders, but also across target communities.

Methodology

CIFA’s methodological approach is unique, in that it examines the issues from both secular (“what works”) and interfaith (“what values we share”) perspectives, and includes: examination of current and previous faith-based and secular programs to address the focus issues; a robust body of original, formative research; the application of that research to develop interfaith tools and models for faith leader and community engagement; implementation of tools and models; and finally, evaluation to determine what results were generated. This project was designed around two complementary pillars:

1. **Rigorous Research and Analysis**, which included 2,000 field surveys and dozens of key informant interviews and focus group discussions across both Ethiopia and Nigeria; it also included literature reviews and analyses of issues and existing tools and models; and,
2. **Interactive Model & Tool Development and Deployment**, with a collaborative approach toward engaging faith leaders and their congregants at the grassroots level. The focus was on faith leaders, mothers, and girls from Christian (Ethiopian Orthodox Christian, Protestant,

and Catholic) and Muslim traditions. Our interviews, group discussions, and testing sessions also integrated local government officials, NGOs, and other community leaders.

We identified more than 50 tools and over half a dozen models and approaches, analyzed what existed and what was needed, and then developed eight interfaith tools and models which our research indicated might be most effective in combating FGC and EM. Our approach to applying these models and tools was to train faith leaders formally in a 3-day session; to allow FLs to continue teaching themselves; to enable FLs to approach their congregations in small groups; to engage women's groups, to engage girls; to spur individual conversation starters with one or more congregants; to teach from the pulpit; and to guide interactive sessions with illustrations and other aids. Moreover, the models and tools were adapted for distinct faith traditions in both countries. They were further aligned around 8-10 messages to address the *medical, cultural, spiritual* and *legal* concerns of the audiences being engaged – FLs and their congregations.

Throughout, CIFA monitored and documented FL attitude shifts toward FGC and EM – or “movement along the adoption spectrum” – through pre-intervention quantitative surveys combined with post-intervention surveys. The measures of FL willingness to use the tools developed were documented and refined through interviews and focus group discussions with FLs, mothers, girls and others, and in both countries. The models and tools were then refined and launched in remote rural areas of the Amhara Region in Ethiopia. Throughout the launch period, CIFA monitored the efficacy of the models and tools.

Interim Report (submitted Spring 2012)

This final report builds on the findings and lessons of the previous year. In February 2012, CIFA submitted its interim research report to the Nike Foundation. The findings contained therein were the basis for CIFA's tool and model development, and program implementation. Using a combination of research methodologies – including quantitative surveys, qualitative surveys, barrier analyses (of the social determinants of behaviors), focus groups, in-depth interviews, and sensitization sessions – our research included over 2,000 discrete interviews or surveys of FLs and parents across both Ethiopia and Nigeria.

More specifically, CIFA completed all of the following:

- Robust literature review on early marriage, FGC, and the age of first birth for Ethiopia, Nigeria, and other relevant areas;
- Formative quantitative research from Ethiopia and Nigeria;
- Formative qualitative research from Ethiopia and Nigeria;
- Identification of FLs' attitudes, knowledge, and behaviors related to early marriage and FGC;
- Identification of relevant FL models that prompt FL advocacy and behaviors to delay marriage and eliminate FGC; and
- Identification of relevant FL tools to delay marriage and eliminate FGC.

From this research and analyses, we developed a rich understanding of the breadth of perspectives of FLs and parents on EM and FGC. In both Ethiopia and Nigeria we learned that the harmful traditional

practices (HTPs) of early marriage and FGC are perpetuated as cultural and social norms, often using religious pretexts; however, when information and knowledge of physiology, health, and religion are presented with cultural and religious sensitivity, there is great opportunity to shift attitudes and behaviors. Moreover, FLs are powerfully positioned to change norms around these and other practices.

Moving from Research to Action: Final Phase

CIFA applied the rich content of the research activities and reports to develop tools and models and to establish faith leader engagement and implementation programs. The English version of the tested tools are an attachment to this report. Section I below explores the key findings from CIFA's tool and model development activities.

Moving to faith leader mobilization and action, CIFA considered the trade-offs for different implementation plans in Ethiopia and Nigeria, and we agreed with the Nike Foundation to pursue a strategy that maximized learning, feedback and preparation for model and tool adaptation to other countries and environments. We did the following:

1. **Intensive Implementation and Evaluation in Ethiopia.** CIFA evaluated models and tools in Ethiopia with treatment communities and control communities. Given the strength of our research partners in-country, we determined we could produce the best results at the lowest price by concentrating our efforts there. The end-goal of the project is to have evaluated tools and models that can be deployed at-scale and adapted to other environments. Our concentrated approach in Ethiopia was the best approach to achieving the end-goal.
2. **Targeted Action in Nigeria, Intensive Implementation to Build from Ethiopia Learning.** CIFA focused on faith leader and congregational testing in Nigeria, with an emphasis on how mothers and girls might best be engaged through faith communities. Adding the Nigeria findings to the deployment results in Ethiopia will better position us to adapt and deploy models and tools in Nigeria in subsequent phases of work.

CIFA pursued this strategy to evaluate models and tools and to prepare for scale-up of action in both countries on the two priority issues.

I. Key Findings and Analysis from Tool and Model Deployment

Throughout the research-into-action phase, rigorous messages, models and tools (MMT) testing was conducted in both Nigeria and Ethiopia. At various stages of the MMT development, materials were tested with key stakeholders to inform the refinement process based on recommendations from issue experts, religious scholars, NGO and GO representatives, as well as women and girls. Although the testing varied slightly, depending on the region and issues, the results are largely universal in that they can be adapted for future refinement and scale-up in any given context. Below is an overview of the significant findings from final research into action in Nigeria and Ethiopia.

This section is organized in 3 parts:

- **Overall Key Findings and Analysis**
- **Ethiopia Key Findings and Analysis**
- **Nigeria Key Findings and Analysis**

Overall Key Findings and Analysis

In this project, CIFA fulfilled project goals, as outlined in the Results Framework and detailed further below. The focus was on faith leaders, the strengthening of their knowledge and shift in their attitudes, the tools and models to engage and equip them, and their movement along the adoption spectrum towards advocacy against EM and FGC. In addition, the project generated impact beyond the FLs to their families and to members of the community (which will be the goal in subsequent phases of program scale-up and implementation).

Fulfilled Overall Project Goals: Met or exceeded all indicators and deliverables related to influencing faith leaders and equipping them to engage each other and their communities. We achieved the following (see further below for metrics and details):

- **Developed a unique, important understanding of the role that FLs play in influencing EM and FGC, and then applied that knowledge;**
- **Increased Knowledge among FLs about EM and FGC;**
- **Shifted in attitudes about EM and FGC;**
- **Identified, created tools and models for FL engagement with congregants;**
- **Deployed faith leaders with tools and models for community engagement.**

The percentage of faith leaders (FLs) in this project who opposed early marriage and FGC more than doubled as a result of this project, far exceeding initial objectives. Moreover, 80-100% of faith leaders in both Nigeria and Ethiopia professed willingness to use the tools developed, and, in Ethiopia's Amhara region, 93-100% of the 71 faith leaders trained and equipped were actively deployed and engaging their congregations to halt these practices.

Delivered on Results: The project met or exceeded targets in attitudinal shift of faith leaders, in their willingness to use the tools developed, and in their active deployment. Below are the project results, divided into these three categories (and consistent with the Results Framework presented above):

1. Shift in Attitudes

- a. Objective and baseline: To increase FL attitudes by 20% or more toward wanting to eliminate FGC and EM. Ethiopian baseline in favor of elimination was 32% on EM, and 40% on FGC. Nigeria baseline was 25% on EM and 33% on FGC.
- b. Results: In Ethiopia, FLs moved from 32% to 93-95% (Muslim-Christian) favorable to elimination of FGC; on EM, FLs moved from 40% to 93-100% favorable (Muslim-Christian) to delaying the age of marriage until the age of 18. In Nigeria, our follow-up was in focus group discussions only, and indicated that 80% of FLs (see “Tools” below) would be willing to use the tools developed.
- c. Learnings: Many FLs today in both Nigeria and In Ethiopia are ignorant of female anatomy and of the negative health impacts of both FGC and early marriage, nor have they explored the scriptural depths of their faith tradition around these issues, or around girls’ health and well-being. When presented sensitively and with detailed facts, information, and scriptural messaging around promoting girls’ health and eliminating these practices, transformational shifts in attitude occurred. In Ethiopia, 3-day, in-depth FL trainings were needed to shift attitudes (and led to immediate behavior changes, see “Models Deployed” below) in both Christian (predominantly EOTC) and Muslim communities. Nigeria’s program, through focus group discussions of FLs, there was also an indication of a shift in attitude among mothers and girls.

2. Willingness to Use Tools

- a. Objective: To develop tools to combat EM and FGC in Nigeria and Ethiopia which would convince 80% of FLs surveyed to be willing to use these tools.
- b. Results: In Nigeria (Edo State), 80% of FLs were willing to use the tools for congregational advocacy, and focus groups of mothers and girls indicated potential impact of tools. In Ethiopia (Amhara Region) the results were higher, but mixed: 97-100% of FLs indicated willingness to use the tools for congregational advocacy. The 100% result corresponded to a higher-level group of FLs in focus group discussions; in the field-testing however (see “Models Deployed” below), 97-100% were actually using them.
- c. Learnings: In both Nigeria and Ethiopia, when approached in an interactive, engaging fashion, and provided basic key information and knowledge, presented sensitively within the context of their faith tradition, FLs are overwhelmingly willing to use interfaith tools with faith communities. Given the sensitivity of the issues, FLs expressed greater comfort to do this one-on-one or in small groups.

3. Models Deployed in Communities

- a. Objective: To equip and deploy FLs in Ethiopia to work towards delaying age of marriage and reducing FGC. Target was to train a selected group of FLs using the models identified and developed, and to engage 80% of the participants in using them with their communities.
- b. Results: 71 Muslim and Ethiopian Orthodox Christian FLs attended all three days of training, and were equipped and deployed in the Amhara Region to work toward delaying age of marriage

and eliminating FGC. In follow-up monitoring two months later, 100% of Christian and 93% of Muslim FLs were actively engaging with their congregants in small group settings.

- c. **Learnings:** Finding ways to approach FLs sensitively with factual and scriptural knowledge was vital to achieve both attitudinal and behavioral shifts – most of the FLs originally surveyed had little or no knowledge of the female anatomy or of the clinical harm of the practices involved; nor were they well-versed on the theological context. After the training, 100% had the required knowledge. As to eliminating EM, 90% of the original FLs surveyed prior to training had not been taking any action against it; after the training 92-95% (Muslim-Christian) were actively equipped and deployed to combat EM and many expressed regret at their former positions.

Monitoring and Evaluation (M&E) Visits: Follow-up to FL Trainings in Ethiopia

Follow-up M&E visits to our FL training sites in the Amhara region exceeded our baseline expectations: the number of FLs opposed to FGC and EM, and actively engaged in stopping these practices, more than doubled. Baseline numbers indicated that before training, only 32% of FLs (Muslim and EOTC) favored eliminating FGC, and only 40% favored delaying marriage until at least the age of 18. Two months after the FL trainings, 93%-95% (Muslim-Christian) of FLs favored eliminating FGC, and were actively engaging their communities in conversations about ending the practice; 93%-100% (Muslim-Christian) favored delaying marriage. This represented a major shift in attitude, and the practices of their communities were already reflecting the change in FL positions and behaviors.

Early Indication of Impact on Communities: While our official project monitoring and evaluation focused on metrics associated with this list of achievements, we also documented stories and narratives from FLs engaged in the project. We learned that our models and tools have already begun to generate intended impact at the community level. In Ethiopia, where our implementation activities and measures were most robust, we documented a number of examples, which – although anecdotal – are indicative of potential ultimate impact on halting the practices of FGC and EM. Below are two examples:

- **Artume Fursi: Halting FGC.** One faith leader, who used to be a circumciser, reported a month after the session, during an M&E visit, that he was challenged twice after the CIFA training. When asked by a member of the community to perform a circumcision one week after his return home, he refused and explained the harmful impact of the practices. One week after that, his own granddaughter was born, and he halted the family's preparations to circumcise the baby girl. He changed their minds about the practice, and his granddaughter was spared from FGC.
- **Moret & Jiru: Responding To EM.** Faith leaders declared at the end of the training that no one should continue to promote FGC or EM within the community. They pledged to hold pre-marital counseling sessions with their “spiritual children” (congregants whom they advise on family and spiritual matters) before marriage, and they agreed not to attend or bless the wedding without discussion of age. This pledge was adopted by all participating faith leaders in the lowlands of the Moret and Jiru woreda (region), where FGC and EM are practiced at some of the highest rates in Ethiopia.

The fulfillment of project goals and early indications of ultimate impact on communities have established a strong foundation for future scaling of CIFA' programmatic approach and continued learning to further strengthen and refine interfaith approaches to EM and FGC.

The next two sub-sections outline key findings and analyses by country, in Ethiopia and Nigeria.

Ethiopia Key Findings and Analysis

Ethiopia Introduction

All key informants and stakeholders in Ethiopia agreed that CIFA's work had identified the most important, but least properly-addressed group with influence over a rural community's population: faith leaders. Moreover, the general structure of the MMTs (both FTMs and FL Toolkits in Ethiopia, and FL Toolkits in Nigeria) were very well-received.

More specifically, we have outlined below the particular findings from various elements of the testing phase, and would like to emphasize the following points made by participants, indicating the relevance of the solutions offered with the interfaith tools and models being delivered to the Nike Foundation:

1. This work identifies the most important, but least properly-addressed group that can exert leverage over their congregation and communities: faith leaders.
2. All issue experts expressed interest in and support of the drafted MMTs, most notably, identifying that the government and other NGOs have long "ignored the cultural/theological weight the practice has on many communities."
3. The MMTs were described as innovative, comprehensive, workable and potentially very impactful.
4. Many FLs admitted that this was the first time they had ever been presented such a detailed medical explanation of the female genitalia. The FGD participants agreed that this is very instrumental in persuading faith leaders that the clitoris/labia minora do not deserve cutting or damaging, and that FGC is not similar to male circumcision. "Sex education is the most un-preached topic (taboo) in the church; however, it is very important for all of us to know the details of the human body, and communicate how we are created, and emphasize the importance of the physiology of the genital organs." (EOTC faith leader)

Ethiopia: Key Findings from the MMT Testing Phase

All issue experts expressed interest in and support of the drafted MMTs, most notably, identifying that the government and other NGOs have long "ignored the cultural/theological weight the practice has on many communities."

1. The MMTs were described as innovative, comprehensive, workable and potentially very impactful;
2. The participants in the faith leader trainings admitted that the workshops were the first time they had ever heard such a detailed medical explanation of the female genitalia. The focus group discussion participants agreed that this is very instrumental in persuading faith leaders that the clitoris and labia minora do not deserve cutting or damaging, and that FGC is not similar to male circumcision.

The intentional collaboration with these key stakeholders, combined with the rigorous research and testing throughout the MMT creation, contributed to the development of culturally-relevant and theologically-sound tools informed by best practices and identified gaps in the existing approaches used to change behaviors around early marriage and female genital cutting.

Participants also felt that the MMTs met the concerns they had expressed:

- Until now, it had been difficult to know what most FLs believe about the topics, which is something the Faith Effect project managed to identify.
- Government programs and many NGOs have bypassed FLs in favor of directly engaging with the community, and often focused their messages around the legal and medical implications of FGC and EM, ignoring the cultural/theological weight of the practice in many communities. This approach, instead of changing behaviors towards the practices, made them clandestine instead.
- Most FLs who remain silent on the issues of FGC and EM in their communities are afraid to speak out because they lack comprehensive information about the practices, and the language with which to engage their communities in conversations about the practices' irrelevance to their religion.

Following the development of the models, messages and tools (MMTs), CIFA's in-country research partners conducted MMT testing prior to the faith leader training to ensure an additional round of feedback from experts in the field. The testing was conducted with several key stakeholders between the months of May and June 2012, including religious scholars, NGO representatives, gender experts and faith leaders. Two distinct research methods were employed; key informant interviews (KIIs) and focus group discussions (FGDs). During this period, the MMTs were subjected for key informant interview testing with three prominent issue experts, followed by focus group discussions with relevant organizations and religious scholars.

Key Findings From Key Informant Interviews (KIIs)

The MMTs were first tested via KIIs with three prominent issue experts. Each of the participants was given the draft material ahead of time to review, and to prepare their professional feedback. The interviews were conducted with a researcher from EGLDAM (Amharic acronym for Harmful Traditional Practices (HTPs) Eradication Association), a scholar from the EOTC head office, and a well-versed Muslim scholar from the Ethiopian Inter-Faith Forum for Development (EIFFDA). Below is the pertinent feedback from these three issue experts.

1. Dr. Yayerad Kitaw—Lead researcher of EGLDAM publications, participated in the implementation of a national baseline survey and follow-up surveys on harmful traditional practices such as FGC and EM.
 - Dr. Kitaw noted that it had been difficult to know what most faith leaders believe about the topics, which is something this project managed to identify.
 - According to CIFA's research results, faith leaders, through either activism against these practices, silence or active support of the practices, determine the magnitude of these HTPs in their communities. So far, many NGO stakeholders have underestimated faith leaders, and have bypassed them completely in favor of directly engaging with the community.
 - The government organizations have followed the same pattern, focusing their messages around the legal and medical implications of FGC, and ignoring the cultural/theological weight the practice has on many communities.
 - This approach, instead of mitigating the practices of FGC/EM, has made them more clandestine, which makes measuring their prevalence almost impossible.

Dr. Kitaw said, during the interview, “your innovative approach identified faith leaders as prime instruments of change, which sounds perfect in our set-up. In particular, you are using a bi-professional approach—well-versed within the medical and theological disciplines.”

2. Mrs. Bedria – Gender Expert at EIFFDA (one of CIFA’s “champions” in Phase I)

- After reviewing the MMTs, Mrs. Bedria reported that she liked the comprehensive (multi-disciplinary) nature of the material, and the empirical touch manifested through extensive social research.
- The lack of well-equipped, educated faith leaders in the country is a weak link in the campaign against FGC and EM. Thus, this approach looks workable and effective.

3. Mr. Kesis Samson – the EOTC HIV/AIDS and Gender department head

- After hearing about our approach, research, and training materials, he affirmed that this method is what they had envisioned to be most effective in Ethiopia.
- He was most interested in the social research that explored the knowledge, attitudes and behaviors (KABs) of faith leaders, in spending ample time and energy in developing workable MMTs, and in identifying faith leaders, rather than the faith community, as a first-line beneficiary.

Key Findings From Focus Group Discussions (FGDs)

FGD 1: Prominent GO/NGO stakeholder FGDs

Representatives were invited from EGLDAM, The Federal Ministry of Women, Children and Youth Office, Norwegian Church Aid, related NGOs, and independent researchers well-versed on the topics. As representatives of some of the most prominent organizations on HTPs, they provided very insightful feedback.

Key FGD Takeaways

1. Participants believe CIFA’s work is very “important” and “timely research.”
2. The MMTs presented are effective, because they empirically approach the issues from historical/sociological, health/medical, legal, and theological perspectives. This approach gives a comprehensive picture of the realities of FGC and EM as practices, and their detrimental effects on healthy societies.
3. The research results identified the most important, but least properly addressed group that could exert leverage over their congregation/community: faith leaders.
4. The participants agreed that our workshops with detailed medical explanation of the female genitalia would be very instrumental in persuading faith leaders that the clitoris and labia minora do not deserve cutting or damaging, and that FGC is not similar to male circumcision.
5. The Ministry of Women, Children, and Youth Officer praised the content, and our approach, and requested us to work with them in their future endeavors.

All FGD participants also expressed two concerns that would need to be addressed by CIFA and other implementation partners:

1. Ethiopian faith leaders are not known for bringing about significant impact in social/development realms; their traditional influence is deteriorating, particularly in the urban towns.
2. Because our lead in-country research partner is from an Evangelical Christian background, many of the participants expressed a fear that Orthodox and Muslim scholars and faith leaders might be offended by an outsider talking about FGC and EM from their religion's perspective (in other words, at Orthodox and Islam theology being presented by an Evangelical)².

FGD 2: Ethiopian Orthodox Tewahedo Church Scholars

Ten EOTC scholars selected by the EOTC headquarters in the capital attended the FGD. They listened attentively, and applauded the presentation—including the theological reflection on FGC and EM from the EOTC perspective. Some of their comments included:

1. “We do not know your religious background, but what you presented is very important and squares with the official position of the EOTC.”
2. “Sex education is the most un-preached (taboo) topic in the church; however, it is very important for all of us to know the details of the human body, and communicate how we are created, and emphasize the importance of the physiology of the genital organs.”
3. “We give you our right hand of support in teaching these topics to the rural priests.” Although the EOTC headquarters have denounced FGC and all forms of gender-based violence, they admitted that the church has had difficulty communicating their position to the nearly 500,000 EOTC priests found all over the country. Because of that, most rural priests/faith leaders continue to perpetuate HTPs.
4. The EOTC development program head also offered to further our partnership, and mobilize their nearly half-million priests on the topics.

The following issues were fiercely debated, and all EOTC scholars agreed to further discuss these issues in their own forums:

1. Unlike Evangelicals and Muslims, over 90% of EOTC adherents marry through traditional/customary marriage, which has become a breeding ground of early marriage and marriage through abduction, and is an area over which the church could not have a major influence. The church preaches that divorce and/or re-marrying after a church wedding brings a curse upon the two parties involved. Because they know that nearly half of marriages in their region end in divorce, most Amhara citizens are scared of church marriages. The participants in our EOTC scholar FGD were not sure where to compromise, and how to influence communities to choose church weddings.
2. After hearing that, for the sake of ensuring their priesthood, EOTC faith leaders in Amhara almost always marry an underage girl, and some of our EOTC scholar participants expressed a fear that the training material might defile the picture of the church, particularly if the situation of priests marrying underage girls is made public. On the other hand, they were shocked to hear that the lowland EOTC priests were marrying 10-12 years old girls in the name of religion.

² We found this fear to be groundless when the same evangelical research partner was subsequently invited to train national-level EOTC faith leaders on these issues; it also had no impact on the deployment results for either Christian or Muslim FLs.

3. Finally, the scholars from EOTC theological seminary requested that the lead CIFA research partner present our findings at their three Bible schools in the country (two in the capital and one in the Tigri region). The other attendees also agreed with the request. After this, they assigned one of their renowned scholars to travel with CIFA’s lead research partner to Moret and Jiru to declare the official EOTC stance on the FGC and EM to the FL trainees during the sessions.

FGD 3: Ethiopian Muslim Scholars (*Ulamas*)

Ten Muslim Scholars (*Ulamas*), selected through the Ethiopian Islamic Affairs Council, participated in an FGD in the capital. After a presentation of the MMTs and research findings, there was some hesitant silence, followed by an outpouring of questions and ultimately, support. One of respected young scholars broke the silence with a positive opinion. **He said, “I was thinking that Dr. Samson did his PhD in Islam. He understood Islam and presented the theological analysis in a persuasive way.”** Then others continued:

- “Samson identified the four pillars of Islam (Quran, Hadith, Consensus of *Ulamas*, and analogical deductions), and presented both FGC and EM from these four angles. He also identified authentic Hadiths and standing arguments on the topics. So his presentation is totally acceptable.”
- Another scholar stood and said, “In the past, no one has taught me about FGC and EM from historical, medical, legal and theological aspects—including the diverse interpretations of the Quranic/Hadith verses—in such detail.” Then he took a clear stance and said to the attendees, “Based on today’s presentation, both practices should be banned, as they are not Islamic.”
- One scholar admitted that he was impressed that such research was being done in the country, and requested that our team conduct similar research projects on other social issues that they are debating (other harmful traditional practices).
- Interestingly, one scholar said, “Leave alone what we call *sunna* (optional), so far as it turned out to be harmful, what we considered *wajib* (mandatory) should be banned.” Three other scholars supported him, because they were of the opinion that FGC and EM had always been considered optional.

At the end of the FGD, there was a fierce debate as far as how to reconcile the Ethiopian Islamic Affairs Council’s declaration on FGC with that of the International Islamic Council (the Cairo) Declaration. The former considered FGC as part of the Muslim religion; the latter concluded that FGC is harmful and non-Islam. They ended up proposing to facilitate an Ethiopian national Muslim Scholars (*Ulamas*) meeting, and invited Dr. Samson Haileigiorgis, CIFA’s research partner, to repeat the MMT and research findings presentation.

The next sub-section outlines key findings and analysis in Nigeria.

Nigeria Key Findings and Analysis

Nigeria Introduction

All key informants and stakeholders in Nigeria agreed that CIFA's work had identified the most important, but least properly-addressed group with influence over a rural community's population: faith leaders. Moreover, the general structure of the MMTs (both FTMs and FL Toolkits in Nigeria, and FL Toolkits in Nigeria) were very well-received.

More specifically, we have outlined below the particular findings from various elements of the testing phase, and would like to emphasize the following points made by participants, indicating the relevance of the solutions offered with the interfaith tools and models being delivered to the Nike Foundation:

1. When FLs were equipped with necessary tools in language appropriate to their setting, they would be willing to talk to their communities about stopping harmful traditional practices, including FGC and EM.
2. Most FLs would be reluctant to publicly address FGC from the pulpit, because of the sensitive nature of the topic, and inherent anxiety about the response of their congregants and FLs with dissimilar views. Speaking to their congregants in small groups would prove more effective, and having the theological text to support arguments would be helpful.
3. Visual communications, versus word content, were cited as most effective for both community and FL engagement.
4. NGO respondents recommended that CIFA approach "umbrella bodies," or high-level authorities of faith organizations to initiate training sessions at the regional levels through these bodies.

To elicit guidance and feedback from different groups of stakeholders regarding the development of the models, messages and tools (MMTs) for engaging faith leaders and communities on eradicating early marriage and female genital cutting, a series of key informant interviews) and focus group discussions were conducted with several priority stakeholder groups to ensure that the MMTs were not being developed in a vacuum, but rather in collaboration with those who had addressed FGC and early marriage in the local context as well as the end users and audiences for the MMTs being designed.

In order to ensure that the feedback generated from the KIIs and FGDs represented the views of persons who had closely addressed the focal issues within the local context, participants were selected from across the 18 local governments of Edo state, with guidance from the office of the President of the Coalition of NGOs for Edo state. This group of informants had provided instrumental feedback that had aided in the development of the draft messages. Specific areas of guidance included suggestions on appropriate engagement models, suitability and adoptability of messages with emphasis on language, structure and rendition.

While still driven to engage their congregations in conversations about ending female genital cutting (FGC) and early marriage (EM), faith leaders in Nigeria, as well as the NGO representatives and governmental representatives, expressed a need for a more subtle approach than that of Ethiopia. The

results of all focus group discussions (FGDs) and key informant interviews (KIIs) informed the development of all Nigeria models, messages, and tools (MMTs), in which there are nuanced differences from the Ethiopia template that make all material more appropriate locally and nationally for the intended audiences. The main results of all FGDs and KIIs are below, followed by recommendations for scaling up and developing faith leader trainings for Nigerian audiences.

Nigeria: Key Findings from the MMT Testing Phase

1. The prevailing theme amongst the faith leader interviews was an emphasis on education and information to eradicate the practice of early marriage;
2. The ideal communication tool suggested by the faith leaders were pamphlets or 'handbills' with key messages, however they had also demonstrated a welcoming attitude towards the provision of scriptural references that communicated the fact that both Early Marriage (EM) and female genital cutting were not among the required tenets of religion;
3. NGO respondents indicated that we should use pictures and symbols to communicate the key messages whenever possible, as a more effective means of communication amongst the intended audience;
4. Faith leader FGD participants provided concrete recommendations for the approach and specific language to use for the FL Toolkit key messages to communicate the harms of EM and FGC.
5. Spouses of male FLs were suggested as the ideal vehicle for communicating with female congregants in the Pentecostal faith setting as they were usually responsible for coordinating and leading most of the women programs in the Pentecostal churches;
6. Focusing on small group settings would be most effective. Public preaching and sermons would be difficult settings for such delicate topics, and would require more bureaucracy. NGO respondents indicated that they had often collaborated with Christian FLs and regarded the use of "sermon guides" as an approach that would be subject to ratification by the most senior persons within faith organizations (usually the General overseer or Arch Bishop) and this model was also not typically embraced by faith leaders.

Key Findings from Key Informant Interviews (KIIs)

Faith leaders were selected based on their reputations as being locally acclaimed and influential within their communities.

Faith Leaders

1. Key informants were in support of the approach to equip faith leaders with the necessary tools to address FGC and EM amongst their congregants as a means of communicating the harmful effects of these practices. They considered the general message structure designed by CIFA as being appropriate for the intended audience;
2. The prevailing theme amongst the faith leader interviews was an emphasis on education and knowledge to eradicate the practice of early marriage;
3. There was also a demonstrated reluctance of faith leaders to publicly address FGC from the pulpit, the result of a relatively poor knowledge of scriptural references to support the the

issues, as well as the sensitive nature of the issues and the inherent anxiety about the response; it was agreed that individual or small group settings would be ideal;

4. The ideal communication tool suggested by the faith leaders was pamphlets or 'handbills' with key messages; they also welcomed the provision of scriptural references that communicated the fact that both EM and FGC were not among the required tenets of religion;
5. Wives of male FLs were suggested as the ideal vehicle for communicating with female congregants in the Pentecostal faith setting since they were usually responsible for coordinating and leading most of the women's programs in the Pentecostal churches.

NGO Representatives

1. NGO respondents had indicated that reliance on pictures and symbols rather than worded content for (informational posters and pamphlets) was more effective as a means of communication amongst the intended audience;
2. Also, lesser emphasis should be placed on the legal ramifications of these harmful practices because historically it had generated antagonistic reactions amongst intended audience who considered these harmful traditional practices as an "expression of their rights;"
3. NGO respondents also indicated that they had often collaborated with Christian FLs and regarded the use of "sermon guides" as an approach that would be subject to ratification by the most senior persons within faith organizations (usually the General overseer or Arch Bishop) and this model was not typically embraced by Faith leaders;
4. NGO respondents had recommended that CIFA approach umbrella bodies for the Pentecostal faith organizations and initiate training sessions or seminars (at regional level) for FLs through these umbrella bodies.

Key Findings from Focus Group Discussions (FGDs)

The representatives of the NGO bodies were selected based on previous experience addressing issues relating to FGC and EM.

Faith Leaders

The draft messages developed by CIFA, which incorporated recommendations made by key informants from the KIIs, were subjected to focus group discussions by different stakeholder groups with a view to further refining the messages.

The key messages for eliminating female genital cutting developed from the focus group discussions included:

1. "Stop female genital cutting – it reduces the dignity of human life. All human life has dignity. We are perfect creations of God/Allah who has already created all things perfectly;"
2. "There are several proven harms of FGC, but no benefit has been proven-- either medically or religiously;"
3. "Communities should work together to stop harmful practices like FGC which can cause health problems for women in the community."

Participants emphasized the need to employ more pictorial representation for messages addressed to congregants.

Key Messages Developed to Address Ending Early Marriage Included:

1. "Marriage can only be honored when one is prepared for it," "Honor the institution of marriage; ensure that both parties are prepared for it," "Early marriage is wrong; you have to honor marriage through preparedness;"
2. "Girls are not physically ready to be wives and mothers before 18 years;"
3. "Marriage is meant to be a partnership based on love and respect. Early marriages often results in the girl having a fear of her husband."

Post-Focus Group Discussion Surveys

Following the focus group discussions, participants were subjected to a post FGD survey to evaluate their willingness to use the MMTs being developed to address early marriage and female genital cutting with their congregants, and to evaluate their willingness to continue to consult with CIFA as advisors on the Faith Effect project

1. 80% of participants indicated a willingness to use the MMTs provided, but with differential results by issue:
 - a. 72 % of faith leaders were willing to use the tools developed to address early marriage with their congregants; this was up from the original baseline of 25%;
 - b. 88% of faith leaders were willing to use the tools developed to address female genital cutting with their congregants; this was up from the original baseline of 33%;
2. 96% of faith leader participants were willing to continue as advisors on the Faith Effect project.

This concludes the section on findings and analysis; the next section outlines CIFA's monitoring and evaluation (M&E) approach, and includes research, testing, and M&E methodologies.

II. Monitoring and Evaluation

Research Methods

Research approach

The CIFA research team and partners used a mixed research methodology for the formative research in both Nigeria and Ethiopia in order to build on the understanding of the knowledge, attitudes and behaviors (KABs) of faith leaders, and to inform the creation, testing and deployment of messages, models and tools designed to generate behavior change around harmful traditional practices among faith leaders and their communities.

Creation of Research Instruments

The CIFA team guided the design and managed the development process of all field research instruments. The team then co-created research tools with teams of in-country partners, who field-tested the tools prior to use. Of particular note – and described more fully in CIFA’s Interim Report to the Nike Foundation – is a research methodology called *Barrier Analysis* (BA). BA is a rapid qualitative assessment tool used in community health and other community development projects to identify behavioral determinants (barrier and motivators) associated with a particular behavior, so that more targeted and more effective behavior change messages and activities can be developed to change individual behaviors and/or cultural norms.³ All the messages, models, and tools developed in the final stages of this project were based on the findings from the quantitative and barrier analysis research done earlier in the project.

Research Objectives

1. Understand the magnitude of the two focus issues, early marriage and female genital cutting, with a particular focus on the knowledge, attitudes, and behaviors of faith leaders
2. Further explore the empirical findings from the earlier stages of research from related (theological, medical, historical, legal, and sociological) perspectives
3. Develop well-informed messages, models and tools to be able to deploy to positively impact the lives of girls and communities

Qualitative Research Methods

The research design for this project was largely qualitative in nature. Qualitative research is a field of inquiry that crosscuts disciplines and subject matters. It involves an in-depth understanding of human behavior and the reasons that govern human behavior. Unlike quantitative research, qualitative research relies on reasons behind various aspects of behavior. Simply put, it investigates the ‘why’ and ‘how’ of decision-making, as compared to the ‘what,’ ‘where,’ and ‘when’ of quantitative research.

Qualitative researchers typically rely on four methods of gathering information:

1. Participation in the setting,

³ Barrier Analysis: A Tool for Improving BCC in Child Survival and Community Development Programs, http://barrieranalysis.fhi.net/what_is/what_is_barrier_analysis.htm

2. Direct observation,
3. In-depth interviews and
4. Analysis of documents and materials.

For the purposes of this study, we employed all four of these research methods.

As with most qualitative research, the in-depth interviews conducted for this study were initially planned to be *semi-structured interviews*, based on questions that were important to uncover the “why” and “how” – or the motivations and methods – of FLs’ faith-based advocacy for girls around the two focus issues. Qualitative research then seeks to categorize data into patterns as the primary basis for organizing and reporting results.

Selection and Training of Research Partners

CIFA manages its research projects through local partners with world-class capabilities. In both Ethiopia and Nigeria, CIFA worked closely with top-notch research and monitoring teams to implement quantitative and qualitative surveys and interviews, to manage focus groups, and to monitor implementation of the project in selected communities. CIFA spent the first few weeks of the project identifying, interviewing, selecting, orienting and training teams of in-country research partners to carry out the field research in Ethiopia and Nigeria⁴. CIFA then worked closely and iteratively with the local partners to ensure dynamic learning and adaptation of processes where needed.

Research design: Semi-Structured Key Informant Interviews (KIIs), Focus Group Discussions, Naturalistic/Direct Observation

1. Key Informant Interviews (KIIs)

1a. KII Objectives:

- To identify Positive Deviants, or champions, among FLs in each country and to learn from their experience in addressing these entrenched, harmful traditional practices affecting girls;
- To identify and learn about existing government and NGO initiatives – as well as key stakeholders, lessons learned strengths, weaknesses and opportunities therein – regarding the priority issues;
- To understand the country-specific and local context for each issue and explicitly avoid approaches that may have failed in the past;

1b. KII Methods:

This specific qualitative research approach can be considered “classical semi-structured depth interviews,” with partially prepared questions that were structured to address the researchers’ concerns and initial theoretical framework and hypothesis.

The CIFA research team and partners conducted semi-structured interviews with both *Positive Deviants* – FLs championing girls’ rights already regarding the priority issues – and with *Key*

⁴ If requested, CIFA would be happy to provide more information about the details of the partner selection process, partner qualifications, and the partner training process and materials.

Informants – government and NGO staff already working on these Harmful Traditional Practices (HTPs) in selected interview locations. The semi-structured interview method was also employed with FLs in prospective research sites. More specifically, the key informant interviews break downs included:

Ethiopia

- 3 KIIs with an NGO representatives

Nigeria

- 8 KIIs with faith leaders (Christian and Muslim)
- 7 KIIs with individual NGO representatives
- 8 KIIs with government representatives

“The ‘semi-structured in-depth interview’ normally involves the interviewer in a process of both model-building and model-testing, both theory-construction and theory verification, within the same session or series of sessions”² (Wengraf). This was CIFA’s approach and experience in conducting previous interviews, and is why the CIFA research team and partners selected this research method for the targeted respondents and objectives outlined above.

Researchers conducted the semi-structured interviews with a fairly open framework, allowing for focused, conversational two-way communication. Unlike the questionnaire framework, where researchers formulate detailed questions ahead of time, semi-structured interviewing starts with more general questions or topics. The CIFA research team identified relevant topics and the possible relationship between these topics and issues became the basis for more specific questions that evolved during the course of the interviews – such as Positive Deviant FLs’ and government officials’ work on these issues to date.

Semi-structured interviews are designed to have a number of open-ended questions prepared in advance. Furthermore, researchers do not design and phrase all questions ahead of time. Researchers create the majority of questions during the interview, allowing both the interviewer and the interviewee the flexibility to probe for details or to discuss issues from myriad perspectives. Thus, the semi-structured interviewing method selected for this study was guided only in the sense that the pre-designed interview guide provided a basic framework for the interview and set the framework for an intentionally collaborative research process.

2. Focus Group Discussions (FGDs)

FGD Objectives:

- Building on the individual KIIs with NGO representatives, to identify and learn more about existing government and NGO initiatives – as well as key stakeholders, lessons learned strengths, weaknesses and opportunities therein – regarding best practices for engaging faith leaders and communities in the eradication of early marriage and FGC.
- To test the draft messages, models and tools (MMTs) to elicit concrete feedback for refinement and implementation

FGD Methods:

CIFA's research partners conducted a series of FGDs, both in Nigeria and Ethiopia, throughout the MMT development and testing phase. The results of these group discussions with issue experts and potential end users (FLs, mother and girls) heavily influenced the development of the MMTs that were then tested in the Ethiopia faith leader trainings. More specifically the focus group breakdowns included:

Ethiopia

- 1 focus group with 8 NGO representatives
- 1 focus group with 10 Muslim scholars (Ulamas)
- 1 focus group with 10 EOTC scholars

Nigeria

- 1 focus group with 12 NGO representatives
- 1 focus group with 9 faith leaders (Christian and Muslim)
- 1 focus group with 23 congregants (women and girls)

In total, research partners conducted 6 focus groups, each lasting two to four hours. CIFA worked collaboratively with the research teams to design the interview questions and group discussion structures to facilitate the as informative a conversation as possible.

3. *Naturalistic / Direct Observation (DO)*

When possible, CIFA's research team and research partners used direct observation to learn about the normal behavior of sampled FLs, key stakeholders, congregants and girls in their natural environments (their homes, churches, mosques, meeting places, market places, etc.). Unlike indirect observation that is dependent upon the reports of others, through direct observation, researchers could make observations while the action was happening and thus observe the translation of these FLs' convictions into action. CIFA's research team and partners used direct observation as a strategy to enhance, corroborate and contextualize information shared by respondents through interviews.

Testing, Monitoring and Evaluation Methods

Testing, monitoring and evaluation objectives

Testing of MMTs in this phase sought to achieve the following:

- To understand the knowledge, attitudes and behaviors of faith leaders, and to measure the shift in attitudinal change resulting from the MMT development and testing phase.
- To determine how many faith leaders would use the designed MMTs with their own congregations and communities.
- To measure the shift in faith leader attitudes and behaviors regarding early marriage and female genital cutting post faith leader trainings.

The first two objectives were measured in both Nigeria and Ethiopia, while the third objective only in Ethiopia where the faith leader trainings were conducted.

Overall Testing Methods

To measure the shift in FL attitudes about the two priority issues, as well as their receptivity to using the MMTs with their own congregations and communities, the CIFA research team guided the design and development process of the focus group discussion surveys and post FL training surveys. For the FGD surveys, the questions were designed to elicit faith leader's understanding of the priority issues before and after the FGDs, and furthermore, to quantify how many participants would be willing to use the tested MMTs with their own congregations and communities if trained and provided with the material. For the post FL training surveys, the research partners developed questions to measure how many of the trained faith leaders returned to their communities with changed attitudes about the harms of early marriage and female genital cutting, and how many were actively engaging their congregations and communities to educate them about the harms of the two practices.

Nigeria Testing Methods

In the Nigerian FGDs, all participants were given adapted pieces of the Ethiopia materials, both Christian and Muslim, all with our key messages, to serve as a template for discussion. They were then led in a structured conversation to draw feedback on each piece and key message. At the end of the faith leader's FGDs, all participants were given a post-FGD survey to evaluate their willingness to continue as advisors in The Faith Effect project, as well as evaluate their willingness to use the tools to address their congregation, once developed for a Nigerian audience. Interviews were conducted in a similar structure, except in a one-on-one conversation between the participant and the CIFA researcher.

In Nigeria, similar successes could likely be measured if faith leader trainings were conducted, as indicated by our MMT testing results. Of the faith leader respondents, in post- FGD surveys, 96% indicated that they would be willing to continue as advisors on the Faith Effect project, 72% would be willing to use the tools developed to address EM with their congregants, and 88% would be willing to use the tools developed to address FGC with their congregants. Qualitative feedback on the appropriateness/suitability of our MMTs for a Nigerian audience greatly informed the development of the Nigeria FL Toolkits (especially the use of an interfaith, single subject format- i.e. Muslim/Christian FL Toolkit on addressing FGC, and Muslim/Christian FL Toolkit addressing EM). Moreover, FLs and NGO participants helped craft the language and messages emphasized in Nigeria MMTs. Focus group discussions with mothers and girls were particularly encouraging, as the girls related well to the Ermias/Menkir family's daughters in the EM Flipchart Activity. The congregant engagement activities sparked lively debate on the merits of FGC and EM between the girls and their mothers, particularly, and were overall approved for scaled-up, further use.

Ethiopia Faith Leader Training and Deployment: Monitoring and Evaluation Methods

A measurable attitude shift was detected in the faith leaders immediately after the trainings. Most participants asked engaging questions and responded positively to questions about how they would use their newly acquired knowledge about the harmful practices to engaging their communities in discussions about ending FGC and EM. In all trainings, when given the option, participating FLs worked together within their workshop group to draft a declaration stating their positions against FGC and EM. An activity that was not originally included in the faith leader training model, but rather an exercise the participants requested themselves.

One month later, from October 17-23, 2012, the research team returned to the faith leader training sites for the monitoring and evaluation visits. During these visits, CIFA researchers gathered faith leader trainees in each of the two sample woredas (Moret & Jiru and Artume Farsi). In groups and on their own, faith leader trainees were asked a series of pre-written questions about their engagement with their communities post-training. The interviews and group questions/discussions were interspersed with personal stories from faith leaders about their activities, and the impact the trainings had already had in their communities. One Muslim faith leader related how he had convinced his daughter and wife not to circumcise his newborn granddaughter, after gathering them together to teach them about the negative effects of FGC. Another EOTC faith leader personally introduced CIFA researchers to some of his “spiritual children,” a family whom he had visited soon after the faith leader trainings; hours before their baby girl was to be subjected to FGC (the family had already prepared the feast), he visited them and convinced them not to circumcise the girl, by telling them how FGC was “disgusting before God and humans,” and explaining the negative effects of FGC on a girl’s body. Many of the EOTC faith leaders had reached out to untrained colleagues in neighboring kebeles, and had begun teaching them all they had learned; as one EOTC faith leader put it, “the teaching is spreading like wildfire.”

Monitoring and Evaluation visits conducted in both woredas in which the faith leader trainings were held revealed results that exceeded expectations across the board (see “Key Findings” section above).

This concludes the section on CIFA’s monitoring and evaluation (M&E) approach; the next section outlines our conclusions and recommendations.

III. Conclusions and Recommendations

The Faith Effect:

Equipping Faith Leaders to Eliminate Female Genital Cutting and Early Marriage

Over an 18 month period, which included an extended period for research, setting of baselines, and initial testing, and a shorter period for action, *the percentage of faith leaders in this project who opposed early marriage (EM) and female genital cutting (FGC) more than doubled*. Thanks to the models and toolkits developed, religious leaders in both countries dramatically shifted their attitudes. In addition, in a few short months, FLs in Ethiopia have become confident advocates for stopping these harmful traditional practices. Based on CIFA's compelling program results, we believe the messages, models and tools developed for FLs and their congregations provide a ready solution for taking anti-FGC and EM interfaith programs to scale in Ethiopia, Nigeria and other priority countries, and to impact the lives of millions of girls.

Overall Conclusions

Our summary conclusions are as follows:

1. **FLs can be powerful advocates to end FGC and EM** – *when* appropriately engaged;
2. **FLs play a key role in shaping congregational and community attitudes and behaviors** around these issues; especially as many mothers falsely believe much of the rationale for FGC and early marriage is religious.
3. **Most FLs do not currently have the knowledge or tools** to shift their own attitudes or to be advocates for ending FGC and EM; a key success factor for FL engagement and faith community approaches is creating a space for attitudinal shift and providing easy-to-use tools that congregations will accept;
4. **FLs must be engaged respectfully, interactively, and within the context of their values and faith traditions** – the models and toolkits developed in this project provide the ability to do that.

In both Nigeria and Ethiopia, the initial baselines were similar: a relative minority (25-40%) of faith leaders supported eliminating either FGC or EM; most FLs were ignorant of the full health impact of these practices, and many felt powerless and ill-equipped to change such rooted cultural traditions – and were thus often silent on these issues.

When approached respectfully, and their opinions sought, FLs responded positively. When equipped with information and knowledge by qualified individuals and within the context of their faith, FLs listened – and spoke up. And when provided with culturally-appropriate tools that reflected their faiths, FLs asserted they would be willing to act – and in Ethiopia they did, with 92-100% of participating FLs actively engaging their congregations on one or both of the issues two months after the training.

In addition, the interviews, consultations and discussions with mothers, girls, and other community members indicated a great receptivity to the tools developed – especially if advocated by their faith leader.

Faith leaders understand the role that they can play and appear eager to fulfill that role and support their congregations. Even those who were virulently opposed to changing their attitudes and behaviors towards FGC and child marriage, did so from a belief in the positive impact they can have on their communities. And when the knowledge and attitudes of those faith leaders was transformed, changes in their behavior followed as they discovered better ways to serve the health and well-being of the girls in their communities and, ultimately, the entire communities.

Strategic Recommendation: A “Wildfire” Strategy

CIFA recommends a move to rapid scale-up of this program across the Amhara Region of Ethiopia and Edo State in Nigeria – to improve the lives of almost 3 million girls. CIFA further recommends that scale-up occur moving from each community to an adjacent one – like a wildfire – allowing training to align with word-of-mouth and personal anecdote to reinforce each other in action and community transformation.

Moreover, the literature and attendant examples on transforming social norms are compelling⁵. If social change is to occur, it must occur rapidly, as whole communities must shift their norms in order for girls to be perceived and treated differently. Girls’ health, well-being, and development must be made a paramount priority – medically, culturally, spiritually and legally – at the grassroots level for it to be adopted at scale.

As such, CIFA recommends allowing for slight refinements while moving forward with scale-up that includes targeted national mobilization and swift local engagement, training, and deployment.

In Ethiopia, equipping and deploying faith leaders on a small scale demonstrated rapid and transformational changes in FL attitudes and behaviors. However, some additional focus groups with mothers and girls would quickly determine whether there is any further need to refine the congregational tools and models. Regardless, a larger, scaled-up program would absolutely require the sensitization and engagement of a number of key national actors – starting with religious leaders and government officials. In parallel, regional (Amhara) mobilization and buy-in would be vital prior to roll-out of the program. Operationally, it is vital to approach each community with a highly-qualified individual – preferably one with both medical and social science training. We recommend starting with a handful of these qualified “train-the-trainers” and a small staff orchestrating logistics and coordination, and broadening that as needed.

In Nigeria, we recommend a similar strategy, using the toolkits developed specifically for Nigeria, as 80% of FLs indicated a willingness to use them. The visual aids were particularly well-received, and the interactive sessions with mothers and girls indicated great openness to the materials and approach. However, some additional focus groups with faith leaders would quickly determine how best to adapt the existing (Ethiopian) curriculum for Nigeria. As with Ethiopia, national mobilization of key actors

⁵ UNICEF-sponsored “Learning Program on Changing Social Conventions and Social Norms”, (Summer 2011). University of Pennsylvania, C. Bicchieri and G. Mackie; *American Sociological Review*, 1996, Vol. 61 (December:999-1017), “Ending Footbinding and Infibulation: a Convention Account” by Gerry Mackie.

would be essential in this relatively hierarchical environment, along with state buy-in, and the selection and preparation of qualified trainers.

While many development practitioners see FLs as hurdles to implementing development interventions, CIFA sees them as under-utilized catalysts for driving positive attitude and behavioral change. With the ongoing support of the Nike Foundation and other donors, in-country partners, and local communities, CIFA is ready to stimulate change at-scale, with tested and proven faith-based tools and models specific to Ethiopia and Nigeria, leading to the eradication of female genital cutting and the elimination of child marriage.

The next two sub-sections outline conclusions and recommendations by country, for Ethiopia and Nigeria.

Country Conclusions and Recommendations

In order for this program to be most effective in our target regions (the Amhara region of Ethiopia and Edo State in Nigeria), it is vital that any scaling up be done rapidly and in areas that are geographically near each other. To quote an EOTC FL trainee in Moret & Jiru woreda, “the teaching is spreading like wildfire.” CIFA recommends a “wildfire” approach, moving trainings from community to adjacent community – like “wildfire” – to allow training to coincide with word-of-mouth information transfer about FGC and EM. To implement this strategy, CIFA recommends further localization and refinements to the program, messages, models and tools moving forward, in order to effectively engage FLs and communities in local contexts, sub-regionally and at the national level.

These country conclusions and recommendations are also consistent with CIFA’s ideas for next steps in the “Way Forward” recommendations, found in the next section (below).

ETHIOPIA

Ethiopia Conclusions

This small-scale project affirmed that faith leaders are under-utilized resources, capable of bringing about amazing, positive behavioral change in their community. With their newly-acquired knowledge, the faith leader trainees managed to reform some of their community’s practices, without any serious obstacles, in less than a month’s time. The small-scale project showed how faith leaders, if fully convinced, can passionately engage in action that ensures the wellbeing of their people – and specifically their girls. If approached with respect, and at their own level of understanding, faith leaders are wise enough to accept sound teachings and to authoritatively teach against these practices in their communities. The project also showed that we could help repair the “broken bridges” between the government and the faith community, so that they can work hand in-hand for the well-being of their community.

The voices of faith leaders sound loudly in their respective communities, to the extent that their word is, according to many participants, almost considered the word of God. Although the magnitude of the problems are more or less similar in both Orthodox and Muslim communities, there is more fertile ground in the former because there is more support for anti-FGC and anti-EM efforts from the national level of the EOTC. In other words, there is a need to work more at the national/regional level in Islam, with the Ethiopian Islamic Affairs Council.

The achievements of our faith leader trainees in the two sample woredas can mainly be attributed to the quality of the MMTs, which can now be replicated in other woredas. In sum, the impact of the project exceeded our initial targets.

Ethiopia Recommendations

Taking into consideration the processes undertaken, the MMTs produced, the achievements observed, and the challenges faced, the following are recommendations for the way forward.

1. Disseminate the tested research findings and MMTs to other stakeholders at national/regional levels so that others can make use of the approach (the Faith Effect) and use the MMTs in their area of engagement;
2. Scale-up the project to other woredas in Amhara, and to other regions beyond Amhara.
 - a. The effectiveness of the facilitator training manuals and curriculum was demonstrated during the trainings; most of the questions asked by participants could be answered by direct referencing to the FTMs;
 - b. Facilitators who will be providing the FL trainings need to thoroughly study and understand both the FTMs and the FL toolkits; in addition, we need to ensure that those who will approach FLs are able address problematic questions and scriptural texts respectfully and openly (For instance, according to some EOTC Holy Books, Mary the mother of Jesus safely gave birth at the age of 15);
 - c. FLs suggested we consider adding to the FTMs and FL toolkits by publishing the research findings in two separate booklets (from both EOTC and Islamic perspectives) on the topics, and disseminate them both to FLs and to the general public; distribute such materials not only to FLs, but also to rural school libraries and resource centers;
 - d. Work with public health officials and others to find ways to address some thorny questions that arose periodically in the FGDs and trainings, such as:
 - “Is there any solution to reduce the damages of our circumcised wives/daughters?”
 - “Is there any proven way to ensure virginity without FGC?”
 - “There are limited job/education opportunities for our girls; what hope do they have other than marriage?”
 - e. Join and work explicitly in tandem with the existing national/regional FGC and EM mitigation network;
 - f. When scaling up nationally, expand the current EOTC and Islamic curriculum and materials to explicitly include evangelical faith leaders, as they can reach 20% of the nation’s population (18 million people). Evangelical Christianity is dominant in the south of Ethiopia.

NIGERIA

Nigeria Conclusions

1. The research conducted indicates that faith leaders are indeed willing to adopt the messages developed for use with their congregants.
2. The effectiveness of the facilitator guides provided were demonstrated during the focus group discussions; most of the questions asked by participants could be answered by direct referencing to the guides provided; they provide comprehensive information to the faith leaders, i.e., facilitator guides, FAQ’s, and congregant messages, and contain the necessary information for faith leaders to serve as effective vehicles of communication.
3. For Christian denominations, a greater degree of advocacy needs to be conducted with the umbrella religious bodies to ensure that the individual FLs commit to the usage of these tools.
 - a. The reliance on overarching directives from umbrella bodies (such as the Pentecostal Federation of Nigeria, The Christian Association of Nigeria, etc.) makes it necessary to

ensure that these bodies are also involved in the dissemination of the developed tools to individual members.

- b. The umbrella bodies have the ability to issue directives to member churches, which will aid in ensuring that member churches and FLs adopt the tools developed. The prevalent practice in the Christian community in Nigeria is to find a central Church organization with numerous branches under the auspices of the head branch. Christian churches such as the Redeemed Christian Church of God (RCCG) or the Church of God Mission International (CGMI) are among the most prominent churches in Edo state with numerous branches and it may be necessary to solicit the participation of the general overseers/ head pastors before any of the member branches can adopt the tools developed. It is not uncommon to find situations where the head pastor or overseer has to ratify any material to be used by FLs under his/her organization before it can be included in the materials to be used for teachings with congregants.
4. The reliance on a 'central body' for directives is not prevalent within the Muslim community. Individual Muslim FLs are able to take autonomous decisions with their congregants.

Nigeria Recommendations

Considering the project objective of communicating the harmful effects of EM and FGC through faith leaders, the research conducted indicates that faith leaders are indeed willing to adopt the messages developed for use with their congregants. The tools developed to provide comprehensive information to the faith leaders, i.e., facilitator guides, FAQ's, and congregant messages invariably contain the necessary information for faith leaders to serve as effective vehicles of communication.

1. The facilitators (i.e., FLs) who will be using the guides need to thoroughly study and understand the contents of the guides in order to be able to communicate the contents to the intended audience. There is also a need to emphasize that the focus group discussions conducted with the congregants and youth groups were anchored by a female facilitator. This helped to establish a certain level of ease and familiarity with the participants, which aided in generating truthful responses from the participants. The skill demonstrated by the female facilitator in creating a receptive atmosphere was critical to ensuring that participants understood and were receptive of the messages;
2. Based on this experience, more emphasis should be placed on recruiting and training female FLs to serve as the vehicles for communicating the messages, or where possible, male FLs should be encouraged to incorporate a female partner to anchor sessions in which the developed messages are to be used. The spouses of male FLs (oftentimes FLs themselves) represent a category of individuals that would be most appropriate for this exercise;
3. The nature of the messages developed for use with congregants indicates that they will be most effective when used with smaller groups. Audiences should be limited to less than 50 participants at a time so as to ensure that all participants are actively engaged in the sessions.

This concludes the section on CIFA's conclusions and recommendations; the next section outlines the potential way forward.

IV. Way Forward

The Faith Effect:

Equipping Faith Leaders to Eliminate Female Genital Cutting (FGC) and Early Marriage (EM)

Faith institutions have been a constant presence in populated and remote locations for centuries, and their leaders have unparalleled influence. With the successful results of this program, we can equip individuals and societies with tools to lift themselves up, using collective, local action to turn impossible challenges into solvable problems. Faith leaders have a key role to play in helping to eliminate FGC and early marriage – and it can be done in the next few years.

We would like to suggest that there are four immediate ways forward, to leverage the investments made to date to reach the greatest number of people rapidly, and to help improve the lives of millions of girls quickly and cost-effectively:

1. Share the findings globally;
2. “Open source” the tools and models for local customization;
3. Scale up rapidly in Edo State and Ethiopia;
4. Engage other development actors in supporting this effort in Ethiopia, Nigeria, and elsewhere;

We’ve outlined these potential next steps further below.

1. Share the Findings Globally

Faith leaders are influential, ubiquitous, and trusted – and we’ve shown they can become powerful advocates to end FGC and EM, in complement of governmental, civil society, and private sector efforts; it is vital that we share this new and potentially society-changing approach with all those seeking ways to eliminate these harmful practices. More specifically, we suggest the following:

- a. Leverage 2013 behavior change evidence summit – UNICEF, USAID, and other organizations are moving forward with an evidence summit in mid-2013, to showcase effective approaches to behavior change around these and other issues (Refer the Child Survival Call to Action in 2012 at www.apromiserenewed.org);
- b. Organize a faith leader global summit on the potential of faith leaders to help eliminate FGC and EM;
- c. Make the program findings publicly available – we would welcome the support of the Nike Foundation’s marketing expertise in making these results readily available to a wide audience.

2. “Open Source” the Tools and Models for Local Customization

The models and tools developed in this program for Ethiopia and Nigeria were thought through with scalability and replicability in mind – as such, they are organized so as to allow for easy adaptation and customization by faith tradition, by locality, by module, etc. We suggest:

- a. Mobilize national and regional support of senior faith leaders around use of the specific tools and models as they are adapted and customized;

- b. Develop an Open Source platform for sharing and customization of the tools. This could include expert crowd-sourcing of adaptation to new faith tradition, or a wiki-style crowd-sourcing and validation of translations into other languages;
- c. Make the program tools and models easily available and usable available – we would welcome the support of the Nike Foundation’s marketing expertise in doing so.

3. Scale-up Rapidly in Edo State and Ethiopia

In Nigeria’s Edo state, we estimate that 200 thousand girls (0-14 year of age) are at risk of early marriage, and 570 thousand girls are at risk of female genital cutting. In the Amhara Region, we estimate that 1.8 million girls (0-14) are at risk of early marriage, and 2.6 million girls are at risk of female genital cutting. If this program were to be scaled up, millions of girls could have a better life. We believe that program findings and results were sufficiently promising to warrant exploration of a 2-3 year program to achieve the following:

1. Scale up program across Ethiopia’s Amhara Region to reach 3,000 “woredas”:
 - a. Sensitize and mobilize senior national faith leaders and key government officials in support of the concept and program; this might be best achieved by engaging EIFDDA, a national Ethiopian inter-religious council with stature and credibility locally;
 - b. Sensitize and mobilize Amhara regional-level senior faith leaders and government officials in support of the program and its implementation;
 - c. In parallel, complement current findings with at least four additional focus groups with mothers and girls to quickly determine whether there is any further need to refine the congregational tools and models;
 - d. Develop a small cadre of highly-qualified individuals to lead the community approaches and faith leader trainings – preferably ones with both medical and social science training. We recommend starting with a handful of these qualified “train-the-trainers” and a small staff orchestrating logistics and coordination, and broadening that as needed.
 - e. Work with local groups to determine the best, most cost-effective and sustainable monitoring of the program;
2. Scale up program across Nigeria’s Edo State:
 - f. Sensitize and mobilize senior national faith leaders and key government officials in support of the concept and program; this might be best achieved by engaging NIFAA (Nigerian Interfaith Action Association), a national Nigerian inter-religious council with stature and credibility locally, as well as experience in development programs;
 - g. Sensitize and mobilize Edo state-level senior faith leaders and government officials in support of the program and its implementation;
 - h. In parallel, complement current findings with at least additional focus groups with faith leaders to quickly determine how best to adapt the existing Christian and Muslim (Ethiopian) curricula for Nigerian faith leaders;
 - i. Develop a small cadre of highly-qualified individuals to lead the community approaches and faith leader trainings – preferably ones with both medical and social science

training. We recommend starting with a handful of these qualified “train-the-trainers” and a small staff orchestrating logistics and coordination, and broadening that as needed.

- j. Work with local groups to determine the best, most cost-effective and sustainable monitoring of the program;

4. Engage Other Development Actors in Supporting This Effort in Ethiopia, Nigeria, and Elsewhere

With Ethiopia and Nigeria’s populations of 91 million and 150 million, respectively, we estimate that those countries alone have the following at risk populations: in Ethiopia over nine million girls are at risk of FGC and seven and a half million at risk of EM; in Nigeria, eight million girls are estimated to be at risk of FGC and 13 million at risk of EM. Moreover, not only could we envisage a virtual eradication of these practices in these countries in the next 5-10 years, but the lessons from this program and its next phase could be adapted and scaled up in other countries. CIFA has developed a methodology that would best be shared with others to make this approach most nimble and effective in its customization and adaptation beyond the current locations. We would suggest consideration of the following:

1. Build capacity of national inter-religious councils in priority countries to “own” this methodology;
2. Support local organizations with developing their national mobilization plans as well as with the localization of the existing models and tools.

Conclusion

We urge the Nike Foundation to examine and discuss these suggestions – some of them would require minimal additional funding , and all are focused on disseminating tools and models that work. Our findings over the last two years have convinced us that engaging faith leaders and their communities is vital if we are truly dedicated to eliminating FGC and early marriage.

V. Financial Update
To be included in final submission

As of November 27th, the Nike Foundation provided CIFA with a no-cost extension (Amendment No. 0001300-1) under our Master Services Agreement. This Amendment modifies, amends, changes and/or supplements Work Order No. , dated May 26, 2010, as follows:

1. Period of Grant: Grantee's Program completion date will be extended until January 31, 2013.
2. Purpose and use of Grant Funds remain unchanged from original Grant Agreement.

Thus, the final finances will be submitted once final program expenses are incurred (eg, travel to Portland to present findings and final results to the Nike Foundation), and will include two sections:

- **Financial Narrative**
- **Budget**

Appendices



VI. Appendices (see attached toolkit binders & illustrations)

In separate binders (or files for the digital version), you will find all the tools developed:

Facilitator Training Manuals (FTMs)

These are faith-specific toolkits to convince, sensitize, train, and equip faith leaders to be deployed in eliminating FGC and EM. Although developed specifically for Ethiopia, there are strong indications from Nigeria that with some adaptation (eg, EOTC to more general Christian outlook) the model and tool would be well-received there as well.

- EOTC. *A Facilitator Manual to Train Ethiopian Orthodox Tewahedo Church (EOTC) Faith Leaders*
- Muslim. *A Facilitator Manual to Train Muslim Faith Leaders*

Ethiopia Faith Leader Toolkits:

These are faith-specific toolkits for FL to use with their congregants.

- EOTC. *Early Marriage and Female Genital Cutting – Addressing Harmful Traditional Practices in your Community: A Faith Leader Toolkit*
- Muslim. *Early Marriage and Female Genital Cutting – Addressing Harmful Traditional Practices in your Community: A Faith Leader Toolkit*

Nigeria Faith Leader Toolkits – interfaith toolkits:

These are interfaith toolkits – with selected sections for Christian and Muslim religious traditions – for FL to use with their congregants.

- *Female Genital Cutting – Addressing Harmful Traditional Practices in your Community: A Faith Leader Toolkit*
- *Early Marriage – Addressing Harmful Traditional Practices in your Community: A Faith Leader Toolkit*

VII. Applicable Tools for Faith-Based Behavior Change Communication (BCC)

This section describes the tools developed for faith leader and congregant engagement. We drew inspiration from existing faith-inspired and secular tools and created and developed much new material, testing and refining the tools in the process. For a full listing of the tools, please see Section VI immediately above; for the actual tools, please refer to the separate binders (or files for the digital version).

Below, relative to Tool Development, you will find:

- Methods used during the **Model, Message, and Tool (MMT) Adaptation and Creation Process**;
- Objectives of the **Tools & Messages**;
- **Toolkit Descriptions**:
 - A description of the **Ethiopia Facilitator Training Manuals**, one of the three main tools we developed in this phase of the project – this is the guide used to facilitate and lead faith leader trainings according to the structure established in our trainings on August 23-29, and September 2-7, 2012, respectively;
 - A description of the **Ethiopia Faith Leader Toolkits**, a comprehensive set of educational tools given to CIFA- trained faith leaders, for them to use as a guide to engaging their communities in honest conversations about harmful traditional practices, and eliminate FGC and EM;
 - A description of the **Nigeria Faith Leader Toolkits**, a comprehensive set of educational tools much like the Ethiopia Faith Leader Toolkits, but even more detailed/comprehensive in nature, and developed to speak to a Nigerian audience – these were developed during the MMT Testing in Nigeria.

The development of the MMTs for faith leader engagement was a rigorous process that depended upon information from our many key stakeholders. The guidance our KII and FGD participants offered during this phase of “The Faith Effect” was vital to the successes already being observed among CIFA-trained faith leaders and their communities.

MMT Adaptation and Creation Process (Messages, Models & Tools)

We learned early in this project that faith and traditional leaders (FLs) play a key role in shaping congregational and community attitudes and behaviors around these issues, and that mothers falsely believe much of the rationale for female genital cutting (FGC) and early marriage (EM) is religious. During this project, CIFA sought to incorporate these learnings and developed a range of models, tactics and tools to generate both attitudinal shifts among the FLs themselves, as well as models, messages and tools, for FLs to use to engage their congregations effectively. The process was iterative and interactive, engaging faith leaders, mothers, girls, government officials, local NGOs, and others. We documented results through interviews and focus group discussions in both countries.

As noted elsewhere, a respectful and interactive approach was vital to success, along with an abiding attitude of respect toward the individuals and faith traditions involved.

Tools & Messages

In order to achieve the overall objective – to develop for FLs and faith communities to combat early marriage and FGC in Nigeria and Ethiopia – it was first necessary to identify and analyze existing tools and potential messages, and then adapt and/or develop the messages and tools that would effectively motivate FLs to positive action on these key issues.

The initial indicator selected was to identify 15-20 tools –tools that have motivated FLs and/or congregants toward action on the selected issues or in selected faith-inspired contexts. After an exhaustive review of the existing literature by CIFA and its partners, we had more than 50 tools identified, although most of those specific to a faith-inspired context were found in other health and development issue areas – such as HIV (faith leaders have been engaged in HIV-AIDS issues for decades and it is an area that provided great richness of inspiration; we have included a list of salient tool examples below), malaria, and maternal & child health, amongst others. These dozens of tools included programs and examples of tools against FGC, against EM, included both secular and faith-inspired examples, and were used in a variety of ways and a wide range of audiences. Rather than list them here⁶, we felt it more useful to outline the eight types of tools that our research indicated might be most effective in combating FGC and EM:

1. Tools to shift faith leader attitudes and give them basic knowledge regarding these issues;
2. Toolkits for faith leaders so that they feel equipped to handle these issues in their communities; these would include the following:
3. Tools for faith leaders to sustain their knowledge about the issues of FGC and/or EM;
4. Tools for faith leaders to use with their congregations generally and provide scriptural support for eliminating these harmful practices;
5. Tools for faith leaders to start conversations on these controversial topics/issues;
6. Tools for faith leaders to use with women's groups – women being key decision-makers regarding these issues;
7. Tools for faith leaders to use with girls' groups;
8. Activity kits with illustrations and interactive materials.

This range of tools covers both those which were identified as useful with faith communities, as well as those useful on the specific topics – but we did not find usable tools that spanned both. As such, although our original target was to adapt four tools, we developed eight types of tools to align with the needs identified in the list above.

In parallel, the core messages for both issues were identified through FLs and other consultations in both Nigeria and Ethiopia. These messages started originally with the public health intent, but then transitioned into a context common to the various faith traditions involved – a context of universal values. Messages and sub-messages developed and used were thus fully consistent across faith

⁶ CIFA would be happy to provide the Nike Foundation, upon request, with both our Nigeria and Ethiopia literature reviews, as well as with sources and listing of programs and tools. In particular, there are varied and rich examples of faith-inspired tools related to HIV-AIDS.

traditions – although the scriptural texts and explanations for those core messages were specific to each religion. However, there were slight variations by country in their adaptation to local culture and circumstance. The result was 8-10 messages in four categories to address the *medical, cultural, spiritual* and *legal* concerns of the audiences being engaged – FLs and their congregations. These messages have been integrated into various aspects of the tools and toolkits provided for both Ethiopia and Nigeria. A core and consistent message throughout is that girls' health, well-being, and development must be a paramount priority – medically, culturally, spiritually and legally.

In the next three sub-sections provide descriptions of the tools developed for Ethiopia and Nigeria.

Ethiopia Facilitator Training Manuals

Description

Please refer to the separate binders (or files for the digital version), to find the complete tools developed in this project and described further below:

Facilitator Training Manuals (FTMs)

These are faith-specific toolkits to convince, sensitize, train, and equip faith leaders to be deployed in eliminating FGC and EM.

- EOTC. *A Facilitator Manual to Train Ethiopian Orthodox Tewahedo Church (EOTC) Faith Leaders*
- Muslim. *A Facilitator Manual to Train Muslim Faith Leaders*

The faith leader trainings are the vital first step in moving faith leaders (FLs) along the adoption spectrum, towards increased receptivity to delaying the age of first marriage and stopping the practice of female genital cutting (FGC) in their communities, and equipping them with the knowledge and tools to do so. In these trainings, faith leaders are encouraged to actively discuss their views and opinions on these key issues, are given comprehensive instruction on the realities of FGC and early marriage (EM) for the lives of their women and girls. The curriculum of these faith leader trainings aims to dispel myths and misinformed attitudes by providing information on the social/cultural origins of these harmful traditional practices, their devastating medical effects, the legal initiatives in place to mitigate these practices (and the consequences of perpetuating or encouraging them), and the theological perspectives on the legitimacy of these practices within their faith. All of this information, structured into a four-day curriculum with speaking guides, activities, discussion questions, recommendations for guest speakers, and logistical information, is condensed into the Facilitator Training Manual.

The Facilitator Training Manual (FTM) is the comprehensive guide for any potential organizer of these faith leader trainings. It contains detailed outlines for executing all four days of the trainings:

- Day 1: Introduction (acclimating the group to one another, and to speaking openly about the topics of FGC and EM; administration of the opening survey to determine current knowledge, attitudes and behaviors (KABs), position on the adoption spectrum).
- Day 2: FGC (four units of instruction on the social/cultural, medical, legal, and accepted theological truths about FGC; associated activities, guest speakers, and discussion panels, ample opportunities for FLs to voice their opinions and get honest answers to any questions they may have).
- Day 3: EM (four units of instruction on the social/cultural, medical, legal, and accepted theological truths about EM; associated activities, guest speakers, and discussion panels, ample opportunities for FLs to voice their opinions and get honest answers to any questions they may have).

- Day 4: Wrap-Up and Community Sensitization Day (review of all material presented during the previous three days; assessing FLs attitudes/any potential movement along the adoption spectrum; encouraging FLs to articulate their position on FGC/EM post-training; closing ceremonies with activities for FLs, guest speakers, and members of the community).

All of the information and activity suggestions contained within the FTM are distilled from our interim research findings and focus group discussions with primary stakeholders, such as faith leaders, mothers, women affected by these practices, Ethiopian NGO's, and government agencies. The theological references and perspectives have been approved by a selection of the highest national authorities of Islam and Ethiopian Orthodox Christianity.

The FTM is the primary resource for any potential facilitator of these faith leader trainings. Its purpose is to equip the facilitator with the necessary knowledge, language, and tools to effectively engage FLs on these incredibly sensitive topics.

Ethiopia Faith Leader Toolkits

Description

Please refer to the separate binders (or files for the digital version), to find the tools described:

Ethiopia Faith Leader Toolkits:

These are faith-specific toolkits for FL to use with their congregants.

- EOTC. *Early Marriage and Female Genital Cutting – Addressing Harmful Traditional Practices in your Community: A Faith Leader Toolkit*
- Muslim. *Early Marriage and Female Genital Cutting – Addressing Harmful Traditional Practices in your Community: A Faith Leader Toolkit*

Upon completion of the faith leader trainings, in Ethiopia, each faith leader participant is given their own resource manual, or toolkit, full of materials to use in engaging their congregations/communities in open discussion about the negative effects of female genital cutting (FGC) and early marriage (EM). As with the Facilitator Training Manuals (FTMs), the educational “tools” within this Faith Leader Toolkit were developed from the results of our interim research, and focus group discussions with primary stakeholders, such as faith leaders, mothers, women affected by these practices, Ethiopian NGO’s, and government agencies.

The results of our research in Ethiopia indicated that single faith toolkits, with both FGC and EM content, were most effective. The Ethiopia Faith Leader Toolkit comes in two versions: Ethiopian Orthodox Tawahedo Church (EOTC) and Muslim. Each toolkit does not necessarily have to be distributed in conjunction with the organized faith leader trainings: it can be used by any interested faith leader who wishes to learn more about FGC and EM, and engage their congregation/community around these issues. Additionally, we understand that it may not be possible for a faith leader to speak directly to the congregation at large about these issues, because of existing taboos on explicitly discussing sexuality in a religious service. Thus, the Faith Leader Toolkit is organized around equipping faith leaders with the knowledge and references they need to begin these conversations with congregants, in one-on-one settings, in small groups of “spiritual children,” and in religious institution-affiliated women’s and youth groups. The Ethiopia Faith Leader Toolkit (both EOTC and Muslim versions) is structured as follows:

- **Introduction:** The “Introduction” section includes an overall introduction to the contents of the toolkit, and a letter to faith leaders, expressing the endorsement of their faith’s national authorities, and the Ethiopian Ministry of Health.
- **“Get Started”:** This is where faith leaders will find religious textual references and faith-specific resources that clarify their faith’s position on FGC and EM. These are found in the “Conversation Starters,” a set of key messages about FGC and EM, around each of which are religious textual references and talking points to help the faith leader broach the topic to their congregants/community members. These “Conversation Starters” can be used both as a theological resource for the faith leader, and as a guide to starting faith-based conversations about FGC and EM with individual people in their homes, or in small groups with their “spiritual children.”

- **“Begin the Conversation”**: Faith leaders who feel confident in their ability to have faith-based conversations, but need to brush up on the key medical and legal facts about FGC and EM, can find “Information Sheets and FAQ’s” in “Continuing the Conversation.” These “Information Sheet and FAQ’s” present the essential key facts about FGC and EM, and answers to some potentially difficult questions their community may ask. As with the “Conversation Starters,” a faith leader can use these as resources for conversations with individual people in their homes, or in small groups of “spiritual children.”
- **“Engage Women”**: Many faith institutions have associated women’s groups that meet to discuss both spiritual and daily life issues. “Engaging Women” contains a lesson plan with activities and religious textual references that can be used by the leader of any women’s group to involve women in an honest, open discussion of the negative effects of FGC and EM on their lives and the lives of their daughters, and what can be done to stop them. These lesson plans can be used as presented, or excerpted as necessary.
- **“Engage Youth”**: Almost every major faith tradition values any activity that can guide children and older youth according to that faith’s values. “Engaging Youth” contains a lesson plan with activities and religious textual references that can be used by the leader of any faith institution-associated youth groups to dispel myths and stigma, and encourage young people to seek knowledge, stand up against harmful traditions, and make changes in their community. This lesson plan can be used as presented, or excerpted as necessary.
- **“Activity Kit”**: The activities within the “Engaging Women” and “Engaging Youth” modules require additional educational tools: a female anatomy lesson, and an Early Marriage Modeling Flipchart, introducing a community family, the decisions they and their children face, and engaging participants in a discussion about the realities of EM in their community. The “Activity Kit” is where one may find these tools, and the instructions for using them as part of lessons.
 - **“Anatomy Flipchart”** – This is the actual flipchart used to give a lesson on the female anatomy. It features four diagrams: 1.) the normal female external genitalia, without FGC 2.) the female genitalia after undergoing FGC Type I (removal of the prepuce and possibly the clitoris) 3.) the female genitalia after undergoing FGC Type II (removal of the prepuce, clitoris, and labia minora) 4.) the female genitalia after undergoing FGC Type III, also known as “infibulation” (removal of the prepuce, clitoris, labia minora, and much of the labia majora, with the remainder of the labia majora sewn together, leaving only a small hole for urine and menstrual fluid). The Anatomy Flipchart can be used with the Instructions found in the **“Activity Kit”**.
 - **“Early Marriage Flipchart”** – This is an interactive, illustrated flipchart activity for use with the Women’s and Youth Group lessons to spark a discussion about preparedness for marriage, and the need for both spouses to be mature enough to honor the institution. The Early Marriage Flipchart tells the story of one family (the Ermias family for an EOTC setting, and the Menkir family for a Muslim setting), with four children. Participants are told about each of the family’s three daughters and their son, and asked to discuss which of the family’s children is prepared for marriage. Illustrations for this activity were commissioned by the same illustrator used for all images in FL toolkits.

Nigeria Faith Leader Toolkits

Description

Please refer to the separate binders (or files for the digital version), to find the tools described:

Nigeria Faith Leader Toolkits – interfaith toolkits:

These are interfaith toolkits – with selected sections for Christian and Muslim religious traditions – for FL to use with their congregants.

- *Female Genital Cutting – Addressing Harmful Traditional Practices in your Community: A Faith Leader Toolkit*
- *Early Marriage – Addressing Harmful Traditional Practices in your Community: A Faith Leader Toolkit*

The Faith Leader Toolkit is even more important in the Nigerian context than in Ethiopia. Because there have been no faith leader trainings in Nigeria to date, the Nigeria Faith Leader Toolkits are more detailed in structure and content, in order to supplement the knowledge that would otherwise have been absorbed in a faith leader training, like those in Ethiopia. The educational “tools” within these Faith Leader Toolkits were developed from the results of our Interim research, and focus group discussions with primary stakeholders, such as faith leaders, mothers, women affected by these practices, Nigerian NGO’s, and government agencies.

The results of our Nigeria research indicated that a separate-subject, interfaith approach for both Christian and Muslim faith leaders would be more effective, versus a FGC/EM combined, single-faith toolkit as in Ethiopia. The Nigeria Faith Leader Toolkit is meant to be picked up by any interested faith leader who wishes to learn more about FGC and EM, and engage their congregation/community around these issues. Note that illustrations and visual material were developed within the toolkits where needed to emphasize some of the key messages, and to help generate discussion on these difficult topics.

The Nigeria Faith Leader Toolkits are structured as follows:

Female Genital Cutting (FGC) Faith Leader Toolkit

- **Letter to Faith Leaders:** This letter to faith leaders welcomes them to the toolkit, introduces them to the contents, and states that all faith-related information is approved by some of the highest national authorities of their respective faiths. It is signed by CIFA.
- **“Get Started”:** This is very similar to the “Introduction” section of the Ethiopia Faith Leader Toolkit. It is the section which includes an overall introduction to the contents of the toolkit, and “Some Common Questions,” to help an otherwise unindicted faith leader gain the confidence to begin talking to their congregation/community using this toolkit.
- **“Teach Yourself”:** This section is included because faith leader trainings have yet to be conducted in Nigeria. It is therefore a more rigorous introduction to the “Key Facts” surrounding FGC, as well as both Christian and Muslim religious textual references. It includes “Key Facts about FGC, A Basic Information Sheet” with FAQ’s, and “Scriptural and theological guides related

to FGC and its impact.” The “Scriptural and theological reference” are structured very similarly to the “Conversation Starters” in the Ethiopia Faith Leader Toolkit.

- **“Begin the Conversation”**: Faith leaders who feel confident in their ability to have faith-based conversations can use the “Conversation Starters,” based on four big questions about FGC.
- **“Engage Women”**: Many faith institutions have associated women’s groups that meet to discuss both spiritual and daily life issues. “Engaging Women” contains lesson plans with activities and religious textual references that can be used by the leader of any women’s group to involve women in an honest, open discussion of the negative effects of FGC on their lives and the lives of their daughters, and what can be done to stop them. These lesson plans can be used as presented, or excerpted as necessary.
- **“Engage Youth”** Almost every major faith tradition values any activity that can guide children and older youth according to that faith’s values. “Engaging Youth” contains a lesson plan with activities and religious textual references that can be used by the leader of any faith institution-associated youth groups to dispel myths and stigma associated with FGC, and encourage young people to seek knowledge, stand up against harmful traditions, and make changes in their community. This lesson plan can be used as presented, or excerpted as necessary.
- **“Activity Kit”** The activities within the “Engaging Women” and “Engaging Youth” modules require the FGC female anatomy lesson – the “Activity Kit” is where one finds this tool, and the instructions for using it as part of a lesson:
 - **“Anatomy Flipchart”** – This is the actual flipchart used to give a lesson on the female anatomy. It features four diagrams: 1.) the normal female external genitalia, without FGC 2.) the female genitalia after undergoing FGC Type I, (removal of the prepuce and possibly the clitoris) 3.) the female genitalia after undergoing FGC Type II, (removal of the prepuce, clitoris, and labia minora) 4.) the female genitalia after undergoing FGC Type III, also known as “infibulation” (removal of the prepuce, clitoris, labia minora, and much of the labia majora, with the remainder of the labia majora sewn together, leaving only a small hole for urine and menstrual fluid). The Anatomy Flipchart can be used with the Instructions found in the **“Activity Kit”**.

Early Marriage (EM) Faith Leader Toolkit

- **Letter to Faith Leaders**: This letter to faith leaders welcomes them to the toolkit, introduces them to the contents, and states that all faith-related information is approved by some of the highest national authorities of their respective faiths. It is signed by CIFA.
- **“Get Started”**: This is very similar to the “Introduction” section of the Ethiopia Faith Leader Toolkit. It is the section which includes an overall introduction to the contents of the toolkit, and “Some Common Questions,” to help an otherwise uninitiated faith leader gain the confidence to begin talking to their congregation/community using this toolkit.
- **“Teach Yourself”**: As with the FGC toolkit, this section is a more rigorous introduction to the “Key Facts” surrounding EM, as well as both Christian and Muslim religious textual references. It includes “Key Facts about EM, A Basic Information Sheet” with FAQ’s, and “Scriptural and theological guides related to EM and its impact on girls’ lives.” The “Scriptural and theological

reference” are structured very similarly to the “Conversation Starters” in the Ethiopia Faith Leader Toolkit.

- **“Begin the Conversation”**: Faith leaders who feel confident in their ability to have faith-based conversations can use the “Conversation Starters,” based on four big questions about FGC.
- **“Engage Women”**: As with the FGC toolkit, this section contains lesson plans with activities and religious textual references that can be used by the leader of any women’s group to involve women in an honest, open discussion of the negative effects of EM on their lives and the lives of their daughters, and their society’s marriage practices and norms. These lesson plans can be used as presented, or excerpted as necessary. They are modular, interactive and seek to provide easy-to-use ways of creating positive and safe spaces for discussion and learning.
- **“Engage Youth”** As with the FGC toolkit, this section contains a lesson plan with activities and religious textual references that can be used by the leader of any faith institution-associated youth groups to dispel myths and stigma associated with FGC, and encourage young people to seek knowledge, stand up against harmful traditions, and make changes in their community. This lesson plan can be used as presented, or excerpted as necessary. They are modular, interactive and seek to provide easy-to-use ways of creating positive and safe spaces for discussion and learning.
- **“Activity Kit”** The activities within the “Engaging Women” and “Engaging Youth” modules require the FGC female anatomy lesson – the “Activity Kit” is where one finds this tool, and the instructions for using it as part of a lesson:
 - **“Early Marriage Flipchart”** – This is an interactive, illustrated flipchart activity for use with the Women’s and Youth Group lessons to spark a discussion about preparedness for marriage, and the need for both spouses to be mature enough to honor the institution. The Early Marriage Flipchart tells the story of one family with four children. Participants are told about each of the family’s three daughters and their son, and asked to discuss which of the family’s children is prepared for marriage. Illustrations for this activity were commissioned by the same illustrator used for all images in FL toolkits.

VIII. Applicable Models for Faith-Based Behavior Change Communication (BCC)

Models and tools must fit harmoniously together: the model is the approach used to reach a target audience or group (e.g., a formal training of faith leaders, or approaching women interactively in a women's group); the tools described earlier are the "products" that are used to make that approach most effective. This section describes the rationale for the development of the models outlined here. We drew inspiration from existing faith-inspired and secular models and created and developed much new material, testing and refining the approaches (and the tools) in the process.

Below, relative to Model Development, you will find:

- The main **Models** CIFA adopted for the formation of their educational tools, as a result of the **MMT Adaptation and Creation Process**;
- The rationale for the model and structure of the **Ethiopia Facilitator Training Manuals**;
- The rationale for the development of the **Ethiopia Faith Leader Toolkits**;
- The rationale for the development and adaptation of the **Nigeria Faith Leader Toolkits**;
- Based on the **Results of MMT Testing Nigeria, recommendations for faith leader training and scale up**.

As with the tools and messages, the original intent was to identify, adapt and/or develop tactics, strategies, and models to address the target issues in selected contexts. More specifically, to determine how different people or categories of people (e.g, faith leaders, mothers, or girls) can best be approached so as to impact their knowledge and attitudes and ultimately engage them in active behaviors that will ultimately lead to eliminating early marriage and FGC.

Ultimately, the result was the identification and development of eight models that complement the eight types of tools described above:

1. Models to shift faith leader attitudes and give them basic knowledge regarding these issues; the model selected was a formal, 3-day training session with a structured curriculum;
2. Models for faith leaders to use with their congregations in a variety of settings, so that they feel equipped to handle these issues in their communities;
3. Models for faith leaders to sustain their knowledge about the issues of FGC and/or EM;
4. Models for faith leaders to use with their congregations generally, and provide scriptural support for eliminating these harmful practices;
5. Models for faith leaders approach their congregations in small groups, and to start conversations on these controversial topics/issues;
6. Models for faith leaders (or selected lay leaders) to use with women's groups – women being key decision-makers regarding these issues;
7. Models for faith leaders (or selected lay leaders) to use with girls' groups;
8. Models for interactive engagement of small groups, using suggested activities and appropriate illustrations.

Moreover, those eight models were adapted for distinct faith traditions in both countries. In Ethiopia, we developed a full Facilitation Training curriculum for Muslim communities, and a parallel and distinct one for the Ethiopian Orthodox church communities (EOTC). So too, the FL toolkits that enable further learning, teaching, and approaching congregational sub-groups were developed for each of these two main faith traditions. In Nigeria, a slightly less formal and more interfaith approach seemed to best reflect the needs and culture, and suggested an interfaith approach with some religious specificity integrated into the tools.

CIFA achieved our project objectives in Nigeria and Ethiopia to develop and test models and tools that work to change attitudes and behaviors among faith leaders on FGC and EM. These models and tools are now ready to be scaled-up sub-regionally in Ethiopia and Nigeria, and they could easily be adapted for national application in both countries.

The next three sub-sections outline the models developed, grouped into three large categories: the formal curriculum approach embedded in the Facilitator Training Manuals, and the Faith Leader Toolkits developed for each country, Ethiopia and Nigeria.

Model for the Development of the Ethiopian Facilitator Training Manuals

Rationale

The development of the structured curriculum embedded in the Facilitator Training Manual (FTM) was informed by the results of our quantitative and qualitative research. Our interviews, surveys, and focus group discussions indicated the potential for faith leaders (FLs) to influence their communities towards positive behavior change. However, these same respondents also indicated several barriers to full FL engagement, and several other factors that led to the development of the FTMs to remedy these issues. Because key stakeholders (such as mothers) revealed how much the FLs' position on issues such as FGC and EM informed their own practices, and most FLs admitted a lack of comprehensive knowledge and engagement from anti-HTP NGO's, CIFA sought to create a model that would engage FLs in the language of their own faith tradition. This model was solidified when NGO's such as EGLDAM proved quite receptive to the possibility of CIFA's program structure in their area. The FTM is designed to be user-friendly, and easily used to scale up CIFA's faith leader trainings, in order to expand our reach across Ethiopia, Nigeria, and potentially elsewhere.

The accompanying FTM is an example of what we used in our Ethiopia trainings, and can serve as a template for future FTM's in other regions and countries, when scaling up nationally and internationally. Our small-scale faith leader trainings, for which this FTM was used, were held in Moret & Jiru woreda and Artume Farsi woreda, both in the Amhara region of Ethiopia. Day 1 was structured as a day of welcome and introductions – both of the participants to each other, and to the topics being discussed, and some of the key terms being used. Day 2 was solely focused on FGC instruction and Day 3 on EM instruction. Day 4 was dedicated to a wrap-up, review, and closing ceremony. In Moret & Jiru, where the Ethiopian Orthodox trainings were held, the Day 4 closing ceremony included the unveiling of a billboard that advocated the EOTC's official stance against FGC and EM. All instruction was conducted from four different disciplinary angles: social/cultural, medical, legal, and theological.

Several key research results served as the rationale for the formation of each component of the FTMs, especially its organization by social/cultural, medical, legal, and theological instruction. First, and most importantly, most of our respondents admitted a lack of trustworthy information about the effects of FGC and EM on a young girl's body. One respondent in Ethiopia even said many of his colleagues were "hungry for knowledge" – and many FLs on various places along the adoption spectrum cited a lack of comprehensive medical knowledge as the major barrier to engaging their communities in honest discussions about the harmful effects of FGC and EM. The "non-doers" on our adoption spectrum, who either remained silent or spoke out in support of FGC and EM, often based their position on myths, and a misinformed understanding of the female body. Therefore, both our FGC and EM days of instruction included factual, comprehensive medical information, including anatomy lessons and diagrams, based on messages in both Islam and Christianity that emphasize the beauty of all of God/Allah's human creations.

As mentioned, many of our FL respondents were unwilling to challenge tradition, for fear of losing their position, or their community's respect. Therefore, we made sure to include a dedicated social/cultural section to our discussions of EM and FGC. Most of the "non-doer" respondents were unwilling to

challenge the existing tradition in their communities, for fear of losing their position (in the case of EOTC ministers who married young girls) or losing the respect of their community for discussing social issues in a church platform. The “doers,” or those who spoke out against FGC and EM in their communities, often admitted that they did not know where to begin a conversation about the roots of tradition, in order to address the harmful traditions. These “non-doers,” and many of the “doers,” expressed either explicitly or implicitly a need for discussion of the social/cultural influences that perpetuate the practices of FGC and EM – including economic need and the value of girls in their societies.

The legal section of our FGC and EM instruction served to refresh participants’ knowledge on the laws against FGC and EM in Ethiopia, but more importantly, was included to open up dialogue between FLs and government bodies, and encourage potential cooperation. A small portion of “non-doer” respondents did not know FGC and EM were illegal; however, most “non-doers” did, and chose not to follow those laws. Many of our “non-doer” respondents, especially those in Muslim communities, had a deep mistrust of the government, and refused to follow existing laws against FGC and EM, because they felt like those laws (and similar laws) were attacks on their culture and religion. Across most respondents, both “doers” and “non-doers,” there was even some confusion over the law, because the law is often poorly enforced – due to the complexity of the cases, a lack of resources, and law enforcement’s unwillingness to defy the culture/tradition of their local community, and thereby further lose that community’s trust. The legal portion of our FGC and EM instruction included ample time for guest speakers, both governmental and non-governmental, to open up dialogue with FL participants about existing governmental policies, and NGO programs to mitigate FGC and EM in their areas.

However, the most important part of both our FGC and EM instruction was the theology unit. Our research results indicated, in several ways, an almost universal need for explicit religious messages against FGC and EM, in order to properly equip FLs to speak to their communities. Most of our “non-doers” cited their religious beliefs as bases for their support of FGC and EM, often referring to places in their religious texts they believed promoted the practices. Many of our “doer” respondents, on the other hand, offered religiously acceptable interpretations of these “confusing” verses that appeared to promote FGC and EM, which are approved by some of the highest authorities of Christianity and Islam. All participants in our FL trainings were very interested in specific religious references they could use to speak to their communities about these practices in the language of faith – the very source of their authority and influence. People in their communities, they said, would want to know where in the Bible or Quran God/Allah justifies or condemns FGC and EM.

The results of this FTM structure, which guided our small-scale faith leader trainings, showed how great the potential is for this program structure, and demonstrated a need to scale up. The full effect our trained FLs in both areas is detailed later in this report, but the impact is significant. FLs have already intervened on behalf of young girls in their communities about to be circumcised, and spared them from FGC by changing their parents’ minds. They have also reached out to traditional circumcisers and FL colleagues in adjacent communities with their newfound knowledge. Based on this FTM model, we hope to first scale up nationally in Ethiopia, and then develop specific curricula/incorporate country-specific and faith-specific information into each section (social/historical, medical, legal, and theological) to scale up internationally, in regions where FGC and EM are still practiced.

Model for the Development of the Ethiopia Faith Leader Toolkits

Rationale

A core need outlined in all our research was to address the lack of knowledge and understanding of faith leaders regarding the issues of FGC and EM. The FL Toolkits directly respond to the need for information and tools for faith leaders to accurately and effectively speak about FGC and EM to specific groups in various gatherings within their communities. The model embedded in these toolkits is to give each FL a sustainable way in which to maintain their own knowledge, have ready arguments on the topics (with appropriate scriptural references) and address different congregational groups in an interactive, modular fashion, as needed. The assumption in Ethiopia is that the Faith Leader Toolkits (FL Toolkits) are to FLs who are ready to engage their communities and begin speaking out against FGC and EM.

All the material in the Ethiopia FL Toolkits was developed according to the results of our field research, which revealed the best methods for engaging specific groups within faith communities. All of our research respondents indicated a need for facts to dispel myths in the community that come from a trustworthy source – and FLs are often the most trusted source of information among decision-making adults in their communities. In Ethiopia, for example, EOTC priests are often “God-fathers” to a small group of “spiritual children, who confide in them and ask them for advice. Participant EOTC priests related variously how their female “spiritual children” will often come to them for marital advice; and many problems within their marriage were due to their having undergone FGC, being married at too early of an age to a man they did not choose, or both. Therefore, the Ethiopia Toolkits were developed with special attention to small group engagement of particular demographics within each faith tradition. They are single-faith, multi-subject: this means that each toolkit is structured for FLs of one faith tradition (Ethiopian Orthodox Christianity and Islam), and contains material dealing with both FGC and EM.

In Ethiopia, all FLs who have completed our trainings each receive a copy of the FL Toolkit. It can also be given to any interested FL who has been adequately engaged by a trained colleague. Once the FL trainings and program have been scaled up further in-country, all interested Ethiopia FLs could receive a copy of the FL Toolkit. They are, however, the vital other half of the FL training – ideally, once FLs have completed training and sensitization, these FL Toolkits will be available for them to use as resources in engaging their communities, and to brush up on their own knowledge on these topics.

The FL Toolkit for Ethiopian (see description in “Applicable Tools” section above) are divided into modular elements, and each of these was developed based on particular needs expressed by key research findings. For instance, most of our key informants (such as FLs, mothers, and NGO representatives) outlined a need to dispel myths about the female body. Because most of our “doer”⁷ FL respondents who spoke out against FGC and EM to their communities on a regular basis did so in small groups more often than at the congregation, the need for structured “Conversation Starters” became apparent. Because women and girls are obviously the most vulnerable to the practices of FGC and EM,

⁷ See CIFA’s Barrier Analysis research findings in the Interim Report to the Nike Foundation.

and because mothers are most often the ones most involved with FGC decision and preparation, CIFA developed “Engage Women” to open up honest discussion in already-existing women’s groups within faith institutions. In this same vein, the results of our research and previous models in other CIFA initiatives highlighted the need to begin the practice of open conversations about tradition versus truth early on; this is the logic behind “Engage Youth,” for nearly ubiquitous pre-existing youth groups within faith institution in our target areas.

In Ethiopia, there was great interest expressed in setting messages against FGC and EM within a religious context. The Information Sheets/FAQ’s were constructed to address an overwhelming lack of medical knowledge and ignorance of the female anatomy. “Engage Women,” as in Ethiopia, was given special attention because many women, especially in conservative Muslim regions, are not allowed to participate in formal prayer/worship, so can therefore only believe what their husbands or fathers tell them is right – and this is often misinformed and misinterpreted. Women often perpetuate the traditions of FGC and EM, because they feel that unless their daughters are subjected to FGC and/or married early, their daughters might not have a viable future. However, because many institutions of faith have women’s groups that meet at least semi-regularly, there is a dedicated religious forum through which to reach women: hence the development of the material within “Engage Women.” Likewise, many houses of worship also have youth groups that meet at least semi-regularly; therefore, the material within “Engage Youth” was developed to best educate young people early, so that they can make healthy choices about tradition for themselves and future generations.

The testing for pieces of the FL Toolkit was done in two phases, one pre-development of the FL Toolkits, and one post-development. The pre-development testing was done during high-level consultations in the capital, with the highest national authorities of both Ethiopian Orthodox Christianity and Islam. These consultations greatly informed the key messages we chose to convey, and around which we structured the Conversation Starters, and the lessons in “Engage Women” and “Engage Youth.” Individual FL Toolkit pieces were tested post-development in very informal key informant interviews. These interviews affirmed what worked, and helped determine where to refine.

In conclusion, the FL Toolkit is a vital part of the scaling up process both in Ethiopia, and internationally. Because millions of women and girls have already been subjected to FGC and/or married off before they were 18, and millions more are at risk, the importance of scaling this program up is self-evident. The FTMs are the foundation on which the FL Toolkits build – however, the FL Toolkits themselves are the vital second half of “The Faith Effect,” as they are in-hand resources FLs can use for their own information, and to give them a platform from which to start engaging their communities.

Model for the Development of the Nigeria Faith Leader Toolkits

Rationale

The Nigeria Faith Leader Toolkits (FL Toolkits) were formulated, like the FTMs, according to the needs expressed by our research respondents for the most effective community engagement. A core need outlined in all our research was to address the lack of knowledge and understanding of faith leaders regarding the issues of FGC and EM. The FL Toolkits directly respond to the need for information and tools for faith leaders to accurately and effectively speak about FGC and EM to specific groups in various gatherings within their communities. The model embedded in these toolkits is to give each FL a sustainable way in which to maintain their own knowledge, have ready arguments on the topics (with appropriate scriptural references) and address different congregational groups in an interactive, modular fashion, as needed.

As we have not yet been able to conduct faith leader trainings in Nigeria, the Nigeria FL Toolkits are formatted with additional information for FLs⁸. The accompanying toolkits are an example of what can be done in Nigeria to help FLs educate themselves, and to assist them in educating their communities.

The Nigeria FL Toolkits are examples of what we will be giving out to faith leaders to help them spread the message against FGC and EM in their communities. CIFA's experience in Nigeria in order issue areas, added to the research and testing in this project, indicated that a preferred approach in Nigeria would be an interfaith one – rather than single-faith. The Nigeria FL Toolkits are therefore interfaith and single-subject: this means that the toolkits contain material from both a protestant Christian and Muslim perspective, but on one subject each, FGC or EM.

As described above, each Nigeria FL Toolkit consists of the following: 1.) a "Letter to Faith Leaders," signed by CIFA, a local NGO, and the Nigerian ministry of health; 2.) "Get Started," a section dedicated to answering questions FLs may have about the community engagement process, and teaching them how to use the FL Toolkit; 3.) "Teach Yourself," the section containing Information Sheets with FAQ's (that can be copied and given to literate community members) and comprehensive religious guides to messages against FGC or EM, with corresponding religious textual references; 4.) "Begin the Conversation," the section that revolves around Conversation Starters, questions with outlined answers based on religious textual references, for use in individual discussion, small groups, or even drafting sermons for addressing the congregation; 5.) "Engage Women," a booklet with two lessons for women's groups within the faith institution, for each faith; 6.) "Engage Youth," a booklet with one lesson for youth groups within the faith institution, for each faith; 7.) an "Activity Kit," a supplemental section containing illustrations, a female anatomy flipchart lesson, and a narrative EM modeling flipchart lesson – all of which are called for in "Engage Women" and "Engage Youth," but can also be used in conjunction with the "Conversation Starters."

Each section of the Nigeria FL Toolkit was developed based on the needs expressed by key results of our research. First of all, most of our key informants (such as FLs, mothers, and NGO representatives)

⁸ – CIFA's recommendations for scaling up include the development of FTMs for Nigeria.

outlined a need to dispel myths about the female body. Because most of our “doer”⁹ FL respondents who spoke out against FGC and EM to their communities on a regular basis did so in small groups more often than at the congregation, the need for structured “Conversation Starters” became apparent; the structure of said “Conversation Starters” were also based on a successful model in our Nigeria HIV risk-reduction outreach. Because women and girls are obviously the most vulnerable to the practices of FGC and EM, and because mothers are most often the ones most involved with FGC decision and preparation, CIFA developed “Engage Women” to open up honest discussion in already-existing women’s groups within faith institutions. In this same vein, the results of our research and previous models in other CIFA initiatives highlighted the need to begin the practice of open conversations about tradition versus truth early on; this is the logic behind “Engage Youth,” for nearly ubiquitous pre-existing youth groups within faith institution in our target areas.

Content-wise, there were many similarities between the results of our Nigeria research and the results of our Ethiopia research. However, focus group discussions in Nigeria indicated a need for a different structure. In Nigeria, as in Ethiopia, there was great interest expressed in setting messages against FGC and EM within a religious context. The Information Sheets/FAQ’s were constructed to address an overwhelming lack of medical knowledge and ignorance of the female anatomy. “Engage Women,” as in Ethiopia, was given special attention because many women, especially in conservative Muslim regions, are not allowed to participate in formal prayer/worship, so can therefore only believe what their husbands or fathers tell them is right – and this is often misinformed and misinterpreted. Women often perpetuate the traditions of FGC and EM, because they feel that unless their daughters are subjected to FGC and/or married early, their daughters might not have a viable future. However, because many institutions of faith have women’s groups that meet at least semi-regularly, there is a dedicated religious forum through which to reach women: hence the development of the material within “Engage Women.” Likewise, many houses of worship also have youth groups that meet at least semi-regularly; therefore, the material within “Engage Youth” was developed to best educate young people early, so that they can make healthy choices about tradition for themselves and future generations.

There were two phases of testing for the Nigeria FL Toolkit: one pre-development, to test the specific messages around which the Conversation Starters are centered, and one to test individual toolkit pieces post-development. The pre-development testing phase drew feedback from focus groups of faith leaders and representatives from NGOs already working to eliminate FGC and EM. These focus groups informed the modification of the language used in our messages, and the structure of our conversation starters, the templates for which were our Ethiopia conversation starters/messages. In the post-development testing phase, special attention was paid to focus groups of women and youth. All material tested well, and further recommendations were given to refine our toolkit pieces, and our messages. Focus groups of young and adolescent girls especially responded well to the EM narrative flipcharts, in particular.

⁹ See CIFA’s Barrier Analysis research findings in the Interim Report to the Nike Foundation.

In conclusion, the FL Toolkit is a vital part of the scaling up process both in Nigeria, and internationally. Because millions of women and girls have already been subjected to FGC and/or married off before they were 18, and hundreds of thousands more are at risk, the importance of scaling this program up is self-evident. In the short term, the already-developed FL Toolkits for Nigeria are ready to be handed to any interested FL who would like to engage their community in discussion of these practices, and begin working to eliminate FGC and EM. However, FL trainings will become necessary in order to fully scale up the program in Nigeria successfully, and to build a foundation for the material found in the Nigeria FL Toolkits.