

# Guideline for Conducting an **Alternative Rite of Passage**

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YOUTH AND GENDER AFFAIRS



ANTI - FGM BOARD



# Foreword

This document was developed to guide the conduct of an alternative ceremony in communities where female genital mutilation (FGM) is practiced to mark the transition of girls from children to women. The alternative ceremony marks the transition without the cut.

Over time, the Anti-FGM Board and its partners and stakeholders have come to recognize that some of those engaged in the campaign against FGM would like to hold an alternative rite of passage, but such alternative rites were neither accepted by the communities where they were conducted nor held for uncut females only.

This guideline is developed as part of the legal mandate of the Anti-FGM Board: to design programmes aimed at the eradication of female genital mutilation; to design and formulate a policy on the planning, financing and coordination of all activities relating to female genital mutilation; and to design, supervise and co-ordinate public awareness programmes against FGM.

It aims to ensure that those conducting an alternative rite of passage bring on board all community stakeholders and conduct a rite that includes all traditional symbols except the cut.

I hope that this guideline will be useful in ensuring community involvement in the planning and execution of alternative rites of passage, reduce undue costs, give more meaning to the alternative rituals and hold the communities together in the eradication of female genital mutilation.

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Chairperson - Anti-FGM Board

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# Definition of terms

**A facilitator** is a neutral person who co-ordinates and guides the community to dialogue on identified issues that need a lasting solution.

**An alternative** rite of passage is an approach that marks the transition from girlhood to womanhood without the cut.

**Community dialogue** is a form of intervention that involves interactive discussion, exchanging and sharing opinions and experiences such as those concerning female genital mutilation in a community. The dialogue is guided by a facilitator with the aim of reaching mutual understanding between people. Dialogue is an exchange of opinions on an issue with a view to reaching an amicable agreement. Unlike debate, the emphasis is on listening in order to deepen understanding.

**Community** is a group of people living in the same place or having a characteristic in common. They share and have certain attitudes and interests in common.

**Community mobilization** is a process through which action is stimulated by a community to bring about the desired change.

**Culture** is a way of life, especially the general customs and beliefs of a people at a given time.

**Curriculum development** is a purposeful, guided and progressive learning experience designed to help learners establish quality relationships between what is learnt and how things work in everyday life.

**Evaluation** is the assessment or making of a judgment about the amount, number and value of something.

**Facilitation** is a process where a facilitator guides the community to efficiently and effectively make contributions during community dialogue, and helps them come up with solutions without influencing the outcome.

**Feedback** is a process within the framework of monitoring and evaluation by which information and knowledge are disseminated and used to assess overall progress towards results or confirm the achievement of results.

**Female genital mutilation** comprises all procedures involving partial or total removal of the female genitalia or other injury to the female genital organs, or any harmful procedure to the female genitalia for non-medical reasons. This includes clitoridectomy, excision and infibulation.

**Impact** is the long-term effect, the lasting or significant changes in people's lives brought about by one or more interventions.

**An Indicator** is a variable that measures one aspect of a program, project or outcome and may offer proof of implementation or change

**Input** describes the financial, human and material resources necessary to produce intended results.

**Key persons** are people who hold positions of influence or are decision-makers. They are community members who are well informed, inspirational and respected in the community.

**Monitoring and evaluation (M&E)** is a continuous assessment that aims to provide stakeholders with early detailed information about ongoing activities, helping to determine whether outputs, deliveries, schedules and plans are on track so that action can be taken to correct deficiencies as quickly as possible.

**Monitoring** is the continuous and routine data collection that takes place during ARP implementation.

**An Organizer** is a person who plans, prepares and brings people together for an activity or a meeting such as community dialogue.

**An Outcome** is the short-term and medium-term effect of an intervention, such as a change in knowledge, attitudes, beliefs or behaviours.

**Outputs** are the results of program/intervention activities; the direct products or deliverables of a programme or intervention activities.

**A Participant** is a person who takes part in community dialogues.

**Participatory monitoring and evaluation** is a process through which stakeholders at various levels engage in monitoring or evaluating an intervention, share control over the content, process and results of the monitoring and evaluation activity, and engage in taking or identifying corrective actions.

**A Principle** is a fundamental truth or proposition that serves as the foundation for a system of belief or behaviour or for a chain of reasoning.

**Sustainability** is the prospect of continued long-term benefits from a development intervention after a major intervention has been made.

# Acronyms

<b>ACCAF</b>	Africa Coordinating Centre for the Abandonment of FGM/C
<b>ADRA</b>	Adventist Development and Relief Agency
<b>AMREF</b>	African Medical and Research Foundation
<b>ARP</b>	Alternative rite of passage
<b>CEFM</b>	Child early and forced marriage
<b>EACH Rights</b>	East African Centre for Human Rights
<b>ECAW</b>	Education Centre of Advancement of Women
<b>FGM</b>	Female genital mutilation
<b>FIDA</b>	Federation of Women Lawyers
<b>KDHS</b>	Kenya Demographic and Health Survey
<b>KNBS</b>	Kenya National Bureau of Statistics
<b>KWCWC</b>	Kenya Women and Children's Wellness Centre
<b>MGF</b>	Marakwet Girls Foundation
<b>PCF</b>	Pastoralist Child Foundation
<b>SDGs</b>	Sustainable Development Goals
<b>SGF</b>	Samburu Girls Foundation
<b>SRHR</b>	Sexual reproductive health rights
<b>TGG</b>	The Girl Generation
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>WVK</b>	World Vision Kenya

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# 1

## Introduction and background

### 1.1 Introduction

An alternative rite of passage (ARP) is an essential approach to end FGM that employs a symbolic process as a passage from childhood to womanhood. The process constitutes training in life skills, sexual and reproductive health rights and education, while eliminating the harmful genital cut in a community. ARP is not a standalone approach but a product of community dialogue and school-based engagements. Different agencies have been implementing ARPs in an uncoordinated manner, creating the need for guidelines to harmonize the ARP processes, activities, measures of success and impact towards elimination of FGM. To address this, the Anti-FGM board has developed this guideline to harmonize how ARP will be delivered in an effective manner.

This guideline is meant for all agencies, groups and individuals involved in ARP activities as a strategy to end FGM and gender biases at the community level. It will enable implementers of ARP to organize and conduct an effective ARP programme and most importantly, enable agencies, groups and individuals to customize, report, monitor, evaluate and review the ARP programmes.

### 1.2 Background

Kenya has a legal framework and policies which are geared towards the protection of women and girls from FGM and other harmful practices. Article 53 (1) (d) of the Constitution of Kenya provides that "Every child has the right to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour". Section 14 of the Children Act 2001 on the protection of young people from harmful cultural rights states: "No person shall subject a child to female circumcision, early marriage or other cultural rights, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development."

To operationalize Article 53 (1) (d) of the constitution, the National Assembly enacted the Prohibition of Female Genital Mutilation Act 2011. The Act prohibits the practice of FGM and safeguards against the violation of a person's mental or physical integrity. The Act also provides for the formation of the Anti-Female Genital Mutilation Board, which is mandated to uphold the dignity and empowerment of girls and women in Kenya through the coordination of initiatives, awareness creation, and advocacy against FGM.

In Kenya, there has been a gradual decline in FGM among women aged 15-49, from 38% (1999) to 32% (2003), 27% (2008), and 21% recorded in the 2013 Kenya Demographic and Health Survey (KDHS 2014). However, there is still a high prevalence of FGM among certain communities; for instance, Somali (94%), Samburu (86%), Kisii (84%) and Masai (78%)

(KDHS 2014).

The above statistics show that FGM continues to persist since it is deeply rooted in cultures of these practising communities. It impedes the achievement of the social pillar in Kenya's Vision 2030 goal for socio-economic development. It also impedes the sustainable development goals (SDGs), and specifically target 5.3 which aims to eliminate all harmful practices such as child marriage and FGM, and realise the vision of achieving gender equality and women's empowerment. Communities that practise FGM contend that it plays an important social function that would be difficult to replace because of the meaning attached to the practises.

A range of interventions and approaches are employed against FGM; these include the encouragement of alternative rites of passage, awareness creation campaigns, legal approaches, community education and empowerment and community dialogue.

# 2

## Alternative rite of passage: objectives and principles

This chapter sets out the objectives of the guideline and the guiding principles for undertaking ARP.

### 2.1 Objectives

The overall objective of this guideline is to clearly outline the process of conducting ARP for organizations involved in the campaign against FGM.

In addition, this guideline will:

- harmonize and standardize the process for developing and implementing ARP
- improve coordination of ARP.
- improve monitoring, evaluation, learning and reporting on ARP.
- enhance development and implementation of sustainable ARP.
- enable communities to own the ARP process.
- enhance the efficiency, effectiveness and the impact of ARP in the campaign against FGM.

### 2.2 Guiding principles

The guiding principles lay the foundations for success and harmonization of an ARP approach. Adopting these principles will make it possible for ARP to become community-owned and community-driven, and this will enhance its sustainability.

#### **Principle 1: ARPs should be community-led**

Once the community understands the consequences of FGM, they should come up with an alternative to the practice that does not violate human rights. This should fit their context and should be easy for them to implement.

#### **Principle 2: ARPs should be based on passion, trust, honesty and integrity**

All parties involved in developing an ARP must be passionate, honest, trustworthy and persons of integrity who command respect and influence in their communities. Any ARP conducted without trust and honesty, and where the parties involved are driven by personal gain or interests, cannot be sustainable.

#### **Principle 3: ARPs should be culture-sensitive**

ARPs should be founded on a deep understanding of the cultural practices associated with FGM and the traditional ceremonies. Communities should be empowered to come up with alternatives based on their cultural understandings.

#### **Principle 4: ARPs should be inclusive**

Different community groups play different roles in the practice of FGM. A successful ARP must bring on board all the segmented groups. This includes the community groups (girls,

boys, parents, cutters, traditional birth attendants, government (both national and county governments), partners, religious leaders, civil society and the media.

**Principle 5: 'Do No Harm'**

ARP should observe the widely accepted 'Do No Harm' principle to ensure that the participants are not exposed to harm in the process.

# 3

## Implementing an alternative rite of passage

### 3.1 Introduction

This chapter will guide the process of implementing a successful alternative rite of passage to female genital mutilation. It is important to note that not all communities practice FGM as a rite of passage; some attach different values and beliefs to the practice. All these factors should be taken into consideration when working towards a successful ARP within a given community. As much as the ARP obviously targets girls, it is vital that boys are also targeted for they too have a role to play in ending FGM.

### 3.2 Organizing an alternative rite of passage

The following steps are essential in organizing an alternative rite of passage process.

#### Training of ARP facilitators

As a first step, training of ARP facilitators will take them through a programme that instructs them on how to successfully deliver, facilitate, measure and execute the ARP concept in the community.

#### Stakeholder-mapping

The mapping exercise is useful for initial engagement and identification of key stakeholders. It is a necessary part of creating buy-in for effective community-led ARP preparation.

#### Developing or using an existing ARP curriculum

A facilitator can either use an existing ARP curriculum or choose to improve it with best practices from other communities. Alternatively, a curriculum can seek to address not only FGM issues but also provide solutions that ultimately enhance the sustainability of the ARP process.

#### Venue selection

The community should identify a suitable venue for the target group where they will feel comfortable participating in the ARP activities. The organizer should also consider the safety and security of participants and the facilitator.

#### Timing

Consideration should be given to the community calendar of events and local people should determine a suitable date and time for the ARP activities to be undertaken.

### 3.3 Planning and Implementing an alternative rite of passage

The following are essential steps to planning and implementing an ARP.

#### Community entry

The first step to implementing an ARP is a successful community entry where the guiding team introduces the concept to the gate-keepers, custodians of culture, or leaders of the community for buy-in. The forum will also involve other relevant stakeholders.

### **Community mobilization**

An effective ARP requires that the community and its leadership is fully mobilized, can assemble the target audience, steer the agenda and participate in the ARP. The community may be engaged for at least six months depending on their level of understanding and acceptance of the process.

There are different approaches and strategies that can be used to mobilize the target community and get their buy-in for an ARP.

### **Mobilization through community dialogue**

There should be consistent and continuous community dialogue targeting the different community groups. This will lead to a change in knowledge, attitude and beliefs and so prepare the ground for the community to accept abandonment of FGM and adoption of an ARP.

### **Mobilization through capacity building**

It is important to build the capacity of the relevant stakeholders to communicate the effects of harmful cultural practices to enable understanding and acceptance of ARP. This entails the training of community members, traditional and religious leaders, civil society organizations, law enforcers, health and education partners, young people both in and out of school, and mutilators, among others. Role models and champions emerging from this process will become change agents in the community.

### **Mobilization through school outreach programmes**

This entails training girls and boys in the build-up to the alternative rite of passage over a six-month period. It involves partnering with formal and informal institutions of learning to teach sexual reproductive health and rights. These include life skills, awareness of the problem of sexual and gender-based violence, an understanding of children's rights and essential hygiene. Boys and girls are also taken through traditional values, customs and beliefs that positively impact their response to ARP. The ARP ceremony itself may be held in a community venue such as a church, a traditional open-air community meeting place, a community compound or in a school classroom.

### **Mobilisation through cultural learning and exchange programmes**

Such programmes are experience-sharing forums where community members who are still struggling to grasp the concept of ARP are taken to meet another community that has successfully adopted and implemented ARP, so that experiences and learning can be shared.

## **3.4 Identification of the target group**

Once the community has adopted an ARP, they need to identify girls who have not undergone FGM. A girl should only undergo ARP once. However, girls who have already undergone FGM can still be taken through life skills and empowerment initiatives so that they can become champions and help protect other girls.

The community may identify the ARP beneficiaries who will be intensely engaged to understand why they should not undergo FGM but embrace ARP.

The targeted girls should:

- **be aged between 10 and 18 years (Note that age varies depending on the community)**
- **not have undergone FGM**
- **have undergone the scheduled series of training prior to the ARP**
- **be those whose parents have signed a consent form, witnessed by the area chief, allowing them to go through the ARP**

## **3.5 Role Models/ ARP Champions**

Creating champions or role models requires the mentoring of a pool of girls from ARPs in campaigns against FGM so that they become peer influencers among their age mates

within the community.

### 3.6 ARP steering team

Having mobilized the community, the guiding team ensures an established ARP steering team which is adequately empowered to perform the activities. The ARP steering team is a holistic community-led team that comprises of already existing structures (if any) and all the relevant stakeholders in the campaigns against FGM.

### 3.7 Advocacy

The advocacy approach identifies and targets key players at community, county and national levels, with a focus on policy influencers with advocacy messages on sexual reproductive health and rights (SRHR), FGM and ARP. The community partners, together with the existing structures at the different levels, will influence their decision to accept and adopt an alternative rite of passage and to abandon the harmful cultural practice of FGM. The policy makers in turn draft and pass legislation that upholds ARPs.

### 3.8 Resource mobilization

The community may actively engage in identifying and providing resources required for the ARP. This will ensure community ownership and sustainability of the ARP process.  
(Include an annex on the content of ARP)

### 3.9 Conducting an ARP Ceremony

A successful ARP ceremony leads to change in knowledge, attitude and beliefs which prepares the ground for the community to accept abandonment of FGM. It is important to understand how to carry out a productive ARP that delivers the desired change not only to the girls but also to the community.

#### **Introduce the purpose of the ceremony**

The ARP ceremony is instrumental in contributing to the abandonment of FGM and therefore requires the participation of all key stakeholders, to whom its objectives and rules of engagement should be made clear.

#### **Use appropriate language**

Conduct the ceremony in a language that is easily understood by all. It is advisable to use the local dialect of the participants.

### 3.10 The ceremony

A community-led ARP is a public confirmation by the practicing community that they are ready to abandon FGM. In conducting the ARP process, it is important to have both boys and girls participate in the ceremony.

Depending on the concerned community, the ARP ceremony may entail a seclusion of girls for an age appropriate SRHR (sexual reproductive health and rights) re-orientation on the series of trainings they have undergone followed by the ceremony.

It is important that the community ensures that the ARP seclusion of the girls and the ceremony falls within the community calendar of events.

An ARP ceremony may encompass the following:

- **Identification of a 'symbol'; during the ARP process, the steering committee should identify a 'symbol' that will be significant to/with ARP in their community.**
- **The girls taken through ARP should be in traditional attire.**
- **A public declaration; the ceremony should entail a public declaration against FGM by the custodians of culture and reformed female circumcisers in the community**

and support for promotion of education for girls undergoing ARP. The cultural elders should also bless the girls, empowering them to be accepted by their society without the cut.

- Blessings and awards; the declaration is followed by a traditional celebration and graduation of girls who are then awarded with a gift, certificate or anything else that the specific community deems fit for the occasion.

The ARP ceremony is an advocacy forum to engage multiple stakeholders and duty bearers at both national and county levels.

After the ARP a post-analysis should be conducted by the ARP steering team to determine what went well and what did not go well, and areas for improvement.



# 4

## Monitoring and evaluation

### 4.1 Introduction

This chapter outlines the guidelines for monitoring, evaluation and learning. The monitoring and evaluation component will assist organizations/partners and facilitators engaging in ARP to track the achievements through the regular collection of information. This will assist in timely decision making, ensure accountability amongst stakeholders and the coordinating unit, and provide the basis for participatory evaluation and learning.

Monitoring and evaluation tools within the context of ARP should:

- be specific to the target group in matters of gender, age group and cultural sensitivities
- be qualitative and quantitative
- document the ARP process, best practice and challenges
- have effective feedback mechanisms
- ensure adequate participation of the community structures in the monitoring and evaluation processes

A good monitoring & evaluation tool will help answer the following questions:

- Are planned activities being implemented?
- Are the activities being implemented correctly and according to schedule?
- Are the messages reaching the intended audience?
- Did the desired outcomes occur?
- Are the interventions sustainable?
- Are girls and women given an equal opportunity to participate in the ARP?

### 4.2 Monitoring: five steps

- i. Establish performance indicators that should be in line with objectives of the ARP project
- ii. Set performance baselines and targets
- iii. Collecting, reporting & sharing data is necessary for documentation. The implementation team should keep records of proceedings so that progress can be tracked
- iv. Consider the monitoring risk and assumptions during design process

- v. Select appropriate data collection tools, such as questionnaires, interviews, focus group discussions, and a registry of the girls

### 4.3 Evaluation: three steps

- i. Planning for evaluation should be done during the design process
- ii. Assess effectiveness of the ARP by considering community expectations and the long-term outcomes
- iii. Assess the impact of the ARP and go beyond the outcome to include change in knowledge, attitude and practice of the target groups

After monitoring and evaluation, the data and information collected needs to be documented, shared and integrated into future designs.

### 4.4 Learning

Learning occurs throughout the monitoring and evaluation process. It underscores what is working well and what is not. Lessons learned throughout the process will provide valuable information on the impact being made. Learning will improve the performance of an intervention by informing relevant decision making.

### 4.5 Conducting monitoring and evaluation: seven steps

- i. Design the concepts of the monitoring and evaluation template in a simplified theory of change **(see Annex 1)**
- ii. Identify key players and agents for ARP
- iii. Identify key roles **(who is responsible for ARP?)**
- iv. Documentation plan **(see Annex 2)**
- v. Have an analysis plan
- vi. Fill in the reporting template **(see Annex 3)**
- vii. Feedback mechanism **(see Annex 4)**

# Annex 1: Sample concepts and design for monitoring and evaluation (simplified theory of change)

Concept	Definition	Examples
Goal (desired impact)	The final impacts on peoples' lives or the environment that you wish to achieve	Realization of change in knowledge, attitude, beliefs and practices that lays foundation for the community to abandon FGM
Objective (desired outcomes)	Short-term and medium-term effect of an intervention, such as change in knowledge, attitudes, beliefs or behaviours.	<p>Generating a good understanding on FGM among individuals and communities to influence change.</p> <p>Providing a platform for the invisible and voiceless to be seen and heard.</p> <p>Providing an opportunity to question and discuss harmful norms, values and taboos related to FGM.</p> <p>To generate response from communities and individuals that result in commitment to addressing FGM through meaningful participation.</p> <p>To promote individual and community sense of ownership and accountability.</p> <p>To enhance social interaction among individuals in the community to share good practices and ensure sustainability.</p>
Outputs	The immediate and direct result of your activities that contribute to your objectives (desired outcomes)	Enhanced and enlightened community members on the effects of FGM
Actions	The programme & project activities and processes you undertake so that you achieve your desired outputs	To conduct community intergenerational dialogues
Inputs	The key human, financial, technical, organizational and/or social resources that you need to undertake your activities	Human resource capacity, funds etc.
Risks	A cause, factor or element that poses danger (backlash etc.)	Backlash, political good will
Barriers	Factors that make it difficult to access or seek rightfully deserved services	Cultural norms, illiteracy, gender equity etc.
Needs	Factors that prompt the demand for an intervention	FGM practice poses long term health risks to women and girls; violation of human rights

## Annex 2: Documentation plan

Document Title (for instance, Lessons learned report, Most significant change stories, annual performance reports)	Brief overview of content in the document	Analysis and or synthesis of content (a description of what data would be used to generate this content, how it will be collected and analyzed to generate the content)	Packaging (after analysis)	Primary author(s)	Reviewer(s)	Target audience	Dates when document is disseminated	Resources (different inputs required to put the document in place. May include quantity and cost for the inputs)
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## Annex 3: Sample reporting and documentation template

Date	Name of Organization		
Name of facilitator			
County	Sub County	Location	Venue
Number of participants	Male	Female	Total _____
	Age <15 yrs _____ Age 15-18 yrs _____		Age <15 yrs _____ Age 15-18 yrs _____
Topics/themes discussed			
Observations			
Output			
Outcomes/achievements (notable changes in attitude, behaviour and knowledge level on FGM)			
Challenges			
Recommendations			
Follow up/Action			
Resource allocation			

# Annex 4: Feedback mechanism/ dissemination Plan

Title or description of document e.g. lessons learned report, most significant change report	Stakeholder	Purpose/objective of message	Dissemination media/means	Packaging	Dissemination timeline (s)	Budget







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