



Sexual and Reproductive Health Knowledge Sharing Fund

Application format

Name of KS initiative:	Understanding issues around FGC in Sierra Leone	Contact person:	Yuki Suehiro
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What knowledge do you want to share?

What knowledge do you want to generate, share, and/or use? Share the main learning objective of this Knowledge Sharing (KS) initiative.

CARE Sierra Leone would like to learn more about the socio-cultural context under which FGC is carried out and continued in this country, and ways in which the organization, and others in the country, might approach programming to diminish the negative effects of this culturally complex practice.

FGC is almost universal in Sierra Leone. Between 85% and 98% of women have undergone some form of cutting. It is performed as part of initiation rites and is integrally linked with women's secret societies. Girls are initiated at all ages between 1 and 30 years. FGC is usually performed by a well-respected woman, but practitioners can be as young as ten. Five-year old girls have been found severely sick in the bush while undergoing the 2-3 year training to become practitioners, highlighting the vulnerability of practitioners as well. A study conducted by PLAN on FGC in two districts of Sierra Leone (2005) indicates that the medical and psychological consequences of FGC in the country are more severe than in other West African countries. The initiation rites often include forms of severe child abuse, such as severe beating, and other highly traumatising experiences for young girls. Some other particularities of the FGC in Sierra Leone include: Highly secret and mysterious nature of FGC among people of all educational levels and origins; a political will to promote FGC; women's view of FGC as a symbol of female authority and freedom; great significance of secret societies and the initiation rites in "post-conflict" Sierra Leone – some anthropologists have even concluded that FGC is so intrinsically tied to important positive cultural practices that any efforts to abandon it are more likely to do harm than good. Aside from the Plan study, there are few published reports on FGC in Sierra Leone. Many of the stakeholders keep quiet about the highly politicised topic. In sum, current information on FGC in Sierra Leone is extremely limited while CARE S/L has an intention to undertake and engender community-based, culturally appropriate actions in near future to decrease the negative effects of FGC.

As such, the main learning objectives are:

- ✧ To better understand the complex socio-cultural dynamics around FGC in Sierra Leone
- ✧ To exchange learnings with other organizations (public and private) on culturally adapted approaches to address FGC in Sierra Leone

Why is this knowledge relevant to CARE?

Why do you consider this knowledge relevant to CARE's mission/vision? How the main objective of the KS initiative is contributing to the achievement of the specific objectives of our Sexual and Reproductive Health work (Locally, regionally, and globally)?

FGC encroaches on a number of human rights, including women's and girls' rights to good (sexual and reproductive) health, education, freedom and protection (from violence, injury, and abuse), and decision making concerning reproduction. Clearly, CARE, as an organization promoting empowerment, non-violence and discrimination from a human rights stand point, has a mandate to address FGC in order to improve the health and social well being of young girls and women in Sierra Leone. Interests of international NGOs on FGC in Sierra Leone are growing slowly but steadily. It is high time to bring partners together to exchange experiences and expertise and to generate more profound knowledge on FGC in Sierra Leone, while borrowing lessons learned from FGC programming in other countries in East/West Africa. *Locally*, such knowledge sharing will lead to the development of effective FGC abandonment programs in Sierra Leone and to partnership creation to achieve change. It will also

promote embracing diversity and capacity development in sexual and reproductive health work *between West and East Africa regions*. *Globally*, it will enhance the knowledge base on FGC, one of the most critical sexual and reproductive health issues CARE has to address.

How do you intend to share the knowledge?

What are the main activities of the learning process? Which knowledge sharing method(s) will you use?

1. **After action research:** Conduct qualitative research (case study method) in operational areas of local organizations already working on FGC in Sierra Leone. The main purpose of the research is to find out the perceptions about the organizations and their interventions among community members of different social categories (practitioners, ex-practitioners, religious leaders, young girls/boys, married women/men) and to assess the approaches that worked, those that didn't, and why.
 2. **Knowledge fair / Story telling:** Organize a meeting among local partners with experience and/or interest on FGC. Results of qualitative research will be shared at this forum as well as findings from other sources such as PLAN study (2005). Representatives from other CARE offices and/or other organizations in East/West Africa who are directly involved in successful FGC programs in the similar context will be invited, too, to share their experiences. In order to facilitate a real dialogue, supporters of the practice in Sierra Leone shall also be represented at this forum, who could share the significance and positive aspects of the ritual from social, ideological, and cultural perspectives.
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Who will benefit from this knowledge?

Who are the people involved in the KS initiative and how will this knowledge be useful for them? Who (outside the group) will find this knowledge useful and why?

1. (Research) CARE S/L Health program, 2 local organizations (AIM, CDHR)
2. (Knowledge fair) CARE S/L, 5 local organizations working on FGC including AIM and CDHR, Interested international NGOs including PLAN, Interested donors and UN agencies including GTZ, American Embassy, and UNICEF, other CARE offices invited to knowledge fair.

Many, including CARE S/L, try to address FGC in Sierra Leone, yet do not know how. The KS initiative will provide us with insights into effective programming in this area. Local organizations will benefit from research findings as well as lessons learnt elsewhere to improve effectiveness of their interventions. Representatives from other countries in East/West Africa will develop their capacity through sharing their knowledge with us and broaden their perspective through an exposure to a different setting.

How will you measure success?

How will you know if you achieve your main learning objective? What are the indicators of success?

We can confirm our achievement if the following documents are in place: Report of qualitative research; Report of knowledge sharing meeting that includes concrete action points to move forward with FGC abandonment work in Sierra Leone.

What are the associated costs of your KS initiative?

Please develop a brief budget and include it with your proposal. If you have a match (money or in-kind) include it as part of the total budget. **Total. US\$7,500 (\$2,500 – a match from CO UNR)**

1. **(Research) US\$3,500** (US\$1,000 - Transport allowance / per diem for 6 research assistants (RAs) (AIM/CDHR staff); US\$2,500 - Consultancy fee for a consultant on designing / coordinating research, training RAs in qualitative research method, data analysis & production of final report in collaboration with AIM/CDHR staff)
 2. **(Knowledge fair) US\$4,000** (US\$3,000 - travel costs / per diem for 1-2 persons from other CARE COs (staying for 4 days to help us in preparation/facilitation/wrap-up; US\$1,000 - organization of a one-day knowledge fair (tea/lunch/stationeries/document for 35 participants)
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Do you require any assistance?

Will you need help from the Sexual and Reproductive Health Technical Advisor? If so, for what? **Yes.**

Technical advice to ensure the quality of qualitative research; an assistance to identify COs/persons with relevant experiences that could be shared from East/West Africa regions; and technical inputs with wider CARE knowledge on the topic from Susan Igras, RH advisor, during knowledge fair. Knowledge fair will be organized to correspond with her next scheduled visit to Sierra Leone for SAY project.

