

**INCORPORATING COMMUNICATION IN THE ALTERNATIVE RITE OF  
PASSAGE (ARP) INTERVENTION: A CASE OF AMREF HEALTH AFRICA**

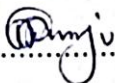
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FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF DEGREE OF  
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## DECLARATION

This Research Project is my original work and has never been presented for the award of degree in any other university or institution.

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## **ABSTRACT**

The study examined how communication was used in the ARP-WASH (Alternative Rite of Passage/Water, Sanitation & Health) Project by AMREF Health Africa to address Female Genital Mutilation (FGM) in Kajiado West Subcounty, Kajiado County. This being a behavior change project, the study also aimed to find out if and how Social and Behavior Change Communication (SBCC) was utilized. The study sought to answer three main research questions. First was to examine the ARP-WASH project design; secondly to assess the ARP-WASH implementation strategies and lastly to examine the implications of the project's design and implementation strategies. The study was guided by the Social Convention Theory and Social Norms Theory. The study employed a descriptive research design, case study research method and a qualitative research approach. Purposive sampling technique was used to select the specific project partners and beneficiaries that participated in this study. The data collection methods were interviews, Key Informant Interviews (KIIs), Focus Group Discussions (FDGs) and document analysis. Thematic analysis was used to analyze and interpret data, which has been presented in form of narratives. The study found out that integrating FGM and WASH worked to encourage some of the Maasai community members to embrace FGM messages and leave the practice, SBCC and communication in general were not incorporated in the project, therefore there was no communication strategy in place, and ad communication support was sought during implementation phase. The study recommends the integration of SBCC in project design of behavior change projects such as ARP-WASH to promote abandonment of FGM among the Maasai and other practicing communities.

## ABBREVIATIONS/ACRONYMS

<b>ARP</b>	Alternative Rite of Passage
<b>C4D</b>	Communication for Development
<b>CBOs</b>	Community Based Organisations
<b>COVID-19</b>	Coronavirus Disease
<b>CSOs</b>	Civil Society Organisations
<b>ESRC</b>	Ethics and Scientific Review Committee
<b>FGM/C</b>	Female Genital Mutilation/Cutting
<b>GGCM</b>	Guardian Global Media Campaign
<b>IEC</b>	Information, Education, and Communication
<b>KDHS</b>	Kenya Demographics Health Survey
<b>MYWO</b>	Maendeleo ya Wanawake
<b>NCDs</b>	Non Communicable Diseases
<b>NGO</b>	Non-Governmental Organisation
<b>PATH</b>	Program for Appropriate Technology in Health
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations
<b>UNAIDs</b>	Joint United Nations Programme on HIV/AIDS
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children Fund
<b>WHO</b>	World Health Organisation

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## **CHAPTER ONE: INTRODUCTION**

### **1.0 Overview**

This chapter provides a background of study and gives global, regional and local perspectives of the broader research topic. The chapter also provides the problem statement, purpose of the study, research objectives and questions, justification, scope and limitations of the study.

### **1.1 Background of the Study**

#### **1.1.1 FGM and Communication**

Female Genital Mutilation/Cutting (FGM/C) also known as female circumcision is defined by the World Health Organisation (WHO) and United Nations (UN) agencies as “all procedures that involve partial or total removal of the external female genitalia, or any other injury to the female genital organs for non-medical reasons” (WHO, 1997; WHO, 2008). FGM has gained increased global attention and concern as a human rights issue. It has been recognised as discrimination on grounds of sex because it is rooted on gender inequalities and power imbalances between men and women, and bars women from fully enjoying their human rights (WHO, 2008). FGM is a form of gender based violence against girls and women due to the physical and psychological consequences that it exposes women to. The practice is associated with a series of health risks and consequences, which depend on the extent of the procedure, skills of the circumciser or cutter and other circumstances during and after the procedure. Although it is a human rights violation that subjects women and young girls to health risks and consequences, FGM is still performed on girls aged four to 14 years (WHO, 1997) as a rite of passage from childhood to adulthood in several communities.

Given its magnitude, the fight against FGM undoubtedly calls for concerted efforts - backed by communication - at the international, regional, national and community levels to bring social change among practicing communities. Since 1997, there have been increased efforts to fight FGM globally through research, community work, policy changes and increased advocacy championing for its abandonment (UNICEF, 2005). These interventions have led to wider international support, legal frameworks and enhanced political support towards FGM, and a decrease in the practice in some countries (WHO, 2010).

There are several anti-FGM advocacy campaigns that have been launched targeting various actors, which have been championing for discontinuation of the practice. However, a few of these FGM advocacy efforts have placed strong emphasis on the associated health consequences. UNICEF (2005) argues that while these campaigns have helped raise public awareness of FGM, the overemphasis on its dangers has accidentally led to medicalization of the practice. Further, Ruth (2011) asserts that although these initiatives have succeeded in awareness creation of dangers of FGM, they have failed to change attitudes and behaviors and persuade communities to abandon the practice, even here in Kenya. Aware of the limited achievement of the end-FGM efforts, in 1999, WHO recommended the behavior change approach to accelerate efforts to end female circumcision.

Globally, an estimate of over 200 million girls and women have undergone some form of FGM/C (UNICEF, 2016), and approximately 3.6 million girls are circumcised every year (UNICEF, 2014). Some forms of FGM have also been reported in other countries, including among certain ethnic groups in South America. Moreover, growing migration has increased the number of girls and women living outside their country of origin who have been cut or who may be at risk of being subjected to the practice in Europe, Australia and North America (WHO, 1999). A global health and human rights concern, FGM has attracted attention from

various organisations, which has seen the implementation of numerous eradication initiatives- both programmatic and advocacy - at the international, national and community levels. The WHO and the UN agencies have been at the forefront campaigning against the traditional practice.

In Africa, over three million girls are estimated to be circumcised each year, and approximately 91.5 million girls and women aged 10 years and above have been subjected to FGM with 12.4 million being 10 to 14 years (WHO, 2011). In most cases, girls aged 15 and below bear the brunt of the procedure. In some instances, women undergo FGM later in life; including just before they get married, or after marriage, during pregnancy and after childbirth, or when their own daughters are being circumcised (Shell-Duncan, 2011). FGM has been documented in a number of countries including: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Togo, Uganda, United Republic of Tanzania and Yemen (WHO, 2011).

In Kenya, despite the passing of the Prohibition of Female Genital Mutilation Act 2011, FGM is still widely practiced by majority of communities, with exception of the Luo, Luhya, Pokomo, Teso and Turkana (Esho et al., 2017). FGM prevalence in Kenya stood at 21% in 2014, a decline from 27% in 2008, 32% in 2003 and 38% in 1998 (KDHS, 2014). The Government attributes the reduced prevalence to legislations, religious influence, education and awareness about the effects of the practice on girls and women. Notably, one in every five girls and women aged 15 to 49 had been cut in 2014. When it comes to prevalence by communities, the 2014 Kenya Demographic Health Survey (KDHS) indicates that proportion of women who are circumcised in the counties varies by ethnic group. Majority of girls

within the Somali were circumcised (94%), Samburu (86%), Kisii (84%) and Maasai (78%). Contrary, 2 % or less of girls within the Luo, Luhya, Turkana and Mijikenda/Swahili ethnic groups are circumcised. Geographically, rural women (26%) are more likely than urban women (14%) to undergo FGM/C.

In post independent Kenya, efforts to address FGM have been through legislations, government's commitments to end FGM, and independent efforts by various organisations such as AMREF Health Africa, Care International, Plan International, World Vision, UNICEF and UNFPA among others. On legislations, Kenya has ratified several international legal instruments and commitments that have become part of the Kenyan law as provided for in Article 2 of the Constitution. The Constitution of Kenya 2010, Prohibition of Female Genital Mutilation Act 2011 and Children's Act 2001 are major steps by the Government to protect women and girls from FGM and other harmful practices. Although there have been a decline in prevalence over the years, FGM continues to persist since it is deeply rooted in cultures of practicing communities amid the various legislations and joint eradication efforts. Mbogo et.all (2019) study blames various social, economic and cultural factors as the reasons behind prevalence of FGM in Kajiado County. From the study, families approve of FGM so as to gain social approval and inclusion and is a cultural tradition practiced as a rite of passage and is seen as a license to marriage for girls. FGM is also a source of wealth for fathers in form of dowry once the girls get married.

The Alternative Rite of Passage (ARP) is one of the interventions to address FGM in practicing communities. ARP models are structured interventions that aim to preserve the positive socio-cultural aspects of the rite of passage ritual but without the cut (Chege, at al., 2001). They allow girls from communities that practice FGM to transition from childhood to womanhood without undergoing the 'cut' but adopt a different rite of passage, which

maintains other traditional components of rite of passage such as education on reproductive rights and gender roles, women's rights, blessings by elders and a public ceremony. ARPs generally take an integrated and participatory approach aimed at addressing cultural drivers of FGM/C through community-led sensitisation and knowledge awareness engagements. In Kenya, the 'Alternative Rite of Passage' was first introduced by the Program for Appropriate Technology in Health (PATH) and Maendeleo ya Wanawake (MYWO). Carried out in Meru County, twenty-nine girls graduated in 1996 (Chege & Liku 2011). Today, various NGOs have been advancing ARP as a solution to addressing FGM in Kenya, and in recognition of the independent efforts to address FGM, the Kenya Anti-FGM Board developed *Guideline for Conducting an Alternative Rite of Passage in Kenya* in 2018 to harmonize delivery of ARP, and ensure it is effective and make it community-owned and community-driven to enhance its sustainability (MYGSA, 2018). ARPs take a different form in different communities as NGOs design their own curricula and activities (Lotte, 2018).

Further studies show that there have been various communication initiatives aimed at phasing out FGM in Kenya. Majority of studies on FGM have faulted lack of community participation for continuity of the practice. The UNICE Foundation (2010) points to a lack of Community ownership in projects that the communities are never involved in the anti-FGM campaigns in terms of the idea, design and application. Furthermore, these Anti-FGM programs generally do not involve intended beneficiaries in the planning of intervention but only after implementation, rather than at the design stage (WHO, 2011). Lee (2008) observed that little attention was paid to the efficiency of communication messages to local FGM practicing communities.

Owing to the fact that development and communication are interlinked, incorporating communication at the project design stage ensures a better integration of communication and



project activities, and facilitates long term planning and allocation of resources, be it human or financial and sustained results (Mefalopulos, 2008). However, many development managers and decision makers do not embrace communication as a strategic tool, as they use it after a project has begun - instead of at the beginning - to inform and persuade audiences (WHO, 2018). Research shows that development programmes fail because of two intertwined reasons - lack of participation and failure to use effective communication (Agunga, 1997), a point that is emphasized by (Servaes, 2003) who observes that a projects' success and failure is determined by communication and people participation. For all projects, dialogue is essential among stakeholders, as it builds trust, shares knowledge and ensures mutual understanding (World Bank, 2008).

Incorporating communication in projects, is in essence about having a communication strategy to support project activities. A well-crafted and comprehensive communication strategy is therefore important for programmes aimed at influencing behavior because such projects require significant awareness and communication for them to garner sustained impact. A communication strategy to tackle FGM should take into consideration the collective nature of decision-making in regards to FGM, as in most cases, the decision to undergo FGM is not an individual choice - as girls have minimal say on whether they will be cut or not (Lee, 2008) - but a family and community decision. This study will assess how communication has been used in the AMREF-led ARP intervention in addressing FGM in Kajiado West Subcounty, Kajiado County.

### **1.1.2 About AMREF Health Africa**

AMREF Health Africa started as AMREF Flying Doctors of East Africa in 1957 with the sole mandate to deliver mobile health services to communities. Today, AMREF has expanded

to become one of the leading and largest international health NGOs in Africa partnering with communities and strengthening health systems in over 35 African countries. AMREF continues to advance the vision of its Founders - Sir Michael Wood, Archibald McIndoe & Thomas Rees - of increasing sustainable access to health care by African communities and contribute to Universal Health Coverage (UHC). The vision of AMREF Health Africa is to create *lasting health change* in communities through various programmes under its three key pillars: 1) Human Resources for Health, 2) Innovative Health Services and Innovations and, 3) Investments in Health. AMREF Health Africa in Kenya projects support a devolved system of government complimenting the Ministry of Health efforts; address health needs of vulnerable populations (women, children, and youth); help combat infectious diseases, Non-Communicable Diseases (NCDs) and maternal mortality.

The Alternative Rite of Passage is one of AMREF's flagship intervention that uses a community-driven approach to promote women empowerment, address gender inequalities and eradicate FGM/C in practicing communities. The current ARP project in Kajiado County integrates Water, Sanitation and Health (WASH) component as the entry point to engage the Maasai community in discussions about abandoning FGM and embracing an alternative rite of passage. The three-year project was implemented from July 2017 to June 2020.

### **1.1.3 About the AMREF ARP Model**

AMREF Health Africa in Kenya developed and began a new procedure – Alternative Passage Rite (ARP), meant to reduce FGM/C prevalence in Kenya in 2009. This collective intervention in Kajiado County, successfully piloted and developed, aimed to change social standards and reverse the alarming trends in FGM/C rates through involvement and involvement of community stakeholders, such as cultural leaders, morans, traditional nurses, county governments, religious and cultural leaders. The ARP model promotes conversation

among community leaders and enables not just girls and females to design and enforce local FGM-C legislation and policies, but also policy-makers and community leaders. The strategy involves and supports children in recognizing and demanding their sexual reproductive rights (SRHR) and taking informed action when these rights are deprived. ARP's significant results include creating a community movement that works to reform societal and gender standards that maintain FGM/C, early and coerced child marriages, and early adolescence. Finally, the objective of the intervention is to protect girls and women against FGM/C, to minimize cases of FGM/C, to reduce both early and forced marriages and pregnancy of adolescents, and to increase high-school completion rates. The entire ARP process requires 6-48 months and involves various steps for communities to be involved.

#### **1.1.4 Overview of the ARP-WASH Project**

The overall goal of the ARP-WASH project was to contribute towards reduction of Female Genital Mutilation/Cutting (FGM/C) by improving Sexual Reproductive Health and Rights (SRHR) and Water, Sanitation and Hygiene (WASH) services among adolescent young people and women of reproductive through integrated ARP and WASH interventions. The project interventions were designed with the assumption that by addressing communities pressing needs (WASH needs as an entry point), the project would create trust in the community to adopt and utilize of SRHR and Anti-FGC messages; Improving WASH facilities in schools would increase school attendance for girls as they will not miss school during menstruation as well as improve menstrual hygiene amongst school girls and Improved access to WASH services would increase enrolment, reduce school drop outs, reduce the number of teenage pregnancies by reducing the walking distance to water sources (hence reduce the chances of being raped) and retained in school).

The specific objectives were to: 1) Increase access to safe and sustainable drinking water to 40,700 people by 2020; 2) Increase access to improved sanitation and hygiene practices to 11,366 people by 2020; 3) Increase the proportion of girls graduating into womanhood through ARP model instead of FGM/C by 20% by 2020; 4) Increase acceptance and support for ARP model by cultural and political leader's against FGM and early child marriages and 5) Generate evidence, share lessons learnt and best practices to influence and inform policy.

The 5 key project objectives were adopted to address the underlying challenges of: high prevalence of FGM/C prevalence rate (78%); inadequate access to safe and clean drinking water supply (40%); poor access to basic sanitation with majority still practicing open defecation (60%) and low acceptance of ARP to FGM/C by elected and cultural community leaders (identified at baseline). Out of these objectives, two of them focused specifically on FGM, one on Water, one on Sanitation and one was crosscutting to generate evidence from the project to inform policy. The expected project outcomes for entire Kajiado County were: 3,000 girls saved from Female Genital Cutting (FGC) and early marriages, increased access to sustainable safe drinking water to 40,700 people, increased access to improved sanitation for 11,366 people, capacity building of 24 TBAs on alternative sources of livelihoods and 30 villages declared ODF/FGC free communities.

The project was informed by the fact that, for over 10 years, AMREF Health Africa had been implementing stand-alone Alternative Rite of Passage (ARP) and Water, Sanitation and Hygiene (WASH) projects in Kajiado County, but with limited success. The 2016 ARP-WASH Baseline Survey showed the target sub-counties in Kajiado (Kajiado East, Kajiado West, Kajiado Central and Kajiado South) recorded a high prevalence of FGM/C, poor sanitation, access to safe water and hygiene practices, school drop-outs especially by girls,

and early child marriages. Further, there still existed gaps in knowledge of Sexual and Reproductive Health Rights among adolescent youth and women of reproductive age. AMREF Health Africa introduced the ARP WASH Project, a three year initiative (July 2017- June 2020) that is funded by the Stichting Zorg Welzijn en Sport (ZWS) to contribute towards reduction of FGM by improving SRHR and WASH services among adolescent young people and women of reproductive age in Kajiado County through integrated ARP and WASH interventions.

The project educated community members on the effects of FGM/C and child marriage, gender equality and girls' and women's empowerment. The ARPWASH interventions serve to prevent both FGM/C and child marriage, improve hygiene practices, access to safe water and basic sanitation, promote youth/women rights, orient traditional circumcisers to alternative sources of income, and encourage abandonment of FGM/C by communities.

My study examined how communication can be incorporated in the integrated ARP-WASH Project by AMREF Health Africa taking a keen focus on the FGM/ARP component. I work at AMREF as a Communication Officer and I used the ARP-WASH as a case study to examine how communication can be incorporated in development projects. I am part of the communication team that supports the project in implementation of its activities.

## **1.2 Problem Statement**

Communication plays a key role in development projects (including the anti-FGM ones such as the ARP-WASH). Communication should be incorporated from the start of a project (design) as this ensures a better integration of communication and project activities, facilitates long term planning and allocation of resources - human or financial - and ensures sustained results (Jenatsch, Bauer & Alarcón, 2016).

Success of development projects depends on effective communication and participation of stakeholders (Agunga, 1997, Servaes, 2003). All projects, whether big or small require a strategic communication plan corresponding with their objectives and resources, a plan that should be developed during the initial phase of a project (Jenatsch, Bauer & Alarcón, 2016). Various studies show that communication has not been used effectively to bring social and behavior change in communities practicing FGM, though many of the initiatives have helped raise awareness about dangers of the practice. For majority of anti-FGM projects, communication is not integrated within the entire project cycle.

Despite the significant role of communication in projects, many projects limit its use as a strategic tool (WHO, 2018), and in most cases, communication is given less focus in behavior change initiatives as project managers embrace it after a project has started instead of at the beginning. This study looked at how communication was used in the ARP-WASH project to contribute to social and behavior change towards FGM, and how it can be fully integrated into the entire project cycle.

### **1.3 Purpose of the Study**

The study examined how communication was used in the AMREF's ARP-WASH intervention in Kajiado West Sub-county, Kajiado County.

### **1.4 Research Objectives**

The specific research objectives were:

1. To examine the ARP-WASH project design.
2. To assess the ARP-WASH implementation strategies.
3. To examine the implications of the design and implementation strategies on the ARP-WASH project.

## **1.5 Research Questions**

The study was guided by the below questions:

1. How was the ARP-WASH project designed?
2. What were the ARP-WASH implementation strategies?
3. What were the implications of the design and implementation strategies on the ARP-WASH project?

## **1.6 Justification**

Various studies show that communication has not been used effectively to bring social and behavior change in communities practicing FGM, though many of the initiatives have helped raise awareness about dangers of the practice. For majority of anti-FGM projects, communication is not integrated within the entire project cycle. A proper understanding of how the ARP-WASH Project can effectively incorporate communication will provide insights on the strategic role of communication in promoting behavior change towards FGM at both an individual and community level.

## **1.7 Significance**

The study will add to the body of knowledge on efficient and effective incorporation of communication in development and anti-FGM projects. It will also be useful to communication and development experts involved in FGM projects by providing insights into what appropriate communication strategies work or doesn't in promoting social and behavior.

## **1.8 Scope and Limitations of the Study**

On scope, the study focused on how communication was used in the ARP-WASH Project, and targeted a select "hotspot village" in Kajiado West Sub-county where FGM prevalence, child marriages and school drop-outs are high. This was a qualitative research that use

interviews, key informant interviews and document analysis as the data collection methods.

The study reviewed key project documents from 2017-2020.

While the ARP-WASH project is integrated with both FGM and WASH components, with WASH being the entry point to FGM, this study only focused on the FGM component.

On limitations, language was a challenge as the target were the rural Maasai community. To mitigate this, a Maasai research assistant was engaged to assist in translation and data collection. However, like all translations, distortion of original meaning cannot be ruled out. Furthermore, considering that I currently work at AMREF Health Africa, I was not able to guarantee honesty of participants' responses simply because they are beneficiaries of the ARP-WASH Project, and other interventions that help uplift their livelihoods, thus many would wish to report what AMREF would like to hear. With FGM being a sensitive and taboo issue, there was a possibility of the community members feeling shy about discussing the topic. To curb this, I solicited assistance from the ARP-WASH Project team to identify a local member of the community to help build rapport with the interviewees. With the current COVID-19 pandemic and guidelines put in place by the Government to limit spread of the Coronavirus, the study was limited to only one of the 30 FGM 'hotspot' villages in Magadi Ward, Kajiado West County, from where all the primary data was gathered.

### **1.9 Operational Definitions**

**Alternative Rite of Passage:** An alternative ritual that girls in communities that practice FGM undergo (in place of FGM) as a way of transitioning from childhood to adulthood.

**Behavior Change:** The transformation at the individual level that arises when messages of the ARP-WASH Project are adopted by the target beneficiaries.



**Communication Strategy:** A structured process of tactics and communication activities that were developed and implemented to support awareness of anti-FGM efforts and social and behavior change towards FGM.

**Community:** Members of a society who have benefited from the ARP-WASH Project.

**Female Genital Mutilation/Cutting (FGM):** A cultural practice that involves mutilation of genitals of Maasai girls, performed as a rite of passage to signify the transition from childhood to womanhood.

**Social Change:** Transformation at the community level that arises when messages of the ARP –WASH Project are adopted by the target beneficiaries.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0 Overview**

The literature review gathers theoretical knowledge about the general area of study to provide a better understanding of key concepts, and present in-depth discussions on relevant studies that have been conducted by other researchers in relation to the main objectives of this study.

### **2.1 Social and Behaviour Change Communication Approach**

The Social and Behaviour Change Communication (SBCC) approach has been used by various projects to promote behavior change. It is recommended for behavior change projects such as the ARP-WASH. The approach analyses personal, societal, and environmental factors that affect change in order to examine barriers and motivators to change, and to design and implement a comprehensive set of interventions to support and encourage positive behaviour (Obregon & Casanova, 2019). SBCC is the systematic application of interactive, theory-based, and research-driven processes and strategies to effect change at different levels - individual, community and social (C-Change, 2012).

It seeks social change through different spheres interacting with one another, fosters changes in policies, institutional arrangements, social norms and community conditions with the aim of affecting their family circle or those with emotional ties (C-Change, 2012). SBCC proposes five steps in the communication planning process: situational analysis and understanding the situation; formulation of communication strategy; creation of effective communication materials and activities; implementation, monitoring and evaluation; and re-planning (Obregon & Casanova, 2019).

### **2.1.1 The Social Ecological Model**

SBCC uses the McLeroy et al. (1988) social-ecological model of change to analyze individual behavior in connection to the attributes of the people, their environment, homes, works, studies and relationships between them (Abroms & Malbach, 2008). The two major principles of the model consist of behavior affecting the social environment and being influenced by numerous levels of influence and the different forms of behavior (McLeroy et al., 1988).

The ecological social model may contain McLeroy et al. four or five levels (1988). The intrapersonal level at the center/first level includes individual features influencing behaviour-knowledge, attitudes, convictions, abilities and auto-efficacy. Second level: interpersonal processes and identification and support networks that include family and friends' external influences and major opinion leaders. The 3rd level - institutional or institutional-takes account of rules, regulations, policies, compulsory or conduct-promoting institutions.

The fourth level includes social networks of individuals, companies, institutions and organisations, including media and advocacy groups. The last level, the level of politics, describes rules and legislation which control or promote healthy practices/actions carried out by municipal, governmental or federal governing authorities that may affect all other levels.

With respect to FGM, the 2015 FGM study by Schmöker & Kalengayi (FGM): Why does it still exist in Africa indicates that the variables to continue the continuation of FGM are interrelated and can be tracked at the many levels of the socio-ecological model, which change from one country to another.

The study findings demonstrate that the attitude towards FGM has an influence on individual health and religious convictions, educational levels and the places of residency.

The authors illustrate the prestigious health benefits, low levels of schooling and rural life of FGM in comparison with girls in metropolitan settings. Family and peer pressure influenced perception and acceptability of FGM at interpersonal level. At the institutional level, participation in FGM (medicalisation) by health professionals helped to maintain the practice.

At the local level, social pressure had a bearing on the views and attitudes of the person and the family towards FGM and influenced the decision whether or not to perform. Factors such as gender norms and roles, cultural norms and identity had a critical effect on the practice of FGM at social level. According to the study conducted by Schmöker & Kalengayi, successful actions for the elimination of FGM must be aware of culture and human rights. Practicing community activities should participate at all stages of programs to end practice.

## **2.2 Application of Behavior Change Theories in anti-FGM Campaigns**

FGM is a culturally deeply ingrained business. Over the years, numerous initiatives have been implemented by UN, WHO, UNICEF, other anti-GM organisations, with a view to raising awareness and working towards progressive ends. These efforts have been mainly focused on four primary approaches: corporate and sexual completeness; human rights (Brown, Beecham & Barrett, 2013). However, several years after the call from the WHO to halt FGM, conflicting evidence exists that these techniques have reduced practices (Shell-Duncan et al., 2009).

WHO proposed a behavior change approach in 1999 to speed up the attempts to halt the female circumcision, which was aware of the low achievement of FGM activities. Behavioral change approaches are largely classified into two: (1) behavioral changes theories and (2) how changes happen in the community; (Brown, Beecham & Barrett, 2013). The

terms (1) decision-theoretical model and (2) game-theoretical patterns are defined by Shell-Duncan et al.(2011).

Brown, Beecham & Barrett (2013) argued that behavior changes hadn't been implemented successfully because of a lack of understanding of how to apply the two main categories of approaches to behavior modification to improve understanding and to design future response strategies. Based on societal factors of FGM such as gender standards, power relations and social capital, behavioural treatments should take a holistic approach instead of focusing on attitude and behavioral modification individual or group dynamics. Interventions to support behavioral change must focus exclusively on the person and disregard broader societal dynamics (Brown, Beecham & Barrett, 2013). The authors noted that techniques designed to bring about change at the community level such as the idea of social convention cannot disregard individual interpersonal and intrapersonal factors.

Decision-theoretical models tend to tackle the logical, reflective and systematic cognitive processes involved in decision-making. In addition, numerous anti-FGM initiatives focus on achieving individual change when, for example, highlighting the health consequences of the practice. Shell-Duncan et al (2005) noted that a number of messaging employed in anti-FGM campaigns to date utilised this "logical" approach when, for instance, the risk to the health of FGM and its benefit from uncutting it were highlighted. It criticizes individual comportmental changes for simplistic cost-effectiveness analyzes and proposes game-theoretical methodologies (community-oriented) such as Mackie's Social Convention Theory to examine behavioral change in relation to FGM.

Brown, Beecham & Barrett (2013) also believe that a wide understanding of the integration of individual, focused, and community-oriented approaches is essential if conduct modification approaches are to be used more successfully in attempts to eradicate FGM. Such

actions need to address properly the emotional and social aspects of FGM motivation and not merely the cause of people. Denison et al. (2009), who stated that efforts must be stepped up at all levels, as well as individuals and groups and communities, to make beneficial changes in behavior.

Models and theories help you understand how changes in behaviour. The theory which is most widely established for BCC is the social convention theory, the theory of social normality, social cognitive theory, the theory of reasoned action, planned behavior theory, and social learning theory. In order to examine the influences of the behavioural change at individual and societal levels, the study is driven by two theories: social norms theory and social convention theory.

### **2.2.1 Social Norms Theory**

Perkins and Berkowitz employed this theory of social norms in 1986 to deal with the alcohol patterns used by students. The idea addresses scenarios in which people wrongly see peers and other community members' attitudes and/or behaviors as distinct from their own if, indeed, they are not. The principal theories are: individual behaviors are influenced by wrong perceptions, misunderstandings of the social norms drive negative behaviors and the correction of misunderstandings is likely to lead to reduced negative behaviors and an increasing prevalence of healthy behaviours. The main principles of theory are:

Standards are conventional behavioral guidelines accepted by reference group members defined by mutual expectations, where people obey the rule on the basis that others follow the social rule, and that expectations are mutual (Bicchieri, 2005). Social standards are the glue between a common person and unwritten rules that dictate how people coexist, share values, customs and beliefs; (Mutesh et. al., 2017). People comply with social standards to obtain or avoid penalties and / or social isolation.

One of the most popular uses of the theory of social norms has been FGM/C. (UNICEF, 2013). The idea considers FGM/C as a social practice, which is based on group standards, and social pressure therefore obliges compliance with these social standards to avoid Community sanctions (Hayford, 2005). The social convention theory was developed for the first time. The theory of social standards argues that FGM/C continues to be a social norm due to its connection to marriageability, and it is a way for women to increase their social position.

Girls who have suffered from FGM are also at a high bride price due to the assumption that FGM/C retains the pure, chaste and moral character of girls. Therefore, their parents must comply with such rules by making sure that their females are circumcised and that they marry (Hayes, 1975). FGM is a religious practice just for girls who are cuts, FGM is a religious practice, men do not promote the abandonment of FGM, if the FGM is done by a health professional, there's no risk of injury, FGM may boost fertility among others. FGM is not a religious practice.

To encourage an end to the FGM, Mackie (1996, 2000) suggested that it would be in their interest to recruit more families to put a stop to the practice by unanimous agreement by all members of the Community at the outset, but rather that a small core family - a critical family- might first agree to abandon the FGM/C group. The pressures to comply with the social norm mean that FGM is abandoned, the social dynamics that sustained this practice are effectively changed and the new social rule of non-cutting is strengthened.

ARP models create and sustain this change through ongoing campaigning and knowledge transmission, reinforced by laws that keep reverse to the old practice to a minimum (UNICEF, 2005). The communication efforts to change behaviors following the

Social Standards Theory should undermine FGM myths and misunderstandings to encourage abandonment and spread real information to communities regarding the harms of FGM.

### **2.2.2 Social Convention Theory**

The idea explains the automatic nature, universality in a community and a great resistance to change of some damaging social norms (Mackie, 1996; 2000). Mackie (1996) used the Social Convention Theory, which was initially created by Thomas Schelling in 1960, to comprehend and explain the continuation of harmful traditional practices such as FGM and foot binding. The social convention is defined as a customary and self-imposed behavioral regulation that is usually observed and anticipated by members of a society. Mackie (1996) refers to the need for better access to social and economic sources of social inequality as one of the elements which perpetuates harmful practices.

The premise is that FGM may be removed by coordinated dissemination in one generation (Mackie, 1996).

FGM is practiced in many communities to ensure marriageability and boost the status of their children in the intermarried family. FGM is ingrained and strengthened, as decisions on its continuity are interrelated to those made by other family members. FGM is thus regarded as an agreement because families do not want to be ostracized, as their daughter is seen to be "unfit" for marriage. What a family chooses to do depends on the choice of other families in this society for marriage and status (UNICEF, 2007). No one family can thus leave the practice alone, as it will damage the marriageability and prestige of the daughters of this family. In order to alter the tradition, the intermarrying community as a whole must coordinate its abandoning of the practice.

Mackie (1996) argues that it is not important to gain the support of the Community at the beginning to succeed in the massive abandonment and completion of such a social



convention, but if one initial center of (critical) families within the wider intra-marriage group agrees to give up FGM/C, it is their interest to recruit other families to leave practice. It enhances marriage choices for non-cutting individuals by attracting other families. Just because this critical mass must persuade others to pursue the notion until enough is available (at the point of reference) to act together to make a public pledge to abandon the practice. After this change, for the majority of the population a transition to the new convention becomes irrevocable, and practice has ceased to be married and so there is no cause for returning to the FGM/C system (UNICEF, 2007).

If communities avoid from this approach, individual families will feel that their status is acceptable and does not adversely affect their girls. The UNICEF (2007) stresses the need to design a communication plan that is in accordance with the general strategy in order to eradicate FGMs that follow the social convention theory and are implemented through an organized dissemination approach. UNICEF prescribes the essential elements of such a communication: a non-directive approach which appreciates dialog and discussion, a primary focus on facilitating interpersonal communication within and between social networks so as to give the members the opportunity to discuss private issues, like FGM/C.

### **2.3 Incorporating Communication in the Project Cycle**

There exists a link between development and communication. Communication for Development also Development Communication, defined as “a systematic, planned and evidence-based strategic process to promote positive and measurable individual behaviour and social change that is an integral part of development programmes, policy advocacy and humanitarian work” (UNICEF, 2012) cuts across the entire project cycle - project design, planning, implementation and monitoring and evaluation. As such, it requires close cooperation between communication experts and technical team throughout the project.

When used effectively in development projects, communication facilitates access to information and knowledge by empowering people with the information they need, gives people an opportunity to participate in key decisions that affect their lives, gives voice to excluded groups by making them part of the dialogue about issues affecting them, and influences policies and reforms on community challenges by facilitating debates about social, environmental and political issues (Mefalopulos, 2008).

Every project, large and small, need a strategic communication strategy that meets its aims and resources and that is to be prepared in its early phase (Jenatsch, Bauer & Alarcón, 2016). The Uganda Delivery of Improved health services (DISH) project and the La Manitos 1 National Reproductive Program in Bolivia (O'Sullivan et.al 2003) have been documented as complete integration programs for communication. The USAID DISH initiative aims to reduce the total fertility rate (TFR) and the effects of HIV infection by making both public and private service providers more accessible and useful of integrated reproductor, maternal or child health services.

The initiative included a series of communication efforts on numerous reproductive, mother and child disease subjects, which had an interrelation of behavioral changes. However, the strategic objective of the La Manitos 1 program was to build a more favorable reproductive health environment in Bolivia. One of the main priorities was the empowerment of women to look after themselves and their children's health. This endeavor was implemented via the development of national support, training of key communications players, segmentation of audiences and new mass media operations (O'Sullivan et.al, 2003).

Research shows that development programs have failed for two interlinked reasons - lack of participation and failure to use effective communication (Agunga, 1997), a point highlighted by (Servaes, 2003) who notes that communication and people's participation

determines the success and failure of a project. In the same way, lack of stakeholder support and the importance of the project objectives might reduce the impacts of Communication interventions (World Bank, 2008). For all projects, dialogue is essential among stakeholders, as it builds trust, shares knowledge and ensures mutual understanding (World Bank, 2008). The project cycle involves four main phases – design, planning, implementation and monitoring and evaluation. The below description explains how communication can be incorporated in all the four stages.

### **2.3.1 Design**

The design begins with a project phase. At this point, the Communication Based Assessment (CBA) also known as formative research is recommended to evaluate and explore potential paths for change in the political, cultural and economic environment underpinning the development effort (Mefalopulos, 2008). This entails the involvement of stakeholders and their voices, knowledge and perceptions of the project. This technique contributes to building confidence, promotes discussion and an analysis of policy risks in order to analyze conditions, identifies communication strategy entrance points, and finally minimizes the risks and improves project success and sustainability. It is important to note that the technique not only examines communication challenges, but also the whole project situation and helps to refine and validate both project and communication goals (Mefalopulos, 2008).

This evaluation is crucial for the stakeholders at the start of a development intervention to ensure the relevance and adequacy of the project design. It also contributes to defining audiences, stakeholders, risk, opportunities, needs, solutions, goals, media, and indicators of monitoring and assessment. Imported communication in the project design phase ensures a better integration of communication and project work and facilitates long-

term planning, allocation and sustainable results (human or financial). However, many development managers and decision makers do not embrace communication as a strategic tool, as they use it after a project has begun - instead of at the beginning - to inform and persuade audiences (Mefalopulos, 2018).

### **2.3.2 Planning**

This stage involves the development of the communication strategy to support project activities. Planning encompasses outlining the communication objectives, primary and secondary stakeholders, the most appropriate channels of media of reaching audiences, messages and communication approaches to be employed in support of the project (Mefalopulos, 2018).

### **2.3.3 Implementation**

During implementation of the project, communication is supported by real communication activities such as social mobilization, media advocacy and entertainment education, in line with the project and as specified in the overall communication strategy. Mefalopulos (2008) contends that implementation is not the most vital step, but the most demanding in terms of resources – financial and human. He explains that the execution of two preceding phases (CBA and communication strategy creation) is uncomplicated and requires only the required professional skills to guarantee the achievement of established goals.

In order to implement, a communication action plan is generally drawn out which maps what has to be done, with who and at what expense. The action plan describes each activity's objectives, targeted audiences, selected activities, necessary inputs, expected outputs, and time. It is recommended to pre-test communications material in pilot groups prior to bulk manufacturing before the implementation with target beneficiaries.

### **2.3.4 Monitoring and Evaluation**

The assessment determines if and how far the expected results of a certain intervention have been attained (Babbie, 2002). The evaluation is conducted to determine the extent to which the targets have been reached, and it is performed at two levels, the formative evaluation, also known as a monitoring, which assesses the work in progress, verifies that activity design and implementation conform to the targets, and a summative evaluation which measures the final impact of the procedure.

At the beginning of a project (design), indicators for monitoring and evaluating communication interventions should be identified to evaluate their impact on the overall project. Assessment can also be carried out halfway through the project in which findings help to revise the objectives if required and to measure the global impact of a communication intervention. In order to finally assess thoroughly the role of communication in communication, specialists in communication need analyze the influence of external circumstances. For example, because of a scarcity of vaccination and not because of communication strategy defects, a flu prevention campaign could record poor results.

### **2.4 The Communication Strategy**

A communication strategy can be identified as a well-planned sequence for specified purposes using methods and techniques of communication (Mefalopoulos, 2004). Incorporating communication in a development program ideally is about having a communication strategy that supports the project activities. Such a strategy has key elements as discussed below.

## **2.4.1 Essentials of a Communication Strategy**

### ***2.4.1.1 Communication Objectives.***

Defining targets is an important phase in the creation of the communication strategy, since the achievement of a plan depends on the formulation and formulation of targets. The desired level of change should define objectives. Such levels of change usually fall under four categories: consciousness, knowledge, attitudes and behaviors (Mefalopulos, 2008). This means that a variety of projects aim to enhance awareness, increase knowledge, change attitudes or behaviour, or adopt innovation.

At the project design stage, research determines the point of communication. If the awareness is not there, the communication approach must create awareness, provide insight into the problem and lastly address the individual attitudes and behaviours. However the communication intervention could concentrate on attitudes and behavior if research suggests the players are aware of the problems and have an awareness of how to change. Identifying the correct level of change ensures that communication and assessment procedures are consistent with the goals (Mefalopulos, 2008).

For example, the main aim of the HEART campaign (Serlemitos, 2001) was to promote good sexual conduct among young people by strengthening safe behavior in replacing the unsafe. Zambia has become a leading country in the promotion of healthy sexual behavior among young people. The campaign focused on raising young people believing they could be at danger of HIV infection; the number of women who had never sexed and still had abstentions; the number of men who used to be sexually active, who used to use condoms on occasion and who will now continue to use condoms.

Communication goals should inform and be specific, measurable, achievable, realistic and prompt (SMART) methods to communications (Mefalopulos, 2008). A good example of

SMART communication objectives is the 1993 Family Planning and Health Campaign in Ghana. The strategy was specific because the primary audiences of 15–45 years of age that agreed and intended to use family planning wanted to make use of modern contraceptive methods; because it established proportional points as a numerical increase in modern contraceptive use; because local health staff were actively involved in drawing up the plans; because it was possible to achieve it; (JHU, 1993).

#### ***2.4.1.2 Audiences and Stakeholder Groups***

Chen (2009) identifies an interest in and involvement in the conduct(s) which affects the life/lives of the intended audience, as any person, institution or even a community (s). Essentially, there are key stakeholders who can support an intervention in the Behavior Changes (BCC). The stakeholder's interests can lead either to opposition to and support for the intervention, depending on how they are affected. It is therefore crucial that the underlying interests of the many stakeholders concerned with the project be thoroughly understood throughout the design stage of each project.

A communication from BCC is directed at specific audiences in order to influence or maintain the existing good behavior of a BCC audience (Chen, 2009). Publics are either primary or secondary classed. While the primary audience is an individual or group of individuals directed to their behavior(s), a secondary audience is the person or group that can persuade the primary public to modify their behaviour (s). Friends, family and/or community leaders can be the secondary audience. Mefalopulos (2008) advise that the interests and priorities of stakeholders and the audiences in this area should be congruent with the project.

It is crucial to establish where the public stands with regard to the process of behavior change framework before embarking on a plan. The framework understands that the change of behavior - and communication that affects the change of behavior - is a process. People

normally take multiple intermediate steps to modify behaviour (Piotrow et al., 1997). The audiences fall within five levels: Under the framework: Pre-informed - does not know the problem; is aware - knows the problem and desired behaviors; Approval - favors the desired conduct; Topic - aims to take the required activities personally and to modify conduct; Practice-practices the desired conduct or Advocate - exercises and advocates the required behaviours (O'Sullivan et al., 2003).

O'Sullivan et.al. (2003) presents an example of Ghana's National Strategy to enhance the use of longer-term family planning approaches in terms of understanding audiences in connection to behavior modification. The first aim of a plan was to develop a solid foundation of long-term users who could be advocates, due to the fact that there were few users of the long-term approaches. The initial part of the approach was to focus on short-term contraceptives, which wished to space or limit their family size, but now use contraception pills and condoms because of their readiness to use contemporary FP techniques. But the campaign partners understood that the number of people using pills and condoms would continue to increase at the same time. The plan so decided: Phase 1, building a basis for satisfied users by calling on present users of short-term techniques to use long-term ways; and Phase 2, working with the now bigger base of long-term users to advocate long-term methodology for others.

#### ***2.4.1.3 Communication Approaches.***

Communication approaches refer to a combination of tactical measures to achieve a specific aim (Mefalopulos, 2008). Different interventions in communication employ numerous techniques to communication which form a part of the overall communication strategy. Concepts include: advocacy - supports a specific topic or agenda, in most cases nationally, for policy change or policy change support; social marketing – anchored in



marketing principles and commonly used to promote health behaviours, such as vaccine campaigns and hand washing;; Community mobilization – includes the community to fix their problems; information dissemination and know-how campaigns; and the IEC – a wider range of tactical techniques to disseminate information and educate the public using different communications materials, such as posters, flyers (Mefalopulos, 2008).

Different research investigated interference with communication vs the results. Tanzania has seen a significant increase in the number of residents who have mosquito nets via social marketing in insecticide-treated mosquito nets to avoid malaria (Minja et.al., 2001). Another study of the same project (but from an economic point of view) supported this finding, despite the double cost of pesticide net treatment compared with conventional mosquito networks (Kikumbih et. al., 2005). The concept depended on a wide range of net marketing channels: product launch events, local theatres, singing/dancing, roadside billboards and soccer. In addition local people developed the key themes and publicity materials to a degree that adapted to local knowledge, which logically did not equate mosquitoes with health issues associated with childhood fatalities.

Family planning and other health problems have revealed that 12–16 percent of people started using the method of HIV prevention when listen to entertainment education broadcast, based on a study that evaluated the entertainment education Strategy of Tanzania's radio soap opera to promote HIV/AIDS prevention (Inagaki, 2007). The researchers also observed that, due to recurrent campaign exposure, the AIDS prevention practices were higher among constant listeners. The soap opera was conceived to promote interpersonal contact between listeners regarding HIV/AIDS.

Zimbabwe's hand washing campaign to promote hand washing with soap employed various communication activities targeting school children, caregivers and policy makers

including community meetings, household visits and hand washing classes (Jenatsch & Bauer, 2016).

Implemented by the Global Programme Water, the project used multiple communication channels such as live performances, radio shows and interactive messaging. These activities were guided by a communication strategy with a catch narrative, *Hand washing? Of course!* Among the achievements: over 15,000 children in 10 primary schools and more than 700 caregivers were reached, and outside the scope of the project, the campaign prompted school authorities to approve budgets for provision of soap and hand washing buckets, while a private manufacturer provided soap dispensers and local authorities improved access to clean water supply by the schools.

#### **2.4.1.4 Messages**

Effective communication demands that the correct message is transmitted at the right moment to the right public via the correct route (McQuail, 2010). Segmentation of the public provides the basis for developing communications which respond to distinct populations' concerns, wants and opinions (Moriarty, 1989). Messages should be based on content discovered, tested and validated throughout the project communication or situation analysis phases and prepared with a view to enhancing understanding, changing attitudes and encouraging new behaviour. The important concerns when designing messages should be: the message content (information to be included) and the take-away (what keeps the audience) (Mefalopulos, 2008). Messages should also be pre-tested before mass production of materials begins using a sample of beneficiaries. Effective messages are those whose material is comprehensible and which are called to grab the attention of the public and fill the gap between what the public knows and should know. Mody (1991) sets five criteria which should be taken into consideration in order to ensure that the desired results can be effective

during the construction of messages: culture social sensitivity, language suitability, policy compatibility, economic compatibility and mental adequacy.

Several development projects produced messages which were well-resonated with the public. A cancer prevention initiative aimed at increasing consumption by a minimum of five servings of fruit and vegetables a day (Lefebvre et al., 1995). After a pre-test including "eating five portions of fruit and vegetables a day is going to keep me young," "serving more fruit and vegetables will make me a better family," and "eating more fruit and vegetables will help me lose weight," the campaign has identified more relevant and motivational messages for the intended audience. A typical method for public health may have chosen to ensure that customers would minimize their risk of cancer by using their fruit and vegetable eating habits, but the preliminary tests showed that other promising assertions are more convincing and relevant.

The slogan "*Malaria Haikubaliki*" ("Malaria is unacceptable") in Tanzania, based on the national flag logo, has drawn the general public's attention to the necessity of behavior to avoid malaria in Tanzania. The objective of the campaign was to disrupt the social norm to prevent malaria from happening. The logo and tagline and the broad dissemination of long lasting insecticide-treated networks (LLINs) each material generated enables the general message to be recognized more fully (PSI, 2009).

The main message in Ghana was to say that family planning is a way to meet your life goals. The campaign revealed relations between decision-makers which FP method is to be used, when to use it, how many children they want to have, how their children can be spaced and how these choices affect the goals of life set by couples. Different channels and instruments were employed to transmit the messages about life choices. For example,

meeting with satisfied FP users at the community level discussed how their decisions on reproductive health had enabled them to pursue objectives in their lives.

#### ***2.4.1.5 Communication Channels***

A important aspect in the communication process and the strategy are the channels of communication, described as a way to transmit information from sender to recipient (May 2016). Channels may be classified as: one-on-one interpersonal channels; community-based channels that reach the community including local media (local newspapers, local radio stations, newsletters and posters); community-based activity (safety fairs, folk dramas, concerts, rallies and parades); and community mobilisation;

Communication channels are the way to reach audiences with vital messages via development programmes. Channel or media mixing depends on different aspects, such as communication aims, audience features, and social environments (Mefalopulos, 2008). Research demonstrates a greater possibility of modifying behavior than a single channel approach using the multi-channel method (Piotrow et al., 1997). With many channels, more people are reached, messages are reinforced and a campaign has a greater impact. (Sullivan et.A. 2003). 2003.

*Haki Yako*, a family planning camp in Kenya, is aimed to emphasize women and men's essential human rights to manage their reproduction via utilized Radio (as a leading channel). Radio was specifically utilized to advertise the tagline; posters and signs to create a visual image of couples who are conversing together, and T-shirts to increase discussion amongst people and urge satisfied consumers to advocate. The finding of the field reports on Information, education and communication (IEC), dated December 1996, was that three-fourths of Kenya's adult population was reached via multiple communication channels (Kim, Lettenmaier, & et al., 1996).

The tagline "La Salud Reproductiva Esta en Tus Manos" (Reproductive Health in your Hands) in Bolivia is a reproductive health campaign using a similar approach. A media-mix, including television and radio advertisements, audio cassettes for buses, clinical videos that focused on communication between women, their husbands and health care professionals, was intended as an effort to reach 500000 men and women. Following the end of the campaign, the number of new users of family planning increased 8.7 percent in the eight months campaign against 5.4 percent in the 8 months leading up to the campaign (Valente, Poppe, & Payne, Merritt, 1996).

The benefits of the various routes are outlined in Mefalopulos (2008). TV is useful to raise awareness about particular topics, but unless paired with other channels it is not successful to change attitudes and conduct. In remote places, radio is generally a favorite outlet. Printed materials should be preferred when you can listen and write to the target audience whereas conventional communication methods can help tackle difficult problems, such as FGM. Multi-media campaigns are often more efficient than one-medium campaigns in obtaining desired goals (Coldevin, 2003). Research demonstrates a potential commitment to lobbying in the mass media.

A study evaluating media advocacy activities under the Florida Tobacco Control Program aimed at securing a media coverage to encourage tobacco-placing legislation in the counties across Florida led to more news stories about the policy activities of the program compared with other topics covered during the project period (Abroms & Maibach, 2008). In addition, the new regulations were more likely to be adopted by counties with increased news coverage.

Omondi (2011) emphasizes in the context of FGM that both mass media and interpersonal communication channels are necessary for the eradication of FGM. Although

mass media channels play a significant part in raising awareness of the risks of FGM, interpersonal channels are crucial for encouraging communities to give up practice and adopt alternate rituals. In the study 'Media tactics and their influence on communication information on FGM: a Meru instance,' Kaunga & Ndati (2017) supported the role played by mass media in FGM initiatives, which showed that media strategies play a crucial part in conveying FGM data. The study found the successful transmission of FGM information by the use of media ambassadors and local languages. Masika (2006) recommends that interpersonal and local radio communications-the most accessible media in the Maasai community at Kajiado - be used as a means of raising awareness of FGM using local language in "A comparative study on the role of mass media and interpersonal communication in anti-FGM campaigns in Kajiado County."

## **2.5 Social and Behavior Change Communication Strategies**

In addition to information transmission, communication is also used to build new knowledge and consensus to support change (World Bank, 2008). While communication for behavior change targets driving change at an individual level, communication for social change emphasizes strategies aimed at achieving change led by communities themselves. The SBCC approach employs three key strategies that reinforce one another to bring change at both community and individual levels (Obregon & Casanova, 2019): Social mobilization to promote participation and partnerships and community mobilization; Behaviour Change Communication (BCC) to promote changes in knowledge, attitudes and practices in specific audiences; and Advocacy to increase resources, and boost political and social leaders' commitment to development actions and goals.

### **2.5.1 Social Mobilization**

Social mobilization brings together various stakeholders to raise awareness about critical development issues (Obregon & Casanova, 2019). Social mobilization process benefits both the communities and stakeholders as they are made aware of their participation, thereby boosting their decision making power, and making that of government and leading organisations less centralized (Obregon & Casanova, 2019). Social mobilization brings together all potential partners and allies to achieve a common economic development target, whereas community mobilization is a process by which a community itself, or outside stakeholders, can stimulate action, plan, perform and evaluate participatory and sustained action by individuals, groups and institutions in the community mobilization (Chen, 2009).

The strategy involves encouraging people to adopt behaviors that benefit a group of other people. Programme sustainability is ensured when there is community participation (McKee, 1993). A good example of application of social mobilization as given by Jenatsch & Bauer (2016) was Mali's campaign to create mobile schools for nomadic communities. The campaign mobilized parents' associations, school management boards, teachers, community and religious leaders to work together towards the cause. As a result of the social mobilization and awareness activities, 50 mobile clinics were created providing education to 1600 children in the Inner Delta of Niger River.

### **2.5.2 Behavior Change Communication**

Behavior Change Communication (BCC) is the strategic use of communication to promote positive health outcomes, based on proven theories and models of behavior change (CDC, 2018). BCC has its origins from and draws on numerous models and theories. Milgrom (2015) maintains that any successful communication program aimed at changing behavior must be based on a theory. Behaviour change theories help understand why people

act the way they do and why behaviors change. Therefore, understanding the various factors that influence an individual's and community's decision to perform or not perform certain behaviour has an influence on programme's impact (McKee et.all, 2008).

Behavioral frameworks help identify what determines desired and undesired behaviour and assist programmes identify potential points of interventions (McKee et. al., 2008). When theories are applied in programme cycle, people that are ready to change can be identified and development professionals can know behaviour that are easy to change and examine those that are easily influenced (McKee et. al, 2008). Theories influence needs assessment throughout the scenario analysis with an insight into the information kinds that will drive program decision-making and the identification of behavioral elements that are more important among target populations.

In the planning stage, theories guide attention to how distinct behavior components connect to intervention goals while theories describe processes of change that can be addressed in program implementation. Theories identify factors that must be examined during monitoring and assessment to assess whether any change was meant as anticipated. Theories (McKee et. al., 2008). The theory of planned behaviour, a model of health beliefs, stage theory of change, social cognitive theory, social norms theory, the diffusion of innovations and gender theory contain some of the most important theories for conduct.

In creating the BCC intervention, after selecting the most relevant factors of behavioral changes, usually determined by formative research, theory of change must be defined which can be impacted by communication (SNV, 2016). Essentially, a change theory is a hypothesis of how the BCC intervention works and how the results are expected to result. It displays diagrammatically the expected path to the new desirable behaviour through



communication interventions. A change theory leads to the creation of three target levels – behavioral objectives, communication goals and outreach objectives (SNV, 2016).

The behavioral objective is the new behavior intended as a target audience with a targeted percentage of change associated with the basic data, which is to be addressed (and changed) in the communication activities so that the target audience can adopt behaviour, e.g. knowledge, attitudes, beliefs etc.

### **2.5.3 Advocacy**

Support means the process of support, consensus building and fostering a positive and supportive climate for a given cause or matter through a number of well-planned and organized acts by a group of persons or organizations (Chen, 2009). In the approach of BCC intervention, advocacy is usually aimed at high-level stakeholders lobby for political and legislative support. An example of high level lobbying is the fact that parents are not allowed to take their daughters for the cut, so that they introduce and adopt an anti-GM policy to make FGM legal offenses. Advocacy also attempts to mobilize social and/or change resources and social and political commitment.

### **2.5.4 Communication Strategies to support SBCC Activities**

Communication strategies such as media advocacy and entertainment-education formats can also be used to support SBCC activities.

#### **2.5.4.1 Media Advocacy.**

Media advocacy, a form of advocacy is the strategic use of mass media (Television, Radio, and Newspapers) to build support for social change interventions by the community (Rogers et al, 2017). Media advocacy contributes to change by empowering community members to implement actions that contribute to influence of government policy, acceptance and endorsement of programme goals and objectives (Gonzalez, 2002). Schramm (1964)

terms the media as agents of change, asserting that the media focuses our attention to specific issues through agenda setting and framing where gatekeepers determine by large extent what people know and talk about.

Used strategically, media advocacy generates support and participation of journalists and the media in mobilizing sectors, social groups and communities for their support in projects, offering platforms that minority sectors (migrants, indigenous) can express themselves, and collective actions and social agreements that favor participation of different stakeholders (UNICEF, 2006). Rogers (1995) quoted in Tankard (2001) in a change of behaviour, points out that mass media are crucial to changing weak attitudes, whilst interpersonal communication helps to change strong attitudes.

Media advocacy in different health campaigns has been deployed worldwide.

Zimbabwe's Multimedia Campaign to promote soap washing among primary school kids, carers and policy officials was exemplified by Jenatsch & Bauer & (2016). Many communication channels have been utilised, including live performance, radio broadcasts and interactive SMS messages. In terms of results, approximately 15.000 children were reached at 10 primary schools, 9 health centers educated and over 700 caregivers contacted. Locally, detergents like Unilever have been campaigning similarly for the shift in behavior of the target demographic.

To advocate an end to the FGM, many organizations have used the media to mobilize stakeholder support. For example, the Guardian Global Media Campaign (GGCM) to end FGM, started in 2014 in the UK, has used the global reach and reputation of The Guardian's global media platform for ending the FGM in Kenya, Gambia and the USA. Information from the campaigns shows that partnerships or alliances with reporters, INGOs, press and

grassroots operators have been established in order to create and disseminate content aimed at influencing politics and decision making from global to local, and at changing FGM attitudes and behaviors on the ground (HDF, 2014). Local research shows that mass media channels are vital in raising awareness of the dangers of FGM in the community. Kaunga & Ndati (2014) have found that the deployment of media ambassadors in the Meru County target population has influenced effective communication of FGM information.

#### ***2.5.4.2 Entertainment-Education Formats.***

"The process of designing and implementing a media message in order to entertain and educate people, in order to increase their knowledge about an educational problem and generate positive behaviour, change social standards, and change an open behaviour," defined the entertainment-educational program Singhal and Rogers (1999, p.12). The writers also point out that entertainment education is a strategy of communication to bring about comportemental and social change, which can occur in the individual, in the society or in any other system. In order to promote a range of educational questions in developing countries of Asia, Africa, Latin America and the Americas, the Communications Strategy has been adopted globally in radio and television opera, popular music, comic comics and other genres (Khalid & Ahmed, 2014).

The Lawsons' from the Australian Broadcasting Corporation (1944), *'The Archers,'* an OPA from the British Radio Corporation (BBC) (1969) and later the Peruvian soap opera *'Simplemente Maria'*, are the first popular example of entertainment education (Khalid & Ahmed, 2014). The Archers continued until 2001 to cover contemporary problems such as HIV/AIDS, conservation of the environment and similar subjects.

In Africa, the 30-minute weekly TV serial Nigerian 'Cock Crow at Dawn' encouraged small- and medium-sized farms, which led to an increase in agriculture practices (De-Goshtue,1986).

The Kenya Tushaurian program to promote family planning and the Twende Na Wakati (Let's Go with the Times) program to educate the public about different ways of dealing with AIDS, together with the family planning tech programs. Their programs focused on promoting specific values, beliefs and practices between communities (Khalid & Ahmed, 2014).

## **2.6 Project Design & Incorporating Communication**

Based on a lack of engagement and lack of use of efficient communication, development programs - including health programmes - fail (Agunga, 1997). The World Bank(2008) further contends as las consecuencias de las intervenciones de comunicación pueden ser limitadas por la falta de apoyo de las partes interesados. Therefore, there can be no overemphasis on the importance of community participation in conduct change projects. UNICEF (2010) claims that communities never participate in the FGM campaigns – conceptualizing, designing, and implementing programs – which have led in lack of ownership by practicing communities of the projects. Most prior FGM studies have accused community involvement in several of Kenya's counties of not having a significant incidence.

WHO data (2011) shows that anti-FGM programs are typically not included in the formulation of intervention by target beneficiaries but are only included after the program has been designed and implemented. The major reason why anti-FGM initiatives have failed to persuade people to cease the procedure is Ruth (2011) that lacks community involvement. Omondi (2011) believes that communication efforts to promote an end to FGM tend to condemn the practice, regardless of community attitudes and behaviors. Studies from

Omondi found that anti-FGM campaign leaders often produce messaging without engaging the community, and mostly the campaigns do not take the needs of the Kisii community into account. Communities participate on multiple occasions in the implementation phase, where elders and women groups are pre-fixed messages to communicate to their colleagues (Kiambati, 2009).

Ruth (2011) suggests encouraging communities to find solutions without antagonizing their beliefs in order to win the fight against FGM. Masika (2006) stresses the necessity for community involvement in the perpetuation of FGM, involving both men and women, and for selection and training of anti-FGM embassies. Kiambati (2009) emphasizes this, which considers it a successful technique that involves leaders in the community through discussion. Masika (2006) proposes active community participation and participation in anti-FGM projects to eradicate FGM practices and design communications activities in accordance with the diverse target groups to form the core strategies.

Desk research demonstrates that communication is mainly used by the ARP-WASH project at the level of implementation. This study will evaluate the integration of communication in the entire project cycle as one of the objectives.

## **2.7 Communication Strategies Employed in anti-FGM Campaigns**

Obregon & Casanova (2019) defines communication strategy as a structured process of tactics and communication activities developed with a purpose of achieving specific goals. Media advocacy, entertainment-education formats, social mobilization and social marketing, discussed earlier in this proposal are some of the popular communication strategies for promoting behavior and social change. Milgrom (2015) maintains that any successful communication program aimed at changing behavior must be based on a theory. Ngigi &

Busolo (2018) supports this argument and points out that strategic use of communication to drive beneficial health outcomes is based on behavior change theories and models. O'Sullivan et al. (2003) further states that an effective plan for health communication should be focused on a long-term basis, respond with respect to the demands of individual behavior change and harness a wider community/sociiety potential for change.

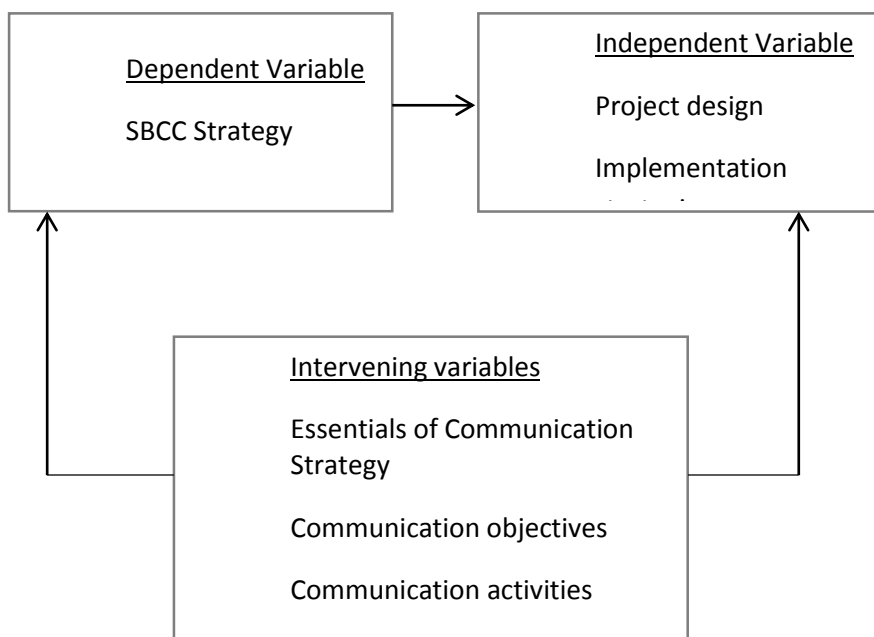
In his study, *FGM and the Global Movement to End FGM*, Lee (2008) reviewed particular case studies and concluded that the introduction of a human rights perspective in eradication efforts did not work because it did not reflect local reasons for FGM practices. FGM studies were carried forward by Female genital mutilation: multiple case studies of communication strategies for tabus practice. The case studies have shown that communications techniques must be adapted to the realities and experiences of the FGM communities. The study shows that most communication techniques and theory followed the main paradigm heritage, however many lacked a change in the execution of community-driven behaviour. The study suggests the application of participatory theories and techniques. In this study, communication tactics employed in anti-FGM communication are categorized in dominant and participative paradigms and specific models / theories.

Under the dominant category, Knowledge, Attitude and Practice Model (information, education, and communication (IEC) strategy); Trans Theoretical Model of Behavior Change Theory (alternative rite of passage); Convention theory (Village empowerment program); and Social Marketing Theory (alternative livelihoods, alternative income for circumcisers). Participatory approaches encompass: Social Learning Theory (Positive deviance approach) and Symbolic Interactionism Theory (intergenerational dialogue). Omondi (2011) contends that the communication programs designed to address FGM have been able to raise the awareness of their hazards but have failed to modify

attitudes towards practice. Her study, titled, “*Role of communication in the fight against FGM*” focuses on Kisii County.

## 2.8 Conceptual Framework

Incorporating communication is ideally about having a communication strategy and for projects like the ARP-WASH, a SBCC Strategy (Dependent Variable) is recommended, because it (the project) focuses on changing behaviors. Strategic communication requires communication to be integrated into the entire project cycle right from design, implementation and monitoring the impact of the strategies (Independent Variable) so as to support promote achievement of project objectives. At the same time, a communication strategy should have some constant elements - communication objectives, activities, messages, channels and target audience and stakeholders (Intervening Variables).



*Figure 2. 1 Conceptual Framework*



## CHAPTER 3: METHODOLOGY

### 3.0 Overview

The chapter presents the methodology for this study. It discusses and provides a justification for the research design. It also discusses the research approach, target population, sampling, data collection methods and instruments that were used by the researcher. The chapter also outlines how data was analyzed, interpreted and presented.

### 3.1 Research Design

Research design refers to a plan of action that links data to the research questions and conclusions (Yin, 1964). Yin further explains that it is the logical sequence that guides a researcher's journey from the research questions to conclusions, with data collection and analysis as steps in between. This being a qualitative research, the study adopted a **descriptive** research design to examine how the ARP-WASH Project used communication to address FGM in Kajiado West Sub-county. The study examined how communication was envisioned in the project at the design phase, and how it was used to support achievement of project goals and objectives.

### 3.2 Research Approach

The study has a qualitative research technique, which allows human behavior and its meaning to be explained in the sociocultural setting of the area under inquiry, such that data are generally provided in quantitative research beyond statistical results (Msabila & Naliaka, 2018). Due to his skill, via his analysis of activities, acts and documents rather than quantitative study, a qualitative method was adopted that examines the quantity of these things (Adolphsen 2014). The qualitative approach of this study contributed to the creation of details regarding the development of the ARP-WASH Project and how communication and insight may be integrated into the overall design by using communication components.

### **3.3 Research Method**

This study employed a case study method. A case study entails an investigation that seeks to describe in detail, a unit or context in detail (Msabila & Naliaka, 2013). A case study is a unit or an individual or object that a researcher plans to study - for instance it can be an individual, an institution - with the aim of bringing a deeper understanding of the prevailing problem, and was used for this study based on its strength to produce rich, more contextualised, and reliable explanations of the study focus area.

In case studies, a phenomena can be studied from multiple viewpoints and using numerous levels of analysis such as institutional and individual, thereby providing an in depth understanding of the phenomena. For this study, the ARP-WASH project was the case study considering that AMREF implements various FGM related projects across various counties. The ARP-WASH was selected to help the researcher understand how communication was used to address FGM, specifically in Kajiado County, and pick out insights into how communication can be strategically integrated into the project - or other similar interventions.

### **3.4 Research Site**

The research site for the study was Oldonyonyokie Village, Magadi Ward, Kajiado West Subcounty. Oldonyonyokie is one of the 30 FGM hot spot villages that the project targets in Kajiado County. These villages are characterised by poor indicators in WASH services and high prevalence of FGM leading to school dropouts, teenage pregnancies and early child marriages. Magadi Ward was also selected owing to its proximity to Nairobi, thereby was convenient and accessible to the researcher. Similarly, Kajiado West Subcounty has the highest FGM prevalences in Kajiado County compared with Kajiado East, Central

and North. It's still the Subcounty where most of the AMREF ARP-WASH Project interventions are concentrated, thus making it a worthy site to be studied.

Generally, Kajiado County has a high FGM prevalence rate of 91% (Mbogo et.all, 2019). The Maasai community, the key beneficiaries of the ARP-WASH project are the main inhabitants of Kajiado County and have been practicing FGM as a rite of passage. FGM prevalence among the Maasai stands at 77.9% (KDHS, 2014). Due to the COVID-19 crisis that limits movements, data collection only targeted Oldonyonyokie Village, one the FGM hotspots.

### **3.5 Data Sources**

The study generated data from both primary and secondary data sources. Primary data sources included: 3 project implementers from AMREF, 9 partners (both private and public sector) - Ministry of Gender, Ministry of Labor, Social Security and Services, Ministry of Interior and Coordination of National Government, Ministry of Health, Ministry of Education, religious organisations, Child Care Institutions and CSOs; and 27 beneficiaries/community members including a University student, Cutters/Traditional Birth Attendants, Community elder and Moran; while secondary sources were 10 project documents (proposal, evaluation report, end term evaluation report, baseline survey and 5 testimonial stories).

The data sources have been summarised as below:

**Table 3. 1 Data Sources Summary**

<b>DATA SOURCES SUMMARY</b>		<b>N</b>	<b>Data Collection Method</b>
Category	Specific interviewee		
3 Implementation Team Members/AMREF ARP-WASH Project	AMREF Health Africa in Kenya Communication Manager	1	KII
Communication team	ARP-WASH M&E Officer and Project Officer	2	KII
Project team			
9 Partners	Anti-FGM Board		
Ministry of Gender	Communication Officer	1	KII
Ministry of Labor, Social Security and Services	Children Office Director, Kajiado	1	KII
Ministry of Interior and Coordination of National Government	Oldonyonyokie Village Chief	1	KII
Ministry of Health	Community Health Worker	1	KII
	Head teacher, Oldonyonyokie Secondary School	1	KII
Ministry of Education	Head teacher, Oldonyonyokie Primary School	1	KII
	Pastor, Kenya Assemblies of God (KAG)	1	KII
Religious Institutions	Director, Hekima Children's Home	1	KII
Child Care Institution	Founder, Empiris Women Group	1	KII
Civil Society Organisation (CSO)			
27 Community Members/Beneficiaries	University student	1	Interview
University student (female)	Oldonyonyokie Village	1	Interview
Moran	Reformed cutter	1	Interview
Cutters/TBAs	Practicing cutter	1	Interview
Community elder	Oldonyonyokie Village	1	KII
Other community members (men and women)	Groups of women and men	22	FDGs
<b>Total</b>		<b>39</b>	

### 3.6 Sampling

The study utilised purposive sampling technique to identify selected partners and beneficiaries who provided information about their involvement with the ARP-WASH project activities and communication interventions. With this type of sampling, a researcher selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study (Cresswell, 2014). Purposive sampling technique was therefore used to select which partners were to be included in the study as well as specific beneficiaries. The researcher managed to collect data from a sample of 39 participants-3 project implementing team members (AMREF), 9 Partners and 27 beneficiaries/community members. The below table gives a summary of the sample according to the data collection methods.

**Table 3. 2 Study Sample**

<b>STUDY SAMPLE</b>	<b>No</b>
<b>12 Key Informant Interviews</b>	
Communication Manager, AMREF Health Africa in Kenya	1
ARP-WASH M&E Officer and Project Officer	2
Communication Officer, Anti-FGM Board, Ministry of Gender	1
Director, Children Office, Kajiado County Ministry of Labor, Social Security and Services	1
Local Chief, Oldonyonyokie Village, Ministry of Interior and Coordination of National Government	1
Community Health Worker, Ministry of Health	1
Head Teacher, Oldonyonyokie Primary School, Ministry of Education	1
Head Teacher, Oldonyonyokie Secondary School, Ministry of Education	1
Pastor, Kenya Assemblies of God (KAG) Religious Institutions	1
Director, Hekima Children’s Home [Child Care Institution]	1
Founder, Empiris Women Group [Civil Society Organisations (CSOs)]	1
<b>5 Interviews</b>	
University student	1
Moran	1
Practicing cutter/TBA	1
Reformed cutter/TBA	1
Community elder, Oldonyonyokie Village	1
<b>3 Focus Group Discussions consisting of 22 participants</b>	
Women (18-25 years)	7
Men (30-45 years)	8

Women (above 60 years)

7

**Total**

**39**

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### **3.6 Data Collection**

This being a qualitative study, data was collected through primary data collection methods – Interviews and Key Informant Interviews and Focus Group Discussions, and a secondary data collection method – Document Analysis.

One of the main steps in the primary data collection process was the identification of the interviewees, of which the ARP-WASH project team provided and mobilized the contacts. Owing to the COVID-19 crisis, and from consultation with the project team, the researcher selected Oldonyonyokie Village, one of the FGM ‘hot spot’ villages in Magadi Ward, Kajiado West County as the study site, from where participants (beneficiaries and partners) were drawn from. The researcher solicited support from the ARP-WASH Project focal person to identify a community member and a research assistant who understands Maasai language to help in translation and building rapport with the interviewees. Data was collected in line with the COVID-19 guidelines by the Government, where all interviewees were provided with sanitizers and face masks, and physical distancing was kept during the interview period.

Other than being a FGM hot spot, Magadi Ward was also been selected due to its proximity to Nairobi (about 50kms away), thus was convenient to the researcher. Although the researcher anticipated that the data collection process was to take a short time and will be cost effective, it ended up taking a week due to various challenges especially inaccessibility of some the participants.

On secondary data, the researcher made a formal request to the project manager who provided key documents for analysis. In adherence to the ethical considerations, the participants’ identity was concealed through coding as below:

**Table 3. 3 Participants' Coding**

<b>PARTICIPANTS CODING</b>	<b>Number of participants</b>	<b>Code</b>
<b>12 Key informant Interviews</b>	<b>12</b>	
Communication Manager, AMREF Health Africa in Kenya	1	KII12
ARP-WASH Project M&E Officer	1	KII11
ARP-WASH Project Officer	1	KII10
Communication Officer, Anti-FGM Board, Ministry of Gender	1	KI9
Director, Children Office, Kajiado County Ministry of Labor, Social Security and Services	1	KII8
Local Chief, Oldonyonyokie Village, Ministry of Interior and Coordination of National Government	1	KII7
Community Health Worker, Ministry of Health	1	KII6
Head teacher, Oldonyonyokie Primary School, Ministry of Education	1	KII5
Head teacher, Oldonyonyokie Secondary School, Ministry of Education	1	KII4
Pastor, Kenya Assemblies of God (KAG) [Religious Institution]	1	KII3
Director, Hekima Children's Home [Child Care Institution]	1	KII2
Founder, Empiris Women Group [Civil Society Organisation (CSO)]	1	KII1
<b>5 Interviews</b>	<b>5</b>	
Community Elder	1	I5
Practicing Cutter/TBA	1	I4
Reformed Cutter/TBA	1	I3
Moran	1	I2
University student	1	I1
<b>3 Focus Group Discussions</b>	<b>22</b>	
FDG 1 - Women (18-25 years)	7	FDG 1 (women)
FDG 2 - Men (30-45 years)	8	FDG 2 (men)
FDG 3 - Women (above 60 years)	8	FDG 3 (women)

### **3.6.1 Data Collection Methods**

#### **3.6.1.1 Interviews.**

Interviews comprise organized inquiries and generally open queries aimed at generating participants' thoughts and opinions. All interviews with project recipients were carried out face to face for this study. A total of 5 interviews were conducted with a



university girl, moran, cutters/Traditional Birth Attendants (reformed and practicing) and a community elder, with a view to get their first-hand knowledge about their involvement in the anti-FGM efforts. All interview discussions were captured via note taking and recording after obtaining permission from the participants, and after they signed both informed consent and audio recording consent forms.

### ***3.6.1.2 Key Informant Interviews.***

Key informant interviews (KIIs) are in-depth interviews with people who have particularly informed perspectives on the topic being researched. For this study, **12 KIIs** were conducted with ARP-WASH Project M&E and Project Officer, Communication Manager for AMREF Health Africa in Kenya, Ministry of Gender (Anti-FGM Board), Ministry of Labor, Social Security and Services (Children's Office), Ministry of Interior and Coordination of National Government (local Chief), Ministry of Health (Community Health Worker), Ministry of Education (Head teachers – Oldonyonyokie Primary School and Secondary), Religious organisations (Pastor, KAG Church); Empiris Women Group and Hekima Children's Home. Just like in the interviews, all KIIs were conducted face to face and discussions were captured via note taking and recorded after interviewees gave a green light and signed both informed consent and audio recording consent forms.

### ***3.6.1.3 Focus Group Discussions.***

Considering that FGM is a sensitive matter, Focus Group Discussions (FDGs) were important for this study because they provided participants with an opportunity to share freely complex issues around FGM. The discussions were also a way of triangulating the information generated through interviews and key informant interviews, and helped in filling information gaps identified prior. For this study, **3 FDGs** were conducted with **7 women**

(between 18 and 25 years), **8 men** (40-59 years) and **7 women** (above 60 years). In total, **22 community members** participated in the FDGs.

#### ***3.6.1.4 Document Analysis.***

The analysis of documents is a systemic procedure in which printed and electronic documents are checked or evaluated (Bowen, 2009). It's good because it allows a vast amount of data to be collected without forcing many people to question them. Data are analyzed and interpreted for meaning, understanding and empirical knowledge in the study of documents (Corbin & Strauss, 2008). Analysis of documents can be carried out as independent studies as a component of a broader qualitative or mixed method study in which findings from another data source are often triangulated (Frey, 2018). In the process of document analysis, Mayring (2002) provided four steps: (1) clear question specified; (2) document definition; (3) document relevant consideration for the question defined; (4) document interpretation as defined question.

For systematic evaluation, documents can contain, among others, ads, manuals, background documents, books and brochures, journals and publications, programming for events, newspapers, news releases, proposals for programs, institutional or organizational reports and public records. The study includes ten review documents, the Baseline Study, the ARP-WASH Project Proposal, the Assessment Report, the Final Term of Donors, the Integration Model and 5 testimonials.

### **3.6.2 Data Collection Tools**

#### ***3.6.2.1 Interview Guide***

An interview guide includes a set of structured questions that directs a researcher when conducting qualitative research about a specific topic. A list of questions related to the topic under study was prepared ahead of the interviews with the participants. The researcher

had different interview questions to suit the interviewees to facilitate collection of data from various perspectives-project's implementing team, beneficiaries and local partners of the ARP-WASH Project based on the study objectives. The interview guides for the study are attached as Annex.

#### ***3.6.2.2 Key Informant Interview Guide***

A Key Informant Interview Guide (KIIG) outlines questions for asking key informants of the study. The guides for this study contained a list of open-ended questions that formed basis of discussion with the different participants. The researcher developed two different KIIGs for project implementing team and local partners, which have been attached as Annex.

#### ***3.6.2.3 Focus Group Discussion Guide***

A Focus Group Discussion (FDG) Guide outlines questions for asking different groups of people who will provide information for this study. The guides for this study contained a list of open-ended questions that guided discussions with the different participants. Three FDGs guides were developed for women (between 18 and 25 years), men (40-59 years) and women (above 60 years). The main differentiating question was whether the groups, having gone through the ARP programme would allow their girls to undergo FGM or advocate against the practice in the community. The FDG guides for the different groups are attached as an Annex.

#### ***3.6.2.4 Document Analysis Guide***

An analytical document guide provides a structure for the production of data from various documents that are examined by a researcher. The researchers shall record, in

conduction of this analyzes, the type of document that is (the government or the institution) the dates, the author and the title, the purpose of the document, the data contained in the document, the reasons why this document is a valuable source of information, how the document can be used, and how it is validated (Marshall & Rossman, 1995). An attached Annex provides guidance to the document analysis for this study.

### **3.7 Data Analysis**

Using theme analysis, data collected were analyzed. This analysis produces an overview of codes and issues raised through interviews and discussions (Petros, 2018). The researchers first study the transcripts of the interviews and build the correct first coding framework through the thematic data analytics procedure. The topics in participant transcript data are then recognized when the researcher is attempting to confirm, check and broaden these topics. Usually the procedure is repeated to investigate other topics. Similar content codes are then aggregated into a wider variety of topics. Main topics have been developed by the aims for this study. The study, however, also produced sub-topics emerging from the field.

### **3.8 Ethical Considerations**

#### ***3.8.1 University of Nairobi Research Guidelines***

The researcher observed research guidelines of the University of Nairobi. As a first step, the researcher created a concept, develop and presented a proposal, defended it before a panel of examiners before she was cleared to collect data and granted a Certificate of Fieldwork. During data collection, the researcher assured participants on the privacy of the information provided, and that it is only meant for research purposes. The researcher also observed plagiarism policy guidelines.

### ***3.8.2 AMREF Health Africa Ethics Scientific Research Committee Guidelines***

The researcher observed AMREF Health Africa research guidelines, which first required her to submit a research protocol for clearance by the AMREF Ethics and Scientific Research Committee (ESRC) before data collection commenced. As part of the guidelines, the researcher strictly followed the COVID-19 protocols during data collection, and submitted any amendments to the protocol for prior clearance.

### ***3.8.3 Informed Consent***

Given the fragility of the FGM issue, before data collection, the researcher obtained the study participants' agreement. Informed consent implies agreement for the study of interviewees or those observed in full understanding and the repercussions of this investigation (Piper and Simons, 2005). Informed consent is important because it gives participants an opportunity to make an informed, rational and voluntary decision before making a commitment to take part in the study.

The researcher explained to the participants among others, the purpose of the study, its significance, expected duration, procedures of the study and information on their right to decline or withdraw, and provided an informed consent form for the participants to read and sign (at will) before interviews started.

### ***3.8.4 Confidentiality and Anonymity***

Confidentiality allows people not just to speak with confidence; it also allows people to refuse to publish any content which might be detrimental. Anonymity offers some protection of privacy and confidentiality. Both confidentiality and anonymity were assured in this study by not recording names of the participants during data collection, analysis and presentation.

### ***3.8.5 Objectivity***

The researcher was objective and unbiased in data collection, analysis and presentation, especially by the virtue of being an employee of AMREF health Africa.

## **CHAPTER 4: DATA PRESENTATION, ANALYSIS AND INTERPRETATION**

### **4.1 Overview**

This chapter focuses on presentation of data collected through Key Informant Interviews, Interviews, Focus Group Discussions and Document Analysis, using methodology outlined in Chapter 3. This data was then analyzed and interpreted to form a basis for drawing conclusions, making recommendations and presenting findings.

### **4.2 The ARP-WASH Project Design**

A project's phase starts with design, which is critical in realization of set goals and objectives. Design majorly involves situational analysis or Communication Based Assessment which helps define audiences, stakeholders, risks, opportunities, needs, solutions, objectives, media, channels and monitoring and evaluation indicators. It is recommended that communication is incorporated at the project design stage to ensure a better integration of communication and project activities, and facilitate long term planning and allocation of resources (human or financial) and ensure sustained results.

As a first objective, the study sought to examine the design of the ARP-WASH project with a view to understand the place of communication, and how it was envisioned at the project start. To understand this, data was collected mainly from the project implementation team members, and selected project documents, and analyzed under the following themes and sub-themes.

#### **4.2.1 Integration of FGM and WASH in Project Design**

Review of key ARP-WASH project documents including the Baseline Survey, Proposal, Integration Model, End Term Donor Report and End Term Evaluation Report revealed that the project adopted an integrated strategy, which brought in both FGM (ARP) and WASH components with WASH being an entry point to FGM. The study also found out

that AMREF reconsidered its traditional approach of addressing FGM as a stand-alone activity because its previous interventions were not working. FGM was still being practiced in Kajiado after 10 years of implementing various ARP projects there. For this project, WASH was therefore used as the vehicle to create communication spaces for the community to engage in discussions regarding abandoning FGM and adopting an Alternative Rite of Passage (ARP). This meant that as the project provided water, it also shared FGM messages with the community members.

In explaining why the integration approach was preferred, one of the Key Informants from the Project Implementation said that there was a ARP project that was implemented previously in Samburu, Magadi and other parts of Kajiado, but after many years, it was seen that FGM practice was still rife raising questions on why it continued, this made AMREF to rethink its interventions.

The Project's Baseline Survey presents water as the biggest challenge facing communities living in Kajiado. Thus, the Project assumed that by addressing the community's priority need (water), they would be more receptive to engage in discussions around FGM and SRHR.

*“We felt that integrating WASH issues of water and hygiene, then community can give us an ear to talk about other pressing needs like FGM. We came up with the project that's integrated, so as we talk about water, we also talk about SRH issues. I may not call the project ARP-WASH, but an integrated SRHR-WASH initiative because ARP is derived from alternative rite of passage, which is a process, others may call it an event. In implementation, we are providing SRHR information as we provide water”  
KIII*

The integration was also seen as a way of retaining and increasing participation of women and girls in ARP-WASH project activities, as introduction of water was a way of making them spare time used to fetch water and engage in dialogue about FGM and SRHR issues. The Project Proposal points out that in the Maasai community, women and girls are traditionally charged with the responsibilities of fetching water for household use. During dry



periods, where there's acute shortage of water, girls and women have to walk for long and sometimes more than 10 km return journey to collect water from the nearest water source.

Most times they have to wake up very early in the morning to start their long journey to look for water. This has been associated with violence against women and girls as they get exposed to inhuman acts such as sexual assault and rape.

AMREF Health Africa also considered the integration because there was inadequate knowledge and low uptake of ARP services especially in the intervention sites, described as hotspots for FGM in Kajiado, and although AMREF had worked in 2 sites on pilot, there was demand particularly for the ARP model based on its unique cultural relevant approaches and strategies. From the Project Proposal, the County Government of Kajiado had also appealed to AMREF to scale up SRH activities to these wards.

The integration of the two components was also to create a strong leverage that was to escalate the community integration and uptake of not only, ARP but also WASH services, which would help save enormous resources and time since the same community structures (such as women and youth groups) that had already been trained by AMREF were to take on board the WASH and ARP components and integrate them in their daily activities or interventions, thereby increase uptake.

This study found out that the ARP-WASH integration worked. The project can report some good outcomes in terms of the community being receptive to discuss about FGM, a culture sensitive topic:

*‘Being in Kajiado has been very positive for us. Within a short period, communities have given us an ear. We can sit down together and dialogue about FGM, which was not the case in the previous years like 2011 or 2013 there about, because initially the community felt like we were intruding their culture. It's the strategies we used then that didn't give us an opportunity to engage with them. But now, we use water as an entry point, so communities come and fetch water. They are very happy because it's a felt need. As they fetch water, we have an opportunity to talk about other things including FGM’’ KIIII*

The ARP-WASH integration model was effective in improving the various outcome indicators in the project as per findings of the ARP-WASH End Term Evaluation. The integration model not only worked towards comprehensive health by addressing multiple components of health but also retained the otherwise nomadic communities hence availing them for ARP interventions. The integration model also provided water near the households and in return eliminated the risks of rape, SGBV and early pregnancies associated with fetching water over long distances. Through WASH, the project has managed to contribute towards reduction of Female Genital Mutilation/Cutting (FGM/C) by improving SRHRs among adolescent young people and women of reproductive age in Kajiado County as evidenced by a reduction in the prevalence of FGM/C as well as increased awareness and acceptance of ARP by community Leaders. The integration model was also efficient as it enables the project to leverage on resources to do more with less.

Data collected from field interviews with stakeholders and target audience confirmed that ARP and WASH were indeed integrated, with the project empowering women champions with knowledge on WASH and FGM. Being champions, the women were also provided with water tanks in their homes, from where women and girls would come to fetch clean water, as they (champions) pass to them messages on both FGM and WASH. Other community members too received WASH and FGM messages.

#### **4.2.2 Significance of FGM among the Maasai Community**

Different communities in Kenya practice FGM for various reasons. Among the Maasai, FGM is practiced as a rite of passage that signifies a girl's transition from childhood to adulthood, a view that all the participants in this study agreed to. This supports WHO (1997) finding that FGM, a human rights violation that subjects women and young girls to health risks and consequences is still performed on girls aged four to 14 years as a rite of

passage from childhood to adulthood in several communities. Previously, FGM was a license to marriage for Maasai girls, although this has changed because uncut girls are getting married nowadays. Those who undergo FGM are seen as complete women and they automatically become decision makers in the community. The uncut are seen as children regardless of age.

*‘It’s stage of transition from girlhood to womanhood. It entails negotiation, dowry and marriage. A girl ceases to be called ‘Entito’ and adopts a new title, Ensiankiki. She becomes someone’s wife. When she delivers, her name changes to the mother of the child. An uncut girl is a taboo, she cannot be married’’ I5*

Other community members believe that FGM is a way of controlling women sexuality, especially going by the pastoralist’s nature of the Maasai whereby the men leave their families behind to go look for water and pasture for their animals, even in neighboring countries. They believe the cut women aren’t promiscuous, and will be faithful to their husbands. This revelation backs WHO (2008) which recognizes FGM as discrimination on grounds of sex because it is rooted on gender inequalities and power imbalances between men and women, and bars women from fully enjoying their human rights.

*‘FGM is used to control sexual feelings, and prevent women from seeking sexual satisfaction from other men. When they have gone to the field to look for pasture and water for their animals, the man will still come back even after years and find the wife home’’ FDG 1 (women)*

Several participants especially the men who were interviewed associate FGM with low libido and sexual satisfaction. Considering that FGM is a sensitive topic, participants in the Focus Group Discussions were freer to share about this. Some said that cut girls never ask for sex from their men due to low libido, and that’s why they (men) would want to marry a second wife. One of the participants said that a cut woman can’t even remember sex. The men reported that such forget about it and won’t even have sexual feelings even if the husband isn’t around for years.

The above findings show that despite FGM being a human violation that subjects women and young girls to health risks and consequences, the practice is still significant among the Maasai, as a rite of passage. However, interviews with Focus Group Discussions comprising of men and women (interviewed separately) showed that FGM is an outdated practice and should be stopped. While FGM was a prerequisite for marriage, nowadays, Maasai men marry uncut women.

Unlike for circumcised men who change to greet from head to hand, once a girl is cut, there's no change; greetings is the same for women, both cut or uncut one greet with the head-no value for the girl. Still, unlike before where those who hadn't undergone FGM were not helped during delivery, the uncut receive such help and they deliver well today. For those who perform the cut, severance has reduced as the circumcisers' only 'prick' the clitoris so that blood comes out, and make the girls feel 'complete' and that they have undergone FGM.

#### **4.2.3 FGM Continued Prevalence among the Maasai Community**

Ruth (2011) asserts that although several anti-FGM advocacy campaigns have succeeded in awareness creation of dangers of FGM, they have failed to change attitudes and behaviors and persuade communities to abandon the practice, even here in Kenya. The situation is no different from Magadi, where this study took place.

The researcher collected views from participants on why FGM continues despite interventions by various public and private sector players including AMREF. These reasons range from culture and tradition, stigma from the community members and changing trends such as cross border FGM. It was reported that girls are cut for fear of stigma so that they can have sense of belonging in the society. As per the Maasai tradition, if a girl gets pregnant while uncut, during child birth no one is there to support her and even after delivery, she receives no help at home like washing clothes. This forces some women to go for the cut while pregnant so that during child birth she's supported by other ladies.

Other participants cited that the girls themselves want to undergo the cut. This always come from pressure from home or from the society, which pushes them to go for the cut, even if they had undergone the ARP programme. One of the participants in a Focus Group Discussion for girls blamed women (mothers) for putting pressure on the girls, by calling them ‘Entito’ (a derogatory name for the uncut girls), whenever they have a disagreement.

*“It has reached a point now where the girls are demanding to be cut. So what they do currently is not cutting, they just prick the clitoris. The problem is not parents, but the girls. When they notice you are reluctant as a parent, they approach other relatives, especially the grandmother and ask to be cut, or they go to the cutters straight” KII7*

Changing trends such as cross-border FGM and secret cutting are other reasons why FGM continues. With no public festivities to celebrate cut girls like before, it is now hard to tell when girls have undergone FGM. Those practicing FGM in the community hold prayer meetings at home to celebrate the cut girls, as a way of concealing the practice.

*“The girls are being taken to their grandmothers and cut while there. No celebrations like before. ARP is good but community hasn’t embraced it fully. There’s need for more community awareness. No public festivities to celebrate those who have undergone FGM. However, women use prayer meeting as secret events meant for the cut girls. Preparations could take 3-4 months before with the man at the forefront, he would even make door-to-door announcements” FDG 2 (men)*

Several participants pointed out that although ARP was recommended, after the ARP-WASH project ended in June 2020, some community members went back to FGM due to stigma. The practice continues in secrecy and parents send their girls to be cut in neighbouring Tanzania and their grandmother’s homes. Lack of awareness on the dangers of the FGM and low illiteracy levels are also other reasons blamed for continuation of FGM in Magadi.

Asked if they would allow their daughters to be cut, the Focus Group Discussions brought out this discussion well as participants disclosed that they wouldn’t wish their girls to be victims of FGM. This is because they (participants) are now aware of the dangers of FGM

or have experienced the effects in themselves or other people. On the positive side, one of the interviewees associate no-cutting with education, as those not cut, bring home diplomas and degrees. All the women participants in the FDGs had undergone FGM while all the men have married cut women. Others said they would let the girls make a choice whether to be cut or not. The girls' decision is however influenced by their peers or family members who challenge them to get undergo FGM.

#### **4.2.4 ARP as an Alternative to FGM**

The study found out that the AMREF's ARP model is a process that takes approximately one year, right from the time the project starts engaging with the community up to the ARP graduation ceremony. The approach engages families and communities so that they can make a collective and coordinated decision to abandon the practice of FGM. This supports view by Lotte (2018) that ARPs take a different form in various communities.

AMREF's Impact Study of the ARP model presents it as the best alternative to FGM that encourages abandonment of the practice by communities in Kenya (especially Maasai) thereby helps decrease child marriages, teenage pregnancy and increase school enrolment (AMREF, 2020). This was backed by interviews from the field, which show a general consensus among the participants that the model introduced by AMREF was a good practice that protects girls from undergoing FGM thereby preventing teenage pregnancies, child marriages and encouraging school completion.

From the field interviews, ARP maintains girls in school, and supports achievement of a girl's dream. One of the participants was proud to say that her daughter is not cut, and she started a private school in Oldonyonyokie that has 400 students. Further, ARP is seen as a good thing in the community, because it makes the girls feel they have gone through a rite of passage, which makes them to feel complete and accepted in the community, even without

FGM. ARP provides them with an alternative for them to abandon FGM, which many do not see need for it to be practiced now.

*“It’s a good initiative because FGM is a way of life for Maasai’s. ARP provides them with an alternative for them to leave FGM. They believe a child must transition from childhood to adulthood, and that why there’s FGM. ARP educates both the girls, and the community to stop the culture of FGM and also adopt another new way of life that will make them transition to womanhood, and it has worked very well because girls are taught on rights, dangers of FGM, and they become ambassadors within the community to speak on behalf of us and maybe AMREF on disadvantages of FGM”  
KII8*

The participants also agreed that the ARP-WASH project took into consideration the values of the Maasai community in regards to transition of girls to womanhood, especially by having elders bless them during ARP ceremonies and in maintaining rituals. In line with their tradition, rituals are done at Manyattas where there are cows, children and plenty of music. Elders use Nkuatiti (fly) to bless girls very early in the morning before sunrise. During the three ARP graduation events that were held during the project period, both the cut and uncut girls were blessed, with separate festivities held - one for those go to church and don’t drink, and another for the conservatives and those who take alcohol.

#### **4.2.5 Communication Component in ARP-WASH Project**

Strategic communication is key in promoting change towards harmful cultural practices. Therefore, incorporating communication at the project design stage ensures a better integration of communication and project activities, and facilitates long term planning and allocation of resources (human or financial) and ensures sustained results. Despite this significance, this research established that the ARP-WASH project did not envision communication playing a strategic role but rather supported in branding and visibility. This supports view by Mefalopulos (2018) that many development managers and decision makers

do not embrace communication as a strategic tool, as they use it after a project has begun to inform and persuade audiences.

*“I wasn’t there, but based on the way AMREF projects are structured, at the point of project design, it was purely around showing visibility for the donor and that includes showing value for money. It involved things like project launch, beneficiary stories (audio-visual) and then branding of the project in line with donor and AMREF brand requirements. At project design that was it. That shows you that the gap, it was never envisioned that communication would play a strategic role in project implementation. It was more of brand and visibility. Missed opportunity right there” KIII2*

The fact that the project did not envision communication to play a strategic role also means that the project did not incorporate communication from the start, thus a communication strategy was lacking. At the same time, Communication Based Assessment (CBA) or formative research that’s recommended by Mefalopulos (2008) to assess the political, cultural and economic environment in which a development initiative is situated, and identify entry points for communication strategy, was missed.

Such kind of research could have been relevant at the beginning to help define audiences, stakeholders, risks, opportunities, needs, solutions, objectives, media, channels and monitoring and evaluation indicators. The communication team was also not involved in the actual proposal writing stage to provide guidance on how communication can be weaved into the entire project cycle to support the project in achieving its goals and objectives.

Although a well-crafted and comprehensive communication strategy is important for programmes aimed at influencing behavior because such projects require significant awareness and communication for them to garner sustained impact, the ARP-WASH project lacked a strategy to support project activities. This contradicts Jenatsch, Bauer & Alarcón (2016) who says that all projects, whether big or small require a strategic communication plan corresponding with their objectives and resources, a plan that should be developed during the initial phase of a project.



The communication strategy could have been anchored on the Communication Based Assessment, that's recommended by (Mefalopulos, 2018), which could have identified the communication entry points. The strategy could have been developed at the project planning stage to outline the communication objectives, target audience, approaches, messages, and channels at the very least. The lack of a strategy can therefore be blamed for why communication focused on just documenting successes and was always an afterthought as supported by KII below.

*“In terms of communication, the requests for communication support were ad-hoc as sometimes a day to the event, the project says we need someone from communication to travel to Kajiado or Samburu tomorrow. This shows that communication was always an afterthought, and even then, a lack of understanding on the added value the project could gain from strategic communication. They never thought of communication as a delivery vehicle, it was more at the output level” KIII2*

There was no communication strategy, so it means that communication elements such as objectives, approaches, messages and channels were not defined at the start, they were assumed based on what the communication helped the project deliver. The project targeted all stakeholders within the community including elders, clan leaders, women, girls, boys and girls (in and out of school); local administration (chief, police) all the way to the Subcounty and County government, political leaders and CSO partners working on the ground. The assumed communication objectives were to increase visibility of project and of FGM issue within the project area; but these was implied not intentional.

The project's presumed messages were that alternative rites of passage works, and ARP is an effective way of reducing FGM prevalence within the communities. But since, there's the link with WASH, the message there would have been that provision of WASH are powerful entry point into sensitizing the communities around FGM. One of the KII lauded the project for ensuring messages were developed and packaged for the local communities in their language (they were always translated) and were printed on contextually relevant items such as *lesos* and *masai shukas*.

As mentioned earlier, communication approaches were ad-hoc, the project did some aspects of SBCC but it was really around provision and production of IEC materials to local communities.

If communication was thought out strategically, project could have built in the three SBCC key strategies that reinforce one another to bring change at both community and individual levels (Obregon & Casanova, 2019): Social mobilization to promote participation and partnerships and community mobilization; Behaviour Change Communication (BCC) to promote changes in knowledge, attitudes and practices in specific audiences; and Advocacy to increase resources, and boost political and social leaders' commitment to development actions and goals.

Although communication was missed at the design stage, it used to come in handy during implementation, especially during the ARP graduation ceremonies, which always elicited a lot of media attention. Since ARP as a process was also a fundraising tool, there was need for the project to share project success stories and those of ARP beneficiaries who haven't undergone the cut, as this would attract the interest of the donors. Through documentation of the ARP graduation ceremonies, the project would get more donors.

*“Communication used to come in handy when we are doing those ARP events. It was during design that this was missed, the project really required services of communication. Remember ARP as a process was also a fundraising tool, we felt that if we can share our stories, share the successes, stories of ARP beneficiaries those who haven't undergone the cut, it would attract the interest of the donors. We could get requests for this from donors – current and prospective – and only at that point that we felt that communication is needed. Communication team used to come to ARP events, write stories and share with the outside world. Those stories elicited interest, and out of that we could get more funding” KIII2*

In terms of communication resource, the project relied on communication departments from both host (Kenya) and donor (Netherlands) countries because it lacked a designated communication personnel. The assumption was because the project caters for overhead costs, it would get communication support from the organisation (AMREF). This

support was majorly solicited during APR ceremonies and when there were visitors from the donor country (Netherlands) coming to visit project sites in Kenya. These visitors were either current or prospective donors, and communication budget for these events was provided by AMREF Netherlands. During such events, both communication teams from AMREF offices in Netherlands and Kenya would help generate and disseminate success stories.

*“Even though we haven’t thought of standalone support for communication, it doesn’t mean that we don’t need that support. Every time we have that need we raise it on a need basis, and I’m happy that the communication office at the Kenya country office always support us in time. The donor (Netherlands) country office also gives us the communication support required” KIII1*

On why communication wasn’t included in the design, key informants noted that the project thought that the support given from both donor and host countries was sufficient.

*“I can’t authoritatively answer because I wasn’t there. But what I can say is role of communication especially for such a project is crucial. Even as we did our phase 2, we didn’t think about a communication role. It means it’s not a donor interest. But because the project team gets support from donor and host country, they think this is sufficient” KIII1*

The study also gathered that projects funded by traditional donors such as USAID always have a communication component integrated right from the start (proposal design) compared with non-traditional donors, who don’t really care much about communication. This could also be another reason why the ARP-WASH project lacked a strategic communication element.

In terms of communication budget, it wasn’t clear whether the project set a communication budget at the start. However, the Project Proposal outlines communication activities such as use of radio as an implementation strategy. The project always covered for travel costs for communication team to the field to document stories, but this wasn’t clear if it was a dedicated communication budget line or generic project travel.

As Jenatsch, Bauer & Alarcón (2016) outlines, communication should be incorporated from the start of a project (design) as this ensures a better integration of communication and

project activities, facilitates long term planning and allocation of resources and ensures sustained results. However, for the ARP-WASH project, this was clearly a missed opportunity.

#### **4.2.6 Communication Gaps Associated with Project Design**

Since the project didn't incorporate communication in design phase, several gaps can be associated with this because there was no communication strategy that could have allowed the project to embed communication within the project cycle.

Lack of a strategy to guide communication for the project meant that there were a lot of gaps in proactively documenting project successes from a communication lens. The project missed on a wealth of opportunities to leverage communication to document step-by-step process of what the Alternative Rite of Passage is.

Being a process that takes one year, there were lots of opportunities for documentation, which were missed, from entry level, meetings with community members, setting up of committees, before the three-day ARP training and graduation, which is at the very end of the continuum.

*“Beyond calling communication team to go to the field to take pictures, or writing a story or press release when we have an ARP, what about what happens during the ARP process – between the time you make an entry into the community and the time you are having a graduation ceremony, that continuum was missed and that’s where the depth is. That happens when you think about communication as opportunities to take photos or to invite media. All that stuff is lost.” KIII2*

Although incorporating communication at the project design stage ensures a better integration of communication and project activities (Mefalopulos, 2008), the study found out that communication support was an afterthought because it wasn't embedded into the project design. The AMREF Kenya communication office would receive ad-hoc requests to support ARP-WASH project activities.

*“In terms of communication, the requests for communication support were ad-hoc as sometimes a day to the event, the project says we need someone from communication to travel to Kajiado or Samburu tomorrow. This shows that communication was always an afterthought, and even then, a lack of understanding on the added value the project could gain from strategic communication. They never thought of communication as a delivery vehicle, it was more at the output level” KIII2*

One of the Key Informants pointed out despite the ARP-WASH project relying on both donor and host countries for communication support, sometimes this support was not always guaranteed. This study assumes that if there was a dedicated communication resource, the situation could have been different, as the host country’s communication department also supports other communication priorities from the organisation (AMREF) and other projects. Since the project catered for overhead costs, the assumption was communication support from the organisation (AMREF Health Africa) would be offered. Also, last minute requests for communication support could have been another reason why AMREF Health Africa could not always provide support for the project.

To avoid such disappointments in future, having a communication officer for the program would help, as he/she would be well updated on what’s happening and would proactively engage the communication department whenever the project needs extra support.

*“Sometimes we contact communication team to capture our activities like dialogues but most of the time they are not available. Most of the time when we need them they are not available, so you actually give up. Recently for instance we had an activity by Ushanga initiative (launch of economic empowerment for women) and we asked the communication department to give us one person to capture, they just gave us banners (teardrops) and told us when you finish deliver. We actually sent a driver to pick them because there was no one at the Kenya County Office (KCO). Because ARP is a big ceremony, it actually gives us a lot of visibility that’s when they come in. But you know ARP is a process before that day comes (ARP ceremony). We would like communication to document ARP from the start including community dialogues, not just the big event” KIII0*

By the virtue of AMREF communication team not being part of the Business Development team drafting the actual ARP-WASH project proposal, there was a gap in identifying opportunities that communication could tap into. To counter the challenge, a Key

Informant recommended AMREF incorporates communication team in proposal development not just for ARP-WASH, but other projects.

*“Projects are designed at proposal stage, so incorporate communication resource persons in proposal development to think through communications strategies that can build into project implementation, especially for AMREF. Most projects do not involve communication at proposal design, most of them bring proposals for editing. Also, integrate communication into the conceptual framework or project’s theory of change” KIII2*

#### **4.2.7 How the Project could have benefited from an Integrated SBCC Strategy**

Being a behaviour change project, ARP-WASH could have used the SBCC approach that is recommended for such interventions. While data collected revealed that the project lacked a communication strategy, the project could have benefited more from a well-integrated SBCC strategy to design and implement a comprehensive set of interventions to support and encourage positive behaviour towards FGM.

Since FGM is a deeply rooted cultural practice, WHO recommends the behavior change approach to accelerate efforts to end female circumcision. Such an approach could have taken into consideration the collective nature of decision-making in regards to FGM, as in most cases, the decision to undergo FGM is not an individual choice - as girls have minimal say on whether they will be cut or not, as noted by Lee (2008). Behavior change theories such as Social Norms Theory and Social Convention Theory could have helped address influences of behavior change at individual and community levels respectively.

*“The ideal way could have been leverage strategic communication to help meet the project objectives, and because the project was really looking at using delivery of WASH services as a catalyst to create dialogue around FGM, if you think about it strategically, there was a component of SBCC that should have been factored into the programme, so then you use SBCC strategies like human centered designs to track that progress; like what are the KAPs of the particular community as far as WASH and FGM? How can we address those gaps and move the community towards where we want them? That was lacking” KII 12*

By leveraging a human centered design, the project could have drilled down to root causes of resistance to cultural change, stigma, peer pressure, rise in secret circumcision, cross border FGM, some of the barriers to effectiveness of the project, especially because the project knows what the challenges are from project evaluation.

*“Engaging the communities in defining key messages and behavior change strategies gives them a sense of buy-in and helps them resonate with the objective of why it is important to change behavior or practice. Community involvement is key, from the start. They know their challenges and know where solution is but if you don’t integrate them into project to define what can work, then your work will be in vain”  
KIII2*

By using the SBCC’s Social Ecological Model, the project could have analysed at the start, influences of behavior change at intrapersonal, interpersonal, community and policy level to understand factors that perpetuate the persistence of FGM in Kajiado County specifically. This could have included a Knowledge Attitude Perceptions survey to identify barriers to behavior change and inform the communication objectives. Besides lacking a communication strategy, the study also found out that the project didn’t conduct a Knowledge, Attitudes and Practices (KAP) survey at the beginning, which was a missed opportunity.

SBCC would have helped assess knowledge levels before, during and after implementation, whereby a KAP survey is done at the baseline, midterm and end term, and evaluation of KAP is embedded within the project lifecycle. This would have allowed for periodic assessment of progress towards desired goals and outcomes and making of any iterations/revisions to the implementation strategy, thereby avoiding instances where it is realized at the end of the project that a certain strategy didn’t work. A communication strategy would have allowed the project navigate such issues mid-term as opposed to after the project.

*“I don’t think there was a KAP survey that was done for that project. So there was no KAP survey, there was no SBCC strategy and therefore, yes while you argue that*

*reduced prevalence of FGM, is a desired outcome, but I think that could have been accelerated if there was data. And you would also have reference points in terms of knowledge and attitudes, behaviors that are measureable, because while you may not achieve ultimately the complete eradication of FGM, you could influence the way people think, and if you not capturing, the influence and perception changes by leveraging communication, you can say the project was not effective but yet, you catalyze something. You need to have a baseline, what is the knowledge, what is the attitude, what is the practice. Practice is easy because you look at prevalence levels of FGM, but attitude and knowledge, it's a lot more difficult to measure unless you are deploying specific communication. That was a missed opportunity that can be considered for future program'' KIII2*

If SBCC was integrated, the ARP-WASH project could also have benefited from joint advocacy communication especially in an area like Kajiado where there are other partners including CSOs working to address the same issues, and where AMREF runs parallel FGM-related projects serving the same purpose, though through different strategies, to reduce prevalence of the practice (The ARP-WASH focused on community level interventions that use water as an entry point to FGM, and Yes I Do Project that focused on coalition building to support acceptance of ARP). Such a strategy could have led to joint AMREF-led advocacy within the county that targets the political leadership of the highest.

*‘‘If you had a communication strategy, it will allow you to ask who else is working in this area and what opportunities exist for us to leverage; even when you do your audience analysis or situational analysis you are like, who are the people we must involve in this process, you can map out who these people are. Therefore if you think of tactics and strategies for executing the project, you will find there are already existing communication and advocacy platforms that you can contribute into so that we build the share of voice that we have to address policy makers as opposed to you going on your own. Having a thinking through communication will allow you to have a structured and collective advocacy for AMREF ’’ KIII2*

A well-integrated communication strategy, could have allowed for better leveraging of communication for evidence generation and dissemination; as opposed to leaving evidence building as an M&E function only. As such, documentation could have been done for the entire ARP process instead of focusing only on the ARP ceremony.

*‘‘It only until the end of the project that there's a mad rush to get success stories, and to get communication to disseminate impact evaluation. So if you structure*



*communication at any one point within the life cycle of the project, you will know what evidence has been generated and how to already package it, so that you are progressively building a case to know that this actually works as opposed to waiting until the very end'' KIII2*

A SBCC approach would have helped navigate around cultural beliefs and practices; to engage communities in discussions around their beliefs and the possibility of adopting an alternative, by employing the 3 recommended SBCC strategies: Social mobilization to promote participation and partnerships and community mobilization; Behaviour Change Communication (BCC) to promote changes in knowledge, attitudes and practices in specific audiences; and Advocacy to increase resources, and boost political and social leaders' commitment to development actions and goals. These strategies would have been complimented by other strategies such as media advocacy and entertainment-education formats as seen in the literature review.

#### **4.3 ARP-WASH Project Implementation Strategies**

Project implementation is usually guided by a communication action plan, which maps what needs to be done, by whom, when at what cost. The action plan details the objectives, intended audiences, selected activities, inputs needed, expected outputs and timeframe of each activity. During implementation, communication comes in to support the project activities through actual execution of set activities - such as social mobilization, media advocacy and entertainment-education – as outlined in the overall communication strategy. As Mefalopulos (2008) argues, implementation is the most demanding in terms of resources.

As a second objective, the study sought to examine the implementation strategies the project used owing to the fact that communication wasn't integrated in design. By examining the implementation strategies, it helped the researcher identify the communication strategies

and elements that were employed. Data about both project and communication strategies was gathered from the community, partners, project implementers and project documents, and analyzed under the following themes and sub-themes. This being a communication research project, the researcher took a keen look at how communication was used during project implementation. Notably, data collection and analysis only focused on the FGM component of the ARP-WASH project in line with the study scope.

### **4.3.1 Cross Cutting Strategies to Address FGM Challenges**

#### ***4.3.1.1 Use of Radio.***

As a key project strategy, use of radio was an implementation (not communication) strategy that was factored in the project design. The Project Proposal outlined that local FM radio stations (Nosim & Serian) were to be used to reach out to wider population with ARP and WASH messages across the County because they have a wide network coverage. As such, project team/spokespeople would attend talk shows in local language, through support from the AMREF communication department personnel who booked interviews and prepared the required brief and messages. The shows gave listeners an opportunity to call-in and share their experiences in regard to project implementation.

In all radio sessions, topics of discussion were on effects of FGM and social implications of FGM/C and early child marriages and redefining the value of the girl child. The radio sessions were made interactive with social change agents remaining non-judgemental and demonstrating the role of cultural institutions of governance as key to abandonment of FGM, as reported in the End term Donor Report. Radio was also used by the project to disseminate research findings and encourage communities abandon the practise.

If radio was used as a communication strategy, it could have been different in such a way that the project could have endeavoured to get more information from the community that would allow them for instance to get insights on the communication channels used and which ones they would prefer. However, the assumption here was everybody listens to radio so it was the easiest way to reach mass audience with FGM and WASH messages.

*“If you think of communication strategically, you will think of – who’s our demographics, what’s their social economic status therefore what are their information consumption habits, what opportunities exist to provide them with this information where they are and we don’t expect them to come to community baraza to get that information, how can we reach them in the most convenient way” KIII2*

Giving an example to differentiate use of radio as a programmatic and communication tool, a Key Informant had this to say:

*“My KPI from a programme perspective would be radio spots, what I need to demonstrate is that we actually had 6 radio spots aired. But if you were to be strategic about it, it is to say, you can use other channels such as WhatsApp groups that allow for interactivity, as opposed to radio” KIII2*

*Radio Nosim* and *Mayan* were the most popular radio stations that were used during implementation to reach mass audiences. This was reported by different partners and community members. By using vernacular radio, the project put in consideration the high levels of illiteracy among the Maasai community, and this was seen as one of the best ways to reach them in their own language.

#### **4.3.1.2 Community Mobilization.**

Community mobilization was a cross-cutting strategy because the community was a key stakeholder in implementation. Given the community based approach of the project, it was important to involve all stakeholders from the onset to ensure their participation in and ownership of the project hence guarantee its sustainability. From the Project Proposal, it was during mobilization that roles of different partners including communities were clearly identified and agreed upon.

Generally, the project made use of community structures such as Nyumba Kumi, cultural elders, chiefs, CHVs, group ranch officials, women groups and sanitation committees to gain entry into the community and engage them in discussions around FGM, SRHR, hygiene, sanitation and child marriages. Through community mobilization, the ARP-WASH project built capacity and supported community based structures to promote ARP-WASH integration, sustainably manage water facilities and undertake sanitation and hygiene promotion in schools and household levels, considering that WASH was an entry point to FGM.

Specifically on the FGM related activities, the community members cited to have been involved in various capacity building trainings for cutters/TBAs to encourage them to stop FGM and adopt other income generation activities, moran forums to encourage morans to marry uncut girls, mentorship workshop for girls, trainings for women and ARP graduation ceremonies for girls that were attended by all community members.

*‘I attended a moran forum. There’s one that was held at Oldonyonyokie. We were young and pledged after training, to marry uncut girls. We also got certificates. Unfortunately, I did not marry an uncut girl’*’ FDG 1 (men).

#### **4.3.2 Specific Strategies to Address FGM among Maasai’s**

To address FGM, the project implemented specific strategies to graduate girls through ARP and to gain acceptance and support for the ARP model and to graduate girls through ARP. To gain acceptance for the model, several activities were held. First and foremost, as the custodians of culture, community elders attended various capacity building workshops where they were taught about dangers of FGM and encouraged to adopt an alternative rite of passage, and above all lead the community in leaving FGM.

Similarly, other community members participated in various forums aimed at communicating FGM messages and securing their support for the ARP model. This study found out that the ARP model was generally accepted among the community members and

the authorities as the best alternative to FGM that protects girls from undergoing the cut thereby preventing teenage pregnancies, child marriages and encouraging school completion. The project celebrated global health days by sharing FGM/ARP messages including Global Handwashing Day, Day for Zero Tolerance Towards FGM, Day of African Child and International Women Day.

Further, to generate support for the ARP model, the project conducted several studies to generate evidence and draw lessons to inform policy.

During the project implementation, three studies were conducted:

- a) *'Changing Embodied Practices: A Cultural Psychological Analysis of Female Genital Cutting and Alternative Rite of Passage'*,
- b) *'Underlying Sociocultural Practices Influencing Prevalence of Female Genital Mutilation/Cutting in Kajiado County aimed to estimate the Prevalence of Female Genital Mutilation/Cutting (FGM/C) and*
- c) *Impact evaluation /study of Community-Led Alternative Rite of Passage (ARP).*

Part of the literature review of this study was borrowed from these studies. The project also ran several interventions in the lead up to graduating girls through ARP. Support was mobilised from different members of the community including Nyumba Kumi, cultural elders, chiefs, CHVs, group ranch leaders, women groups, TBAs, morans, through various activities that were ran by partners. The study showed that the partners tailored their activities to suit their specific target audience in the community. For instance, schools banked majorly on mentorship programmes aimed at sensitizing the school community especially the girls on issues of FGM/C, teenage pregnancy, dropouts, GBV, menstrual hygiene and hand washing, including the consequences of engaging in early sex (sexual debut) and psychosocial care and support.

During these school outreaches, role models (educated women) were invited to speak to the girls. From the KIIs, it was also revealed that AMREF would bring mentors, and rescue the girls who've undergone FGM, and ensure they continue with school. These forums also

educated the girls on life skills and factors that hinder them from achieving their dreams. By so doing, the project encouraged girls to accept to transition from childhood to adulthood through ARP. One of the schools also reported to have been involved in exchange programmes with other schools from neighbouring Tanzania after it were found that Maasai girls were being taken there for the cut; and would also organize forums for daughters and their mothers as a way of giving them an opportunity to open up.

*“We have a mentorship week for girls in partnership with Tata Chemicals. During this week, we identify ladies from within the communities, those that are known to them, those who have achieved are the ones they use to talk to them so that they see it’s possible to achieve their dreams. Here, we reiterate on benefits of education for the girls. What a man can do, a girl can do better” KII4*

For the religious institutions, trainings and workshops were organised outside normal church service where discussions would revolve around FGM and hygiene matters. Separate church summits for women and youth were also held aimed at educating the community on dangers of FGM and encouraging them to adopt ARP.

*“I have been involved in training the community/worshippers that practices like these aren’t that good. So they should not be cutting girls and should not be associated with early marriages. They should stop marrying off young girls because they get pregnant when they are very young, and this has also contributed to early deaths of girls. Instead of marrying off the girls, they better educate them – take them to primary, high school, college, or university. You never know, that’s our tomorrow’s doctor, MP, Governor or Lawyer” KII3*

Community Based Organisations (CBOs) including child care institutions and women groups on the other hand involved children and parents in feeding programmes, held seminars/parties for children, men and women, workshops, school engagements and community barazas and trained CHVs, all geared towards passing information about FGM, SRHR and WASH. Other activities were trainings and mentorships for girls, income generating activities for the cutters and youth tournaments. The women group that was

interviewed for this study said that they also visit the schools, both secondary and primary to talk to girls on matters to education, health, religion, and menstrual hygiene.

The Government agencies that were interviewed said they used the existing community structures to engage communities. This includes working with the chiefs and churches to resolve any issues related to FGM and child protection. Just like the other partners, they too utilized chief barazas when reaching the communities. All these are different avenues to engage the community in FGM discussions. One of the government agencies underscored the need to target the boys/men to encourage them to marry uncut women.

*“The girls are taken through vigorous training where they are taught about menstrual health, reproductive health, drugs, so life in general, and they promise not to undergo the cut. But in the society, men say you have to be cut, whether you have gone through training or not. So they put pressure on the girls to be cut. Their lives revolve around their locality, so who’s going to marry them? And if we don’t reach those men, it is also a disadvantage to these girls. As much as we reach the girls, then we should also reach the boys so that they can marry girls who aren’t cut” KII9*

With Kajiado County being the only county in Kenya that passed the Anti-FGM policy, the Government agencies were also involved in implementation, enforcement, sensitizing and awareness of the policy including the Anti-FGM law and Child Protection law. This however was faced with some challenges, with enforcers (chiefs) fearing to be seen as going against their culture.

Interview with community members confirmed that indeed, they were directly involved in project implementation not only on FGM, but also on WASH components, except for a few who were not.

*“I have attended several seminars in school organised by AMREF since primary school. ARP has helped me grow as a person. I have met different people, with different ideas. To me it’s like a school. It teaches you so much” II*

To further build on numbers of girls graduating through ARP ceremony, the project also engaged and trained women groups and individual women especially TBAs, who double

up as cutters in the Maasai community, to encourage them to stop practicing FGM but embrace other sources of income. TBAs are elderly women in the community who are highly valued for the key role they play for women of reproductive age. TBAs are engaged in FGM and home deliveries, a task (those that participated in the project) have vowed to stop in the endeavour to bring to a halt the practice. They play a cultural significant role of ‘cutting’ adolescent girls to help them move from childhood to adult.

The skill is normally passed from a mother to their daughters as they learn their mothers work through observing. The TBAs are then appreciated for their work by being given the tail of a goat or sheep and some special parts when an animal is slaughtered, they are also highly respected and valued in the community. As a result of the introduction of the laws that prohibit FGM, the TBAs took a new dimension of charging a fee during FGM. The fee greatly encouraged the continuation of the practice as most cutters are seeing it as an easy way of income generation.

It’s for this reason that the project, besides sensitizing them on dangers and health consequence of FGM, the project also trained them on income generation activities, such as soap making, farming and making Maasai traditional costumes and ornaments (shanga products) depending on their interest. Enduet Women Group in Magadi Ward was a beneficiary of this training. The youth benefited from trainings and tournaments that were used to engage them on discussions around substances, drugs, SRHR and FGM.

In the Maasai community, men play a key role in FGM in the Maasai community. The men wish to keep their social standing thus would not want this affected in any way. FDGs for women blamed the men for continuation of the practice as they put pressure on the women to get the girls cut. To reach the men, ARP-WASH held capacity building sessions for elders, where they had discussions on replacing FGM with ARP. Morans were also



trained and encouraged to marry to uncut girls. However, pressure from the community pushes them to shun the uncut women as confirmed by the below:

*“I attended a moran forum. There’s one that was held at Oldonyonyokie, we were young, we pledged after training to marry uncut girls. We also got certificates. Unfortunately, I did not marry an uncut girl” FDG 1 (women)*

During ARP ceremonies, a celebration is held with support from the community members, and girls (both cut and uncut) are blessed by elders as a sign of graduation to womanhood. Field research showed that out of the 4 ARP ceremonies that were held in Kajiado, one took place in Oldonyonyokie, and some of the community members interviewed attended. This research also established that despite girls, women and traditional birth attendants being target audience, not everyone was directly reached by the FGM interventions.

For instance, five out of the seven participants in FDG for young women were not directly involved in project activities. They however attended an ARP ceremony in Oldonyonyokie. The same case applies to the practicing TBA who was interviewed for this study. These ones may have been missed because there were not much activities during the last year of project implementation due to COVID-19 pandemic. Those who missed on project activities would like AMREF to involve them in future projects.

### **4.3.3 Communication Strategies**

The study established that the ARP-WASH project did not have a communication/SBCC strategy in place, neither did it envision communication playing a strategic role. The study has also found out that communication support was ad-hoc and focused more on documenting success. Therefore, the main strategies that used were media (mainstream) including press releases dissemination, digital and social media engagement, documentaries and videos, posters and poems.

#### **4.3.3.1 Media Relations.**

Although strategic communication was not envisioned in the project, through ad-hoc communication support, there was the use of digital platforms, print, TV and radio during the implementation phase. The project would request for communication support to execute the ARP graduation ceremony, which required media attendance (both local and international). The ceremony always elicited a lot of media attention and publicity, something that served the project well despite that it was not built into the program design. Many of those events used to be oversubscribed by media with the international media eliciting much attention compared with local media.

*“I have never seen any other projects at AMREF get lots of media publicity like the ARP-WASH, especially for the people in the North, the international media. They used to come to AMREF and would say they are looking to do an ARP story. If anything, we had less attention from local media, but a lot from international media such as Germany TV, Zinhua etc. Sometimes it would get to a point the communication team would tell the media that we already have enough media, we have another ARP coming, let’s plan for that” KIII2*

In support of the ARP ceremonies, the communication team would support with pitching the story to the media, media mobilization, development and dissemination of press releases, and travelling to the field with the project team. Also, through support from the communication team, the project spokespeople including FGM champions would attend talk shows to discuss project achievements and engage in FGM discussions on mainstream TV stations and vernacular radio stations. However, the media was only used to document successes and not as an advocacy tool.

Like the passing of the Kajiado Anti-FGM Policy was purely CSO led and one-on-one engagement with the political leadership. It had very little to do with media. It was more advocacy led, more than communication driven.

#### **4.3.3.2 Digital and Social Media.**

Part of the communication support was to document successes of the project. These stories were published on AMREF website, from where they would be amplified on social media platforms – Twitter, Facebook and LinkedIn. Success stories focused on number of graduating from ARP ceremonies, stories of the uncut girls encouraging others to say not to FGM, stories of the cut girls sharing their experiences. Such stories as the implementation team reported, used to attract interest of donors.

#### **4.3.3.3 Community Mobilization.**

Findings from this study show that the project used community mobilization. While this is one of the SBCC strategies, the project saw it as a project strategy not a communication strategy. Community Mobilization was a cross-cutting strategy because the community was key target audience in implementation. Given the community based approach of the project, it was important to involve all stakeholders from the onset to ensure their participation in and ownership of the project.

From the Project Proposal, it was during mobilization that the project would engage the community to agree on their roles and how they will be involved in both WASH and FGM activities. By using community structures such as Nyumba Kumi, cultural elders, chiefs, CHVs, group ranch officials, women groups and sanitation committees, the project was able to gain entry to the community and engage them in discussions around FGM, SRHR, hygiene, sanitation and child marriages.

*“Community mobilization is part and parcel of project design from a very technical perspective. In their programming definition, it was never seen as a communication output. So if for instance, you integrated communication in your design, then you would say, everything that relates to mobilization and sensitisation of communities is actually a communication strategy to help you achieve your goal. But it’s also in the way that AMREF defines its programme management process, where you don’t look at community mobilization as a communication strategy but a programmatic strategy” KIII2*

Specifically on the FGM related activities, the community members cited to have been involved in various capacity building trainings for cutters/TBAs to encourage them to stop FGM and adopt other income generation activities, moran forums to encourage morans to marry uncut girls, mentorship workshop for girls, trainings for women and ARP graduation ceremonies for girls that were attended by all community members. These events provided communication avenues for the project.

#### **4.3.4 Communication Elements**

##### ***4.3.4.1 Communication Objectives.***

There was no communication strategy for the project. This means that overall communication objectives were not defined at the start, so they were assumed, not intentional, and were to increase project visibility and of FGM within the project area as per KII with the project implementation team. Since the project was implemented by various partners, they had specific objectives depending on the target audience.

Majority of the participants mentioned that the main objectives of their initiatives were to create awareness about dangers of FGM and benefits of an alternative rite of passage. This supports view by UNICEF (2005) that a few of FGM advocacy efforts have placed strong emphasis on the associated health consequences, and while they have helped raise public awareness of FGM, the overemphasis on its dangers has accidentally led to medicalization of the practice.

Other messages were on effects of FGM in the community-early marriages, teenage pregnancies that leads to poverty because girls drop out of school, change minds of people, their perceptions, to see FGM not as a cultural issue but something that's harmful to the girls

(e.g fistula effect). Specifically, Government Agencies created awareness on the law Anti-FGM Act and the Child Protection Policy besides the general consequences of the practice.

#### ***4.3.4.2 Communication Channels.***

Several communication channels were used during project implementation. These were Media-local radios (Mayan and Nosim), TV and digital and social media; phones; opinion leaders such as Community Health Volunteers (CHVs), pastors (church); group ranch officials, chiefs (local administration), community elders; role models, IEC materials such as posters, and one-on-one communication. Radio and opinion leaders came out as a popular channels that were used to reach majority of the community members.

#### ***4.3.4.3 Communication Messages.***

Again due to lack of a communication strategy, the project's presumed messages were that alternative rites of passage works, and ARP is an effective way of reducing FGM prevalence within the communities. The messages were both FGM and WASH related. On FGM, common ones that were quoted were: benefits of not cutting girls, FGM is dangerous and can kill, leave FGM it's an old tradition with no benefits, delay FGM to avoid child marriage because once a girl is cut, she get married; FGM has health consequences and embrace education for girl.

The study also found out that some of the partners designed their messages that are aligned with the work they do. For instance for the church, the key message was that the bible doesn't allow FGM and that it's only men who should be circumcised not women. This was shared with the congregation by pastors while quoting bible verses. The popular verse is Genesis 17:9-12, which talks about the covenant of circumcision (for men not women).

Other messages such as abstain from sexual immorality target the youth and are passed in church during sermons.

*“Then God said to Abraham, as for you, you must keep my covenant, you and your descendants after you for the generations to come. This is my covenant with you and your descendants after you, the covenant you are to keep: Every male among you shall be circumcised. You are to undergo circumcision, and it will be the sign of the covenant between me and you. For the generations to come every male among you who is eight days old must be circumcised, including those born in your household or bought with money from a foreigner—those who are not your offspring” KII (pastor)*

Similarly, Government Agencies such as the Anti-FGM Board and Child Protection Department not only focused on consequences of FGM, but also on creating awareness about the laws protecting the girl child – child protection policy and the Anti-FGM law.

*“Enforcement of the Anti-FGM law is a challenge, our work is just to create awareness and advocacy. Enforcement is done by the police and the chiefs. And that’s where we have the weakest link. As a board, we are not happy when someone is jailed. Even if you jail someone for 3 years, damage has already been done. FGM should just not happen. We tell the communities, if you are jailed for 3 years, those cows you wanted so that your girl can marry, you will come back from jail and find they have disappeared and have gone. You will even be poorer than you left” KII9*

Other messages by the Government Agencies were: everyone has a right to protect children from FGM; child protection is a collective responsibility; and everyone has a role to protect children including from cultural practices such as FGM.

Other messages (easy to remember taglines): are:

*My Sister, my Pride, Pamoja Tukomeshe Ukeketaji, End FGM, Give us Education, not Mutilation, Give Girls the Wings to Fly, and not the Pain to Cry, Let Girls, be Girls and Cut the Garment.* These were specific to the Anti FGM Board.

*“Child protection is a collective responsibility. And everyone in the community should be a child protection officer starting with the parents. Everyone has a role to protect children including from cultural practices such as FGM” KII8*

This study also established that the project ensured the project messages were developed and packaged for the local communities in their language (as they were always translated) and were printed on *lesos, masai shukas*, which were contextually relevant to the communities. However, since there was the link with WASH, one of the Key Informants said that the key message would have been, provision of WASH services is a powerful entry point into sensitizing the communities around FGM, while backing this with some research. For the project, using WASH as an entry point was just an assumption, which worked for them.

#### ***4.3.4.4 Stakeholders and Target Audience.***

The project targeted all stakeholders within the community including elders, clan leaders, women, girls, boys and girls (in and out of school); local administration (chief, police) all the way to the Subcounty and County government, political leaders and CSO partners working on the ground. In Magadi, AMREF worked with both private and public sector partners. The public ones are: Government ministries and agencies (Anti FGM Board, Child Protection Department, Ministry of Health (CHWs), Ministry of Interior (chiefs), County Government and private ones: Community Based Organisations comprising of Child Care Institutions and Women Groups.

While the primary beneficiaries were adolescent girls and women in child bearing age, the secondary beneficiaries included health care workers, County Officials, population seeking services in health facilities, teachers, local administration, morans, Nyumba Kumi elders, church elders, TBAs, political representatives and women in targeted women groups as per the End Term Donor Report. However, this research established that despite girls, women and traditional birth attendants being target audience, not everyone was directly reached by the project interventions.

For instance, five out of the seven participants in FDG for young women were not directly involved in project activities. They however attended an ARP ceremony. The same case applies to the practicing TBA who was interviewed for this study. These ones may have been left out because there were not much activities during the last year of project implementation (2020) due to COVID-19 pandemic. Those who missed on project activities would like AMREF to involve them in future projects.

#### **4.3.5 Implementation Challenges**

##### ***4.3.5.1 Challenges from AMREF Project Implementers' Lens.***

The End Term Evaluation Report outlines implementation challenges from the lens of Project Implementers. This includes: inaccessible schools and community sites due to heavy rains affecting implementation and completion of activities leading to activities being postponed to when rains subside and roads become passable; the outbreak of the COVID-19, which compromised most of the activities planned half of the last year of implementation where staff movements were curtailed due to government directive on cessation of movement in project implementation sites; and integration challenges, whereby the community felt they were not adequately compensated as ARP programming gives allowances to communities for participating in sensitization forums, but WASH requires community participation by contributing own unskilled labor and locally available materials. This created reluctance for communities to participate in WASH activities as they felt the activities (such as digging trenches for laying a pipeline) are relatively more labor intensive yet no allowances are paid by the project.

Specifically on communication, a Key Informant said that despite the ARP-WASH project relying on both donor and host countries for communication support, sometimes this



support was not always guaranteed. This study assumes that if there was a dedicated communication resource, the situation could have been different, as the host country's communication department also supports other communication priorities from the organisation (AMREF Kenya) and other projects. The project catered for overhead costs, thus the assumption was that AMREF Health Africa's communication department would offer support on need basis.

*“Sometimes we contact communication to capture our activities like dialogues but most of the time they are not available. We write these proposals they go through and we don't think about the communication aspect. Most of the time when we need them they are not available, so you actually give up. Recently for instance we had an activity by Ushanga initiative (launch of economic empowerment for women) and we asked the communication to give us one person to capture, they just gave us banners (teardrops) and told us when you finish deliver. We actually sent a driver to pick them because there was no one at the Kenya County Office (KCO). Because ARP is a big ceremony, it actually gives us a lot of visibility that's when they come in. But you know ARP is a process before that day comes (ARP ceremony). We would like communication to capture ARP from the start including the community dialogues, not just the big event” KIII0*

#### **4.3.5.2 Challenges from Partners' Lens.**

The local project partners also reported challenges that affected effectiveness of the project. Resistance to culture was key considering that FGM is a cultural issue that would take time before people accept change. It was noted from the KII that Maasai's did not want to go against their culture, but to be seen as part of the community. The resistance is more if its outsiders who are advocating for the change, because they feel they (outsiders) are coming to change their (Maasai) culture.

Where this happens, the partners empowered local people to share the information on their (partner) behalf, this way they will be more receptive.

*“FGM is a cultural issue. Culture is internally embedded within the community, so it is very strong for you especially like us who are not part of this community or we were not born here to come and try change their culture. So most of the time we get a lot of opposition. If it was one of their community members talking about change, it could easily be understood. Now it's us, outsiders, who are trying to advocate for the change of their culture” KII8*

Changing trends such as emergence of cross-border FGM and lack of public celebrations as FGM is being done in secrecy, making it not easy to know when it is being done. Other families were reported to hold ‘prayers’ at home to conceal the truth that they are for celebrating cut girls. Because the community is aware that FGM is illegal, they conceal the practice to avoid being arrested.

*“Some families call for celebrations in form of prayers at home and don’t share more details. Some of these are celebrations for cut girls. But cutting isn’t done at that time, like they would hold the event now, then stay for a month before the girl is cut, so hard to tell when FGM has been performed” KII7*

With marriage being highly valued among the Maasai, there’s also the belief that by not undergoing FGM you will be an outcast and you will not be married. This is compounded by the reluctance by men to marry girls who have not been cut, because they believe that if you marry uncut woman their social standing is going to be compromised. As a result, some girls result to fighting anti-FGM efforts by demanding to be cut, some even go to the extent of cutting themselves if parents’ delay in getting them circumcised. Such as act could be driven by peer pressure and fear of stigmatization.

*“We addressed a case of a girl who cut herself because parents were not acting/hearing to her pleas to get her cut. We sought medical attention, counselled the child and used the case to educate others about FGM” KII8*

*“In the community, the girls are already prepared for FGM at a young age. When they grow, they are nurtured to understand that FGM is a good thing. When we go to rescue a child, we find that the child is fighting against you, instead of fighting against those practicing the cut, because she feels you are doing the wrong thing. She doesn’t understand you are trying to save her future” KII2*

Other challenges were specific to the stakeholders and the work they do. Like for the Government Agencies, with chiefs and administration officers being enforcers of the law, most of them come from the community and some were reluctant to fight FGM fully despite being government officers, because they believe FGM is part of their culture.

*“Some chiefs do not want to rescue the girls. Chiefs do not want us talk about FGM, because in their minds, they don’t know why FGM shouldn’t be done. They are for it. They fight because I am employed by the government, I am working because I am employed. Mostly they don’t want to go against their tradition” KII8*

Gender norms which renders women voiceless among the Maasai community was reported by one of the schools. This means women can’t speak in front of men, even if they are trained as champions, they are demeaned in the society. Thus if FGM messages are being delivered by a woman, the men will not listen. Because of the patriarchal nature of the society, men should be brought on board as champions to help deal with the cultural practice of FGM.

*“Some male staff can’t take instructions from me (because I am woman). I have a challenge working with men by the virtue of being a woman. A few weeks ago, one of my watchmen left, I told him to switch off the lights in a class, and because during the day, I had given him 2 more instructions, he said, I can no longer take instructions from a woman. It’s the second time, I have had a watchman leave because I have told him to do something. He looks at me as a woman, not a professional. They can’t even call you mwalimu (teacher), they call you mama (woman). You can’t give 3 instructions in a day otherwise they will leave” KII4*

There was also a challenge of the community believing that their customary law is more superior to the government laws. This got to an extent that if some of them were taken to court, they would stop attending AMREF-organised workshops.

#### **4.4 Implications of the ARP-WASH Project Design and Implementation Strategies**

This last objective sought to understand the results from the design and implementation strategies that were employed by the ARP-WASH project. This objective takes a keen focus on the how the design and implementation interventions affected communication for the project, both positively and negatively. Data for this objective was gathered from project documents, partners, beneficiaries and implementing team from AMREF Health Africa.

#### **4.4.1 Implications of Design of ARP-WASH Project**

The study found out that improving water access was an effective entry point for addressing FGM/C, and other challenges such as health, sanitation and SRHR. The End Term Evaluation of the ARP-WASH concluded that by addressing water needs, the community became more receptive to behaviour change interventions such as abandonment of FGM/C. By introducing water component, it brought in an element of discussing FGM informally with the community as they went about their usual business, especially of water search. This also helped create trust of AMREF among the community members.

By providing water, the community appreciated AMREF support in addressing their main challenge, which helped change their perception that the organisation was not coming to change their culture (like at initial stages of project), but had their interests at heart.

Another key finding was that although the project was only implemented for three years, some positive short-term outcomes were reported that are related to how the project was designed. Compared with before, communities could listen to AMREF and attend capacity building workshops on FGM in large numbers, especially women, whose responsibility is to fetch water among the Maasai community.

One of the KII revealed that when the project began, community members would walk out of community dialogues. But currently, they appreciate and listen to AMREF because it is helping address their felt need (water) and see it as an organisation that cares about them. At the same time, there are more men involved, the same men that the project started with are the same ones that bring more people for community activities. This shows that AMREF gained trust of the community and unlike at the initial stages, it was not seen to have come to change their culture. This supports view by World Bank (2008) that dialogue is

essential among stakeholders, as it builds trust, shares knowledge and ensures mutual understanding.

One of the KIIs said that the project could have continued because culture in Maasai's is deep rooted, thus it requires more time for it to end. Everyone needs to get information to facilitate the change. Although there's information, FGM has not come out of the hearts of many community members, because some don't believe in life without FGM. The project ended at a point when people had started to change.

*“Being in Kajiado, it's been very positive for us. Within a short period, communities have given us an ear. We can sit down together and dialogue about FGM, which was not the case in the previous years like 2011, 2013 there, because initially they felt like we are intruding their culture but it's the strategies we used then that didn't give us an opportunity to engage with them but now as I said as we use water as an entry point, so the communities to come and fetch water, they very happy because it's a felt need. As they fetch water you have an opportunity to talk about other things including FGM” KIII1*

#### **4.4.2 Implications of ARP-WASH Design on Communication**

This study has already established that, the ARP-WASH project did not envision communication playing a strategic role despite research showing that strategic communication is key in promoting change towards harmful cultural practices. Therefore, a communication strategy was lacking that could have allowed the project to embed communication within the project cycle. As such, there were several missed opportunities and gaps that are attributed to project design.

By not having a strategy, the project missed on implementing structured and proactive SBCC interventions. This would look at the entire continuum of SBCC right from assessing Knowledge, Attitude and Practices (KAP) at the start of the project, implementing strategies to improve/change knowledge and attitudes and practices and then evaluating it at the end to assess what the change has been, and therefore concisely attribute changes on prevalence of FGM alongside other project interventions.

By employing the Social Ecological Model for SBCC approach, the project could have analysed at the start, influences of behavior change at intrapersonal, interpersonal, community and policy level to understand factors that perpetuate the persistence of FGM in Kajiado County specifically. This could have included a KAP survey to identify barriers to behavior change and inform the communication objectives. Communication too was not anchored on any behavior change theory which could have allowed for better understanding of drivers of FGM at different levels.

*“I don’t think there was a KAP survey that was done for that project. So there was no KAP survey, there was no SBCC strategy and therefore, yes while you argue that reduced prevalence of FGM, is a desired outcome, but I think that could have been accelerated if there was data, and you would also have reference points in terms of knowledge and attitudes, behaviors that are measureable, because while you may not achieve ultimately the complete eradication of FGM, you could influence the way people think, and if you not capturing, the influence and perception changes by leveraging communication, you can say the project was not effective but yet, you catalyze something. You need to have a baseline, what is the knowledge, what is the attitude, what is the practice. Practice is easy because you look at prevalence levels of FGM, but attitude and knowledge, it’s a lot more difficult to measure unless you are deploying specific communication. That was a missed opportunity that can be considered for future program” KIII2*

Still on the negative side, the project missed an opportunity to leverage on joint-advocacy communication especially because in Kajiado, there were other partners including CSOs working to address the same issues, but running parallel programs. AMREF implements different FGM-related projects serving the same purpose, though through different strategies, to reduce prevalence of the practice (ARP-WASH focused on community level interventions that look at using water as an entry point for WASH, and Yes I Do Project focused on coalition building to support ARP acceptance).

A well-thought out strategy could have led to joint AMREF-led advocacy within the county that targets the political leadership of the highest. If advocacy was built in the design, the project, at the start, could have done audience analysis to find out which other partners

were working in Kajiado, and who they must involve. This would have provided already existing communication and advocacy platforms that the project could have tapped into.

Having a thinking through communication could have permitted a structured and collective advocacy for AMREF, instead of having the two projects running parallel interventions, targeting the same leadership/Governor.

The project missed the opportunity of proactively documenting project successes from a communication lens. Since the project didn't think of communication strategically, it missed on a wealth of opportunities to actually leverage communication to document step-by-step process of what the Alternative Rite of Passage is. Being a process that takes one year, there were lots of opportunities for documentation, which were overlooked, from entry level, meetings with community members, setting up of committees, before the three-day ARP training and graduation, which is at the very end of the continuum, and which was always the main focus for communication support. A well-integrated communication strategy, could have allowed for better leveraging of communication for evidence generation and dissemination, as opposed to leaving evidence building as an M&E function only.

*“Beyond calling communication team to go to the field to take pictures, or writing a story or press release, when we have an ARP, what about what happens during the ARP process – between the time you make an entry into the community and the time you are having a graduation ceremony, that continuum was missed and that's where the depth. That happens when you think about communication as opportunities to take photos or to invite media. All that stuff is lost” KIII2*

If the project had a communication strategy, the recommended SBCC strategies could have been utilised to promote change towards FGM. The three are Social mobilization to promote participation and partnerships and community mobilization; Behaviour Change Communication (BCC) to promote changes in knowledge, attitudes and practices in specific audiences; and Advocacy to increase resources, and boost political and social leaders' commitment to development actions and goals.

## **4.5 Implications of FGM Interventions**

To address FGM, the project envisioned to graduate 3,000 girls through ARP over the three-year period. This was to be achieved through various strategies among them, school outreaches, training of TBA/Cutters and holding of moran forums. Although the End Term Evaluation doesn't show if these exact number of girls actually graduated from Kenya, these strategies posted some positive results, as majority of the community members see FGM an outdated practice and many of them have abandoned it.

This study found out that ARP model was generally accepted among the community members and the authorities as the best alternative to FGM that protects girls from undergoing the cut thereby preventing teenage pregnancies, child marriages and encouraging school completion. This study looks at implications of implementation strategies from the lens of AMREF, partners and community.

### **4.5.1 Implications on AMREF Health Africa**

Generally, the Project End Term Evaluation showed that the approaches and strategies applied by the project were largely efficient as evident from the fact that most expected results were achieved within budget and on time. Community members and institutions made contributions in kind which included locally available materials such as sand, bricks and unskilled labor. The community contribution implied high level of community ownership, which was good for sustainability. The integration model was efficient as it enables the project to leverage of resources to do more with less.

During project implementation, communities could casually engage in FGM discussions as they go about their usual business of searching for water. This shows you don't have to tackle FGM as a hard topic, rather a soft one. This can be attributed to the design that



took in consideration the felt needs of the Maasai and used water, the main challenge, as a bridge to community engagement around a sensitive issue, FGM.

*“The strategies we used are working for us, because the communities can find time to come to our meetings because now they understand the dangers of FGM and sending their children for marriage. Once they understand that, they now start appreciating that it’s not good for a girl to undergo FGM, and some of them will go public – and that’s one of the achievements of the project. If people can speak in public and say we are not going to support girl’s circumcision, that’s one of the milestones” KIII1*

#### **4.5.2 Implications on Stakeholders**

Majority of the partners disclosed that FGM has generally reduced as result of the different interventions, and they have adopted the ARP model, although there are some few community members who are still practicing. This concurs with findings from the End Term Evaluation that showed that the Prevalence of FGM was reported at 55.2% a drop from 91% reported at baseline.

Increased enrolment and retention of young girls in schools was reported through KIIs that were done with two schools in Oldonyonyokie Village.

With the help of teachers who are champions and ROCK clubs in schools, the project encouraged girls to come back to the school (even after pregnancy). Mentorship programmes were held with the aim of sensitizing the school community especially the girls) on issues of FGM/C, teenage pregnancy, dropouts, life skills and factors that hinder them achieve their dreams. During these school outreaches, role models (educated) and mentors, would be brought to speak to the girls. One of the KIIs reported that in his school, the number of girls has been increasing since the project started.

*“In this school, we’ve been producing so many girls, and they have gone very far, and it’s because of the initiative that I took through ARPWASH, because we did several trainings, we collect so many children from other schools, we train them and then release them to go back to their schools. But personally, when they still come back to school, I still follow them up, and ensure they complete school, even if they have undergone FGM” KII5*

### **4.5.3 Implications on Community**

Findings from the End Term Evaluation showed that the Prevalence of FGM was reported at 55.2% a drop from 91% reported at baseline. The inclusion of the community groups such as local administration, religious leaders and community leaders was very instrumental in achieving this. This supports Servaes, (2003) who observes that a projects' success and failure is determined by communication and people participation. Those interviewed noted that many of the community members have stopped practicing FGM, and girls do not want to be cut because they are more informed about dangers of FGM. However, a few them still believe in the practice and opt to take their daughters for the cut in the neighboring countries where laws are not strict. Girls too, due to pressure, demand to be cut.

As a direct implication of community engagement, community members can publicly talk about not cutting girls, although some of them still continue with the practice. These include men, morans, women and elders, who are custodians of culture. Through the morans forums, which were held to advocating for the young men to marry cut girls, and by going by the fact that Maasai men who marry cut girls hold a lot of respect in the community, none of the men who interviewed ended up marrying an uncut woman. All their wives are cut. However, those who wish to marry second wives, would go for the uncut.

As a result of project interventions, the community has arrested cutters on several occasions and forwarded them to the authorities. Some of the cutters have stopped the practice, while others still continue to cut girls, especially those (girls) who go to them (cutters) for the cut.

The project sensitized TBAs/Cutters about dangers of FGM and trained them on other income generation activities, which have been adopted by majority.

Majority of community members interviewed confirmed to have attended various ARP ceremonies. Young girls too, who participated in this study through interviews and

Focus Group Discussions graduated to womanhood through ARP. However, due to peer pressure and stigma at school, some of them resorted to FGM immediately afterwards. This shows that FGM is still a deep-rooted practice among the Maasai.

This study found out that ARP model was generally accepted among the community members and the authorities as the best alternative to FGM that protects girls from undergoing the cut thereby preventing teenage pregnancies, child marriages and encouraging school completion. The participants also agreed that the ARP-WASH project took into consideration the values of the Maasai community in regards to transition of girls to womanhood, especially by having elders bless girls during ARP ceremonies and maintaining rituals. This was an encouragement for the community members because they didn't feel like AMREF was taking away their culture. In line with their tradition, rituals are done at Manyattas in presence of cows, children and plenty of music.

Elders use Nkuatiti (fly) to bless girls very early in the morning before sunrise. During these ARP events, both the cut and uncut girls were blessed, with separate festivities held for each ARP ceremony - one for those go to church and don't drink, and another for the conservatives and those who take alcohol.

From the field interviews, ARP maintains girls in school, and supports achievement of girl's dreams. One of the participants was proud to say that her daughter is not cut, and she started a private school that has 400 students. Further, ARP is seen as a good thing in the community, because it makes the person feel she has gone through a rite of passage, which makes them to feel complete and accepted in the community, even without FGM. ARP provides them with an alternative for them to abandon FGM, which many do not see need for it to be practiced.

*'It's a good initiative because FGM is a way of life for Maasai's. ARP provides them with an alternative for them to leave FGM. They believe a child must transit from childhood to adulthood, and that why there's FGM. ARP educates both the girls, and the community to stop culture of FGM and also adopt another new way of life that*

*will make them transition from childhood to adulthood, and it has worked very well because girls are taught on rights, dangers of FGM, and they become ambassadors within the community now to speak on behalf of us and maybe AMREF on disadvantages of FGM. KII8*

This finding that ARP is the best alternative agrees with AMREF (2020) that identified ARP as a solution to FGM because it reduces teenage pregnancies, and child marriages and improves school enrolment and retention.

#### **4.6 Implications of Implementation Strategies on FGM Perceptions Today**

Interviews, KIIs and FDGs were key in gathering information about how the participants think about FGM today, in relation to before the project. While FGM was a must for the Maasai community before, things have now changed. All the interviewees were in agreement that FGM is an outdated practice and should be stopped, because they are now more aware of the dangers and its illegality. FGM was a prerequisite for marriage, but nowadays, Maasai men marry uncut women. This means it's no longer a precondition for girls to be cut so that they can find husbands. It also came out that all women, whether cut or not greet their elders with the head.

Unlike for circumcised men who change to greet from head to hand, once a girl is cut there's no change, greetings is the same for women, both cut or uncut one greet with the head. Still, unlike before where those who hadn't undergone FGM were not helped during delivery, the uncut receive such help and they deliver well today. Others said that girls should not be cut so that they can retain sexual feelings to encourage intimacy with husband. However, a few community members are for the cut. For those who perform the cut, they have changed how they used to do it. Severance has reduced as the circumcisers only 'prick' the clitoris so that blood comes out, and make the girls feel complete and that they have undergone FGM.

Asked if they would allow their daughters to be cut, the Focus Group Discussions brought out this discussion well as participants disclosed that they wouldn't wish their girls to be victims of FGM. This is because they (participants) are now aware of the dangers of FGM or have experienced the effects in themselves or other people.

On the positive side, one of the interviewees associate no-cutting with education, as those not cut, bring home diplomas and degrees. All the women participants in the FDGs had undergone FGM while all the men have married cut women. Others said they would let the girls make a choice whether to be cut or not. The girls' decision is however influenced by their peers or family members who challenge them to get cut.

*“We have a big challenge. When our girls go to school, when they reach high school, they interact with other girls who have been cut, and they influence them to be cut as well (peer pressure). I wouldn't want my girls to be cut. But when they come back, they won't tell me as the father that they want to be cut, they tell their mother or grandmother that they would like to be cut. We should educate the women more, because girls are freer to them, even if the father is against it. The mothers send the girls to their grandmothers to their grandmothers to perform the cut” FDG 2 (men)*

#### **4.7 Implications of Implementation Strategies on Communication for the ARP-WASH Project**

This study has already established that, the ARP-WASH project did not envision communication playing a strategic role despite research showing that strategic communication is key in promoting change towards harmful cultural practices. The project lacked a communication strategy that could have allowed the project to embed communication within the project cycle. Although communication was missed at the design stage, the project benefited from ad-hoc communication support during implementation.

Since ARP as a process was also a fundraising tool, there was need for the project to share project success stories and those of ARP beneficiaries who hadn't undergone the cut, as this would attract the interest of the donors. The project would also receive communication support when the AMREF's Anti-FGM Global Ambassador would visit Europe and North

America (ENA) countries for fundraising activities. Because of their unique nature, the ARP ceremonies used to be oversubscribed by media, especially international media, that would in other cases come to the AMREF Kenya office to look for stories.

*“Communication used to come in handy when we are doing those ARP events. It was during design that this was missed, the project really required services of communication. Remember ARP as a process was also a fundraising tool, we felt that if we can share our stories, share the successes, stories of ARP beneficiaries those who haven’t undergone the cut, and it used to attract the interest of the donors. We could get requests for this from donors – current and prospective – and only at that point that we felt that communication is needed. Communication team used to come to ARP event, write stories and share with the outside world. Those stories elicited interest, and out of that we could get more funding”*  
KIII2

Communication helped create awareness about FGM through the various community interventions. This helped change position of how the community view FGM currently. Compared with before where FGM was a must for the Maasai community, things have now changed. All the interviewees were in agreement that FGM is an outdated practice and should be stopped, because they are now more aware of the dangers and its illegality, which was made possible through communication.

The project used WASH as a vehicle to deliver FGM messages and advocate for ARP as the alternative. It’s because of the increased awareness that many of the community members now agree that they wouldn’t wish their girls to be victims of FGM, despite them (women/mothers) having undergone FGM and the men having married cut women. This was revealed from the Focus Group Discussions for both men and women. Others said they would let the girls make a choice whether to be cut or not.

Further, through support from communication departments from both host (Kenya) and donor (Netherlands) countries, the ARP-WASH project managed to tell its success stories to the world via both mainstream and digital and social media channels.

Communication also focused on creating awareness about the project interventions where the departments helped book both Radio and TV interviews for spokespeople and beneficiaries

such as girls who have not undergone FGM and local Anti-FGM champions. Radio, due to its popularity in the local settings, was heavily used because it helped pass messages in local languages.

Through structured dialogues targeting different community groups (men, women, elders), the project witnessed an increased male engagement and attendance in forums. Some of the men publicly denounced FGM. At the same time, community members started to openly talk about FGM. For all projects including ARP-WASH, dialogue is essential among stakeholders, as it builds trust, shares knowledge and ensures mutual understanding (World Bank, 2008).

*“Kajiado County is vast, when the project began, we would go to the community dialogues, and people would just walk out. Currently, they appreciate AMREF because we used water as an entry point to address their felt need (water). They are seeing AMREF, they have come and given us water, so they love us, so why don't we listen to what they have to tell us. There are more men involved, the same men we started with are the same that are bringing us more people” KIII0*

The fact that cutters are being arrested by the community and there's increased reporting of FGM related cases and early child marriages can be partly attributed to communication. Similarly, because of the awareness of FGM and ARP as an alternative, girls are now saying no to the cut due to the school outreaches and other community focused interventions. However, there are a few cases of girls who demand to be cut. Moreover, prevalence of FGM was reported at 55.2% a drop from 91% reported at baseline.

The End Term Evaluation attributes this to the inclusion of community groups such as local administration, religious leaders and community leaders. This supports Servaes, (2003) who observes that a projects' success and failure is determined by communication and people participation. At the same time, the Proportion of who have ever heard messages of ARP was reported at 91.6% an improvement from the 47% reported at baseline. For those who said they have ever heard about ARP, the End Term Evaluation showed that 98.1% believe that

ARP is acceptable by the community as a means of graduating girls to womanhood. This is an improvement from the 66.4% reported at baseline.

When circumcised women were asked if they wish they had not been circumcised, 79.5% compared to 28% at baseline reported that they wished they had not been circumcised. This could imply that women are increasingly getting informed on their sexual and reproductive health rights. In Oldonyonyokie, community members agreed to have received messages about FGM and ARP from various sources, and that they supported the idea that ARP is the best alternative for FGM.



## **CHAPTER 5: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Overview**

This chapter offers the overall conclusions of the study. It wraps up the findings and discussions in regards, to the study objectives - ARP-WASH design, implementation and implications. It also provides recommendations, as well as suggestions for further study.

### **5.2 Summary of Findings**

In summary, this study found out that the integrated strategy that was adopted by the ARP-WASH project in design worked in motivating communities to embrace FGM messages and leave the practice. This was so because the project provided water, a felt need in Magadi Ward and the larger Kajiado County, which encouraged them to listen to AMREF and engage in FGM and ARP discussions. Provision of water retained the community (women and children), who would otherwise be searching for water, for ARP activities.

By addressing water, the community became more receptive to the behaviour change interventions aimed at encouraging them to abandon FGM/C. The community appreciated AMREF Health Africa's support in addressing their main challenge, which helped change their perception that the organisation (AMREF) was not coming to change their culture (like they thought at the initial stages of project), but had their interests at heart. This helped create trust of AMREF among the community members.

Another key finding is that FGM has lost its glory among the Maasai community. As a rite of passage, which signifies transition from childhood to adulthood, and a license to marriage for girls, the community, now more informed about dangers of FGM, currently sees it an outdated practice that should be stopped because it adds nothing to the girls. While FGM

was a prerequisite for marriage, nowadays, uncut girls are getting married. Still, unlike before where those who hadn't undergone FGM were not helped during delivery, the uncut receive such help and they deliver well today. For those who perform the cut, severance has reduced as the circumcisers' only 'prick' the clitoris so that blood comes out, and make the girls feel 'complete' and that they have undergone FGM.

Although many have left the practice, which is a deeply rooted tradition in the community, some community members are still advocating for FGM for their girls. FGM continues in some areas owing to issues of culture and tradition, stigma from the community members and changing trends such as cross border FGM. Peer pressure and stigma also drives girls to demand for the cut, so that they can have a sense of belonging in the society.

Another major finding was that AMREF's ARP model is the best alternative to FGM that encourages abandonment of the practice by communities in Kenya (especially Maasai) because it helps decrease child marriages, teenage pregnancy and increases school enrolment. There was a general consensus among the participants that ARP was a good thing that benefited the community. They liked the model because it took into consideration the values of the Maasai community in regards to transition of girls to womanhood, especially by having elders bless girls during ARP ceremonies and maintaining rituals; these community members also witnessed that ARP maintained their girls in school. Through the model, the community was empowered with information about FGM.

In terms of communication, the ARP-WASH project did not envision communication playing a strategic role, thereby it didn't incorporate communication at the design phase. This is attributed to lack of understanding on what value the project would gain from strategic communication. This meant that a communication strategy was lacking and as a result, communication was always an afterthought during project implementation, although,

as ad-hoc as it was, it served the project's interests well of documenting successes and ARP ceremonies, which interested donors.

As a result of not integrating communication, there were several missed opportunities, which could have been tackled at the project start. The project missed on implementing structured and proactive SBCC interventions, which would have looked at the entire continuum of SBCC, right from assessing Knowledge, Attitude and Practices (KAP) at the start of the project, implementing SBCC strategies to improve/change knowledge and attitudes and practices. The project also missed on several opportunities to use communication strategically - to leverage on joint-advocacy communication in Kajiado, where there are other partners including CSOs working to address the same issues, but running parallel programs, and to pro-actively document project successes from a communication lens.

The project used radio and community mobilization as the main cross-cutting strategies to engage the community, a key stakeholder. However, use of radio and community mobilization was majorly programme strategies, not communication strategies. The community was engaged in several FGM related activities – school outreaches, capacity building for all community groups, including elders and women, income generation activities for TBAs, and moran forums for morans – and this meant communication had to be used to reach them. Considering their poor illiteracy levels, local vernacular stations were employed. The project used media relations and digital and social media engagement as the main communication approaches during implementation.

Communication support was ad-hoc and was only offered during implementation phase. Though ad hoc, the communication support served the project successes (especially the ARP ceremonies, which elicited a lot of media attention and publicity) and securing donors.

The communication elements such as objectives, approaches, messages and channels were not defined at the start, they were assumed based on what the communication helped the project deliver. This is because there was communication strategy to strategically outline them. The project targeted all stakeholders within the community including elders, clan leaders, women, girls, boys and girls (in and out of school); local administration (chief, police) all the way to the Subcounty and County government, political leaders and CSO partners working on the ground.

Majority of the activities aimed at creating awareness about FGM and its dangers. Several communication channels were used during project. These were Media – local radios (Mayan and Nosim), TV and digital and social media; phones; opinion leaders such as Community Health Volunteers (CHVs), pastors (church); group ranch official, chiefs (local administration), community elders; role models, IEC materials such as posters, and one-on-one communication. Radio and opinion leaders came out as a popular channels that were used to reach majority of the community members. The project's presumed messages were that alternative rites of passage works, and ARP is an effective way of reducing FGM prevalence within the communities, benefits of not cutting girls, leave FGM it's an old tradition with no benefits, delay FGM to avoid child marriage, FGM has health consequences, and embrace education for girls.

As a result of both the design and implementation strategies, FGM has generally reduced owing to the different interventions, and majority have adopted the ARP model, although there are some few community members who are still practicing. There have also been increased enrolment and retention of young girls in schools. As a direct implication of community engagement, community members can publicly talk about not cutting girls, although some of them still continue with the practice, morans would like to marry uncut women (as second wives), on several occasions, the community has arrested cutters and

forwarded them to the authorities, some of the cutters have stopped the practice, while others still continue to cut girls, especially those (girls) who go to them (cutters) and demand for the cut.

### **5.3 Conclusions**

This study concludes that communication wasn't envisioned to play a strategic role in the ARP-WASH project, thereby it wasn't incorporated in the design phase. As a result, a communication strategy to drive project activities was lacking. This meant that communication was always an afterthought and was utilized during project implementation. However, this study established that ad-hoc communication support served the project's interests well of documenting successes and ARP ceremonies to attract the interest of donors. This being a behavior change project, the project could have benefited more from strategic communication if it adopted a SBCC approach from the design stage, as this could have helped address the communication-related gaps that this study identified. Moreover, integrating WASH and FGM in the project design helped created awareness of FGM and encouraged the Maasai community to stop the practice. This was so because the project addressed a felt need (water), the biggest challenge in Kajiado County, which motivated the community to listen to AMREF and engage in discussions around leaving a cultural practice. As a result, many of the community members now see FGM as an outdated practice that should be stopped, because they are more informed about the dangers.

### **5.4 Recommendations**

The study recommendations have been divided to suit different categories of targets-development/communication experts, policy makers/government and project implementers.

#### 5.4.1 Development and Communication Experts

1. Communication should be integrated in behavior change projects right from the design stage. This way, projects can benefit more from strategic communication. This study found out that the ARP-WASH project didn't incorporate communication in design, thus it lacked a communication strategy. If the project had a communication strategy, the situation would have been different in so many ways. To start with, communication elements – objectives, messages, audiences, and channels could have been defined from the start. In the current case, these were implied. If communication was thought about strategically, the project could have conducted a stakeholder mapping/analysis to identify all relevant stakeholders including those supporting similar FGM project in Kajiado and thus work towards a joint advocacy strategy.
2. Secondly, the project could have conducted situational analysis (Communication Based Assessment) at the onset to identify entry point for communication, and most importantly outline inform the communication objectives. For this project, there was no situational analysis that was done. Similarly, a study to identify the most preferred channels could have been launched at the start of the project during baseline. This study could have identified various channels that the project could have used, and help disseminate messages to the target audiences. Radio was heavily used but it was based on assumption that it would reach more people.
3. Projects aimed at changing behaviors should adopt a Social and Behaviour Change Communication (SBCC) approach, as it's the most recommended for such. Such as approach would help examine barriers and motivators to change before designing and implementing interventions to support and encourage positive behaviors. By adopting such an approach, the project could have developed a SBCC strategy (not just a communication strategy) going by the nature of the project. As this study found out,

the ARP-WASH project implemented certain aspects of SBCC but these were not done strategically. SBCC calls for a KAP survey to identify the knowledge, attitude and perceptions of the target audience about a certain issue (in this case, FGM). The study found out that there was no KAP survey done, thus it was hard for the project to address underlying issues in terms knowledge, attitude and perceptions about FGM practice in Kajiado.

4. Behavior change projects should utilize role models who come from the community more, as the community members perceive them to have “made it life” and are successful because they have finished education, hence they are more likely to listen to them. The study found out that role models were used by the project partners to pass messages to the community.
5. Communication messages should be developed in collaboration with the community members. This way they will own the project and will support its success. Since the project did not have any communication strategy, communication messages were implied and were not focused on any specific target audience, and were majorly on dangers of FGM.

#### **5.4.2 Government/Policy**

6. This study recommends increased awareness of the Anti-FGM law among local administrators (chiefs) and why they should be at the frontline in this fight. The study found out that by the fact that the chiefs come from the local community, they have been shying away from anti-FGM efforts because they do not want to be seen against going against their culture.
7. Enforcement of the law by the police should be amplified to curb cross-border FGM and secret practice.

### **5.4.3 Recommendations for Project Implementation Team (AMREF)**

8. Communication support team be included in proposal design to provide insights and understanding on the value projects can derive from strategic communication. This is not usually the case for many AMREF projects, as communication team is usually involved in editing of proposals as opposed to their actual development. NGOs such as AMREF should champion the integration of communication in projects from an institutional level, instead of leaving this to the discretion of specific projects and donors.
9. AMREF should strive to reach everyone who's categorised as a target audience in its projects. Leaving some people behind would drag efforts being made towards behavior change. As for the ARP-WASH project, several targeted audience segments such as TBAs and young women were not reached by the interventions in Oldonyonyokie Village and indicated they would wish to be involved in future.
10. AMREF to consider having a dedicated communication officer for the ARP-WASH project as he/she would be well updated on what's happening and would proactively engage the AMREF Kenya communication department whenever the project needs extra support. For the first phase of the project, communication support was provided by AMREF offices in Kenya and Netherlands. But as one KII revealed, this support was not always guaranteed.
11. For the next phase of the ARP-WASH project, the study recommends the integration of SBCC for the project to gain maximum value from communication, which has been discussion in detail below.



#### ***5.4.3.1 Proposed SBCC Strategy for ARP-WASH (Phase 2)***

12. Literature review shows that the human-centred SBCC approach has been used by various projects to promote behavior change. It is the most recommended for projects aimed at changing behaviours such as the ARP-WASH. With the second phase of the project currently running (from January 2021 to 2023), there's an opportunity for the project to integrate communication at this initial stage.
13. A SBCC strategy would help navigate around cultural beliefs and practices; to engage communities in discussions around their beliefs and the possibility of adopting an alternative. A well-integrated strategy would allow for structured and proactive SBCC interventions that look at the entire continuum of SBCC right from assessing knowledge, attitude and practices at the start of the project, implementing strategies to improve/change knowledge and attitudes and practices and then evaluating it at the end to assess what the change has been, and therefore concisely attribute changes on prevalence of FGM or uptake of WASH to those communication interventions alongside other project interventions.
14. From the study findings, the below key communication components are recommended in development and implementation of a SBCC strategy for the ARP-WASH project:

##### **a) Situational Analysis**

The political, cultural and economic environment in which the development initiative (ARP-WASH) is placed is advised for evaluation during the project design phase. It would require the involvement of stakeholders and their voices, knowledge and perceptions about the project. This technique would contribute to building trust, stimulate discourse and analyze policy risks in order to assess conditions and develop communication strategies entry points. This evaluation is relevant to assure the relevant

and adequate design of a project in the views of stakeholders at the start of a development intervention. It also helps to identify audiences, stakeholders, risk, opportunities, needs, solutions, goals, media, channels and indicators for monitoring and assessment. No situational analysis was performed for this project.

**b) KAP Survey**

SBCC would involve a KAP survey to assess knowledge, attitudes and practices levels before, during and after implementation to help assess change being achieved as implementation progresses. This survey would also help drill down to root causes of resistance to cultural change, stigma, peer pressure, rise in secret circumcision, cross border FGM, some of the barriers to effectiveness of the project, especially because the project knows what the challenges are from project evaluation.

**c) The SBCC Strategy**

Communication Objectives

Communication objectives should be defined from the start, based on the situational analysis and KAP survey. Although this study found out that majority of the community members are aware of dangers of FGM, some fraction of them are still taking their girls for the cut.

The project should advance its efforts to create more awareness about the practice, and communicate about the Anti-FGM law. For the ARP-WASH, communication objectives were not defined at the start, so they were assumed, and were to increase project visibility and of FGM within the project area as per KII with the project implementation team.

**d) Audience and Stakeholders**

The primary target audience for SBCC will be the community, which can be segmented further based on who is specifically being targeted. These would include

elders, morans, TBAs, women and girls. Existing partners would be appropriate to reach the community members, and would include the Government (both at national and county levels), Children Protection Office, Civil Society Organisations including women and youth groups and the Church.

Additionally, because AMREF runs other similar projects in Kajiado, it is recommended ARP-WASH taps into advocacy capacities of CSOs working with the other projects such as Yes I Do. If communication was built into the projects, it would have allowed ARP-WASH project to do stakeholder mapping to identify all relevant stakeholders including those supporting similar FGM project in Kajiado and thus work towards a joint advocacy strategy. To ensure no important stakeholder is left out, a stakeholder mapping/analysis is recommended when the project is still at the initial stages. Communication messages should be targeted to the specific audiences.

#### **e) Communication Approaches**

The project should heavily employ the three SBCC strategies to bring change at both community and individual levels. The recommended strategies are: Social mobilization to promote participation and partnerships and community mobilization; Behaviour Change Communication (BCC) to promote changes in knowledge, attitudes and practices in specific audiences; and Advocacy to increase resources, and boost political and social leaders' commitment to development actions and goals (Obregon & Casanova, 2019). These strategies would be complimented by media advocacy and entertainment-education formats. Other strategies that the project can employ are digital and social media platforms such as Twitter, Facebook and YouTube.

#### **f) Messages**

The project should define the communication messages at the point of developing the communication strategy. These should be developed in full participation of the target

communities. Because the community knows their challenges and know where solution, the project team should ensure they (community) understand the project, and are empowered with information to help create and rephrase the messages to suit them. The messages should be audience specific and culturally sensitive, and deployed through appropriate channel for the particular target groups.

**g) Channels**

Radio is the best preferred channel of communication because it's widely accessible by the community. Local radios such Mayan and Nosim are the most preferred because they can reach the community in their own language. Opinion leaders such as pastors, group ranch officials, elders, chiefs came out as other popular channels through which the community receives information. Other complementary channels such as one-on-one communication, role models and digital channels should be considered. However, a survey to assess which channels the community would prefer is recommended.

**5.4 Suggestions for Further Study**

The study suggests the following areas for further research: Examine AMREF's Koota Injena Project and how integration of SBCC led 40 clan elders from 4 counties to disapprove FGM in their communities; role of community participation in addressing cultural practices; and examine the effectiveness of success stories in fundraising.

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## APPENDICES

### Appendix I: Key Informants Guide

#### Introduction

My name is Cecilia Kimuyu, a student at the University of Nairobi pursuing a Masters in Arts in Communication Studies. I also work at AMREF Health Africa. As part of my university degree requirements, I am undertaking a study: *to examine how communication can be incorporated in the Alternative Rite of Passage (ARP) Project by AMREF*. I wish to guarantee that your responses will be confidential and used exclusively for the purpose of this research. You do not have to give your name. Should you have any queries/concerns regarding this study, feel free to get in touch with me on +254 725 845 165 or the School of Journalism and Mass Communication, University of Nairobi on +254 20 318 262.

#### Part 1: General information

Name of the interviewee ..... Sex ..... Age.....  
Marital status..... Religion.....  
Highest level of education level.....  
Profession/title.....  
Name of organisation.....  
Location..... Division..... Village.....

#### Part 2: Questions

##### **KIIG 1: AMREF ARP-WASH Project and Communication Team**

1. Briefly explain the design of the ARP-WASH project.
2. In your view, what is the role of communication in programming for project such as ARP-WASH?
3. How has AMREF as an organization been using communication, specifically at the implementation phase? What are the communication objectives, messages, communication approaches, channels and target audience/stakeholders?
4. What communication objectives would be the most appropriate in execution of a SBCC strategy for the ARP-WASH project?
5. What communication channels can the project use to reach its stakeholders when implementing a SBCC strategy?
6. What would be the key messages for a SBCC strategy for ARP-WASH project?
7. Who would be the project's target audience for a SBCC strategy?
8. Which stakeholders would the project work with in designing and executing a SBCC strategy?
9. How can the ARP-WASH Project use advocacy better to lobby for support from local and border authorities towards anti-FGM interventions?
10. How can social mobilization be used to facilitate strategic collaboration with communities and promote behavior change?
11. How can BCC be executed to address barriers to project effectiveness – identified in project evaluation report (resistance to cultural change, stigma, peer pressure, rise in secret circumcision, cross border FGM)?

12. Why is FGM still prevalent in Kajiado West despite anti-FGM campaigns like the ARP-WASH Project and Government legislation?

## **KIIG 2: Partners**

### **Introduction**

My name is Cecilia Kimuyu, a student at the University of Nairobi pursuing a Masters in Arts in Communication Studies. I also work at AMREF Health Africa. As part of my university degree requirements, I am undertaking a study: *to examine how communication can be incorporated in the Alternative Rite of Passage (ARP) Project by AMREF*. I wish to guarantee that your responses will be confidential and used exclusively for the purpose of this research. You do not have to give your name. Should you have any queries/concerns regarding this study, feel free to get in touch with me on +254 725 845 165 or the School of Journalism and Mass Communication, University of Nairobi on +254 20 318 262.

1. What is the role of women in encouraging change towards FGM? Do women have a decision making role towards FGM for their girls?
2. How have you been involving the community in the anti-FGM communication efforts?
3. What challenges have you been facing in engaging communities in anti-FGM communication efforts?
4. What do you think could be done differently in mobilizing communities to adopt ARP?
5. What do you think are the reasons behind persistence of FGM in Kajiado despite anti-FGM campaigns and government legislation?
6. What communication channels have you been using to reach the community? Which channels would be more effective to reach the community?
7. What have been your communication objectives for your interventions?
8. What have been the messages to the communities regarding FGM?
9. Who have been your specific target audiences?
10. How would you like to involve the community in communication activities in future?
11. How can the ARP-WASH project ensure messages resonate with the community?
12. How can women be involved better in the ARP-WASH Project?
13. In your view, what impact does the Alternative Rite of Passage have on FGM prevalence, child marriages and teenage pregnancies, and education for girls in Kajiado West?

## **Appendix II: Interview Guide**

### **Introduction**

My name is Cecilia Kimuyu, a student at the University of Nairobi pursuing a Masters in Arts in Communication Studies. I also work at AMREF Health Africa. As part of my university degree requirements, I am undertaking a study: *to examine how communication can be incorporated in the Alternative Rite of Passage (ARP) Project by AMREF*. I wish to guarantee that your responses will be confidential and used exclusively for the purpose of this research. You do not have to give your name. Should you have any queries/concerns regarding this study, feel free to get in touch with me on +254 725 845 165 or the School of Journalism and Mass Communication, University of Nairobi on +254 20 318 262.

### **Interview Guide: Beneficiaries**

1. What are your thoughts about ARP as an alternative to FGM?
2. In your view, has the ARP-WASH Project taken into consideration the values of the Maasai community regarding FGM?
3. Which ARP communication activities have you been involved in? How would you like to be involved in the future?
4. Have you been involved in development of messages? What messages has the ARP-WASH Project been communicating? Which ones would you prefer?
5. What channels have you been receiving the FGM messages? How would you like to get information about FGM interventions: which channels (Radio, TV, opinion leaders)?
6. Are there any aspects of the ARP campaigns that you do not like? Give reasons
7. What do you think are the reasons behind persistence of FGM in your community?

### Appendix III: Document Analysis Guide

<b>Category of Document</b>	<b>Name of Document</b>	<b>Data to be collected</b>
<b>Project related</b>	Baseline Survey	Nature of the problems addressed
	ARP-WASH Project Proposal	How communication is incorporated in project cycle
	ARP-WASH End-term Evaluation Report	Communication evaluation indicators Communication needs
	End-term donor report	Communication gaps Communication strategies
<b>Communication related</b>	Success stories	Communication strategies Messages Channels Stakeholders and audiences
	Press releases	Communication strategies Messages
	Speeches	Messages Strategies Stakeholders

Appendix IV: Originality Report

*George Nyaruga*

PROF. GEORGE NYARUGA  
10/11/2021

**Turnitin Originality Report**

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**INCORPORATING COMMUNICATION IN THE ALTERNATIVE RITE OF PASSAGE (ARP) INTERVENTION: A CASE OF AMREF HEALTH AFRICA CECILIAH KIMUYU A PROJECT SUBMITTED TO THE SCHOOL OF JOURNALISM IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF DEGREE OF MASTER OF COMMUNICATION STUDIES, UNIVERSITY OF NAIROBI 2021**

DECLARATION I declare that this Research Project is my original work and has not been submitted for any other defences. Name: Ceciliah Kimuyu Date: November 3rd 2021 Signature: This Research Project has been submitted for examination with my approval as the University Supervisor. Name: Dr George Gathigi Date: November 3rd 2021 Signature: ii DEDICATION I dedicate my research work to development communication professionals and experts particularly those involved in anti-FGM interventions at AMREF Health Africa, Kenya in general and beyond. iii ACKNOWLEDGEMENT First, my sincere gratitude goes to my beloved family, especially my grandmother, mother, sister and cousin for their support and encouragement throughout the period of developing this research proposal. Secondly, I wish to sincerely thank my supervisor, Dr. George Gathigi for dedicating his time and resources, his continuous support and guidance, efforts that have enabled me to successfully complete this research project. This was a great learning experience and has made me different in my research and career. Thirdly, my gratitude goes to AMREF Health Africa for allowing me to conduct a study about one of its flagship projects, the ARP-WASH. Special gratitude goes to Janice Njoroge, former Communication Manager, AMREF Health Africa in Kenya, Charles Leshore, ARP- WASH Project Officer and Yvonne Opanga, a member

*Prof Necti Nlati*  
*Nlati Nlati*  
 17-11-2021





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15/11/2021  
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