

## Tostan.org / Evaluations

### The Impact of the Community Empowerment Program

Tostan is committed to regularly evaluating the impact of the Community Empowerment Program on the communities it works with in Africa. Through internal and external evaluation, Tostan seeks to continually improve the programs it implements in the field and communicate the effectiveness of the community-led approach to sustainable development.

**UNICEF. (2008). *Long-term evaluation of the Tostan Programme in Senegal: Kolda, Thies and Fatick Regions*. Section of Statistics and Monitoring, Division of Policy and Practice. New York, NY: UNICEF.**

[http://www.childinfo.org/files/fgmc\\_tostan\\_eng.pdf](http://www.childinfo.org/files/fgmc_tostan_eng.pdf)

Tostan is a nongovernmental organization established in Senegal in 1991 to empower African communities for sustainable development and social transformation in the respect for human rights. To date, Tostan has supported 3,791 Senegalese communities to participate in a public declaration for the abandonment of FGC and child/forced marriage out of an estimated 5,000 communities that practiced in 1997.

The main objective of the evaluation was to assess the lasting impact – in 2006 - of the Tostan basic education program undertaken between 1997 and 2000. The quantitative portion measured changes in the prevalence rate of female genital cutting among girls, their age at first marriage, and improvements to the health status of mothers and children. In its qualitative component, the evaluation aimed to examine Tostan's establishment process in the villages, to understand how villages organized their participation in the public declarations, and to learn women's opinions about the impact of the program. The evaluation was conducted for UNICEF under the direction of Macro International Inc. by the Centre for Research in Human Development and the Population Council in Dakar.

The evaluation investigated and compared results in three types of communities:

- Type A: communities that participated in the Tostan basic education program before 2000 and participated in a public declaration,
- Type B: communities that did not participate directly in the Tostan program but were reached through organized diffusion by communities who did and participated in a public declaration,
- Type C: control villages that had no exposure to the Tostan program.

The evaluation found that:

- The Tostan basic education program increased the level of knowledge, changed attitudes and behavior in the participating communities,

- Public declarations represented a significant moment in the decision-making process for the community, with data indicating that actual abandonment took place following this demonstration of collective commitment
- The Tostan program accelerated the abandonment of FGC. Among villages that participated in the Tostan program and a public declaration, prevalence of FGC dropped by approximately 70% compared to a drop of 40% in control villages,
- Among women with uncut girls, the rate of women reporting they did not have the intention to cut their daughter was three times as high in Tostan communities than control villages,
- Public declarations and the Tostan program contributed to a slight reduction in the prevalence of marriage of girls under 15 years old, and the tendency to delay the age at first marriage was even stronger among women aged 15-18 years,
- The communities reached through organized diffusion also showed dramatic decreases in prevalence of FGC and positive signs in early marriage abandonment.

Tostan's understanding of social norms and the diffusion of the decision in the intra-marrying networks confirms the evaluations findings that a critical mass of community members will abandon the practice at the time of the public declaration, and the prevalence rate will diminish over time as families cease to cut their daughters.

The evaluation also investigated the long-term impact of the Tostan program on selected health indicators. The evaluators concluded that either the effects on health in Tostan communities had dissipated with time or that social conditions or the quality of available health services did not permit a visible change in the indicators. Tostan strongly believes that the modifications introduced into the current version of the Community Empowerment Program (CEP) since 1997—in particular Community Management Committees with health commissions and stronger partnerships with local health officials—have contributed to more sustainable community-led actions for the achievement of health outcomes. Currently, UNICEF Senegal and the Center of Research in Human Development are investigating this through a new impact evaluation.

The long-term evaluation of the Tostan program has shown through rigorous measurement that the approach based on human rights, long-term involvement in the community, and public declaration contributes significantly to the abandonment of FGC and child/forced marriage. The evaluation is currently being used as evidence to formulate the second national action plan for the total abandonment of FGC in Senegal by 2015 in partnership with the Ministry of Family, UNICEF and UNFPA among other government and nongovernmental partners.

**Diop, Nafissatou, Amadou Moreau, and Hélène Benga. (2008). "Evaluation of the long-term impact of the TOSTAN programme on the abandonment of FGM/C and early marriage: Results from a qualitative study in Senegal," *FRONTIERS Final Report*. Washington, DC: Population Council. ([PDF](#))**

The Population Council published a separate report on the findings of the qualitative portion of the long-term impact evaluation of the Tostan program. It found that after the delivery of the Tostan education program, numerous changes took place in the villages. Informants reported that the program improved knowledge of rights and responsibilities among both participating and non-participating women, particularly with respect to the place and role of women in the community.

### **Process Evaluation of the Joint Government, UNICEF & Tostan Pilot Project in The Gambia, AfriConsult (2009)**

UNICEF in partnership with the Gambia Government through the national Women's Bureau and Tostan launched a 3-year CEP initiative in The Gambia (2006 – 2009), directly targeting some 80 Mandinka & Fula communities and some 63 adopted communities/ villages in URR. The CEP programme/ strategy is based on the Tostan experiences in Senegal and elsewhere, where the basic education programme complemented by 'organized diffusion' in the communities, eventually led to the abandonment of FGM/C in numerous Tostan intervention communities.

The joint Tostan Gambia project was formally launched in May 2006, with the "overall goal of contributing to community-led development in The Gambia that will lead to the abandonment of FGM/C". It has five inter-related specific objectives, which together helps to bring the project closer to its goal. The project specific goals are generally found to be consistent with the international and national Conventions and Declarations. They are also in consonance with the national development priorities as enshrined in the current PRSP.

In conclusion, the process evaluation findings indicate in general that the Tostan programme, and its approach & strategies are well suited for sustained community- led development capable of eventually leading to the abandonment of FGM/C in 40 % or more of the project communities in The Gambia. There is empirical and anecdotal evidence from the study to confirm that the project objectives are being realized to a large extent.

### **The Swiss Tropical Institute (2006)**

"Tostan will achieve all project goals in a timely manner and with a high degree of quality. The Tostan approach should, however, not be narrowly interpreted as being an intervention only targeting the abandonment of harmful practices such as female genital cutting (FGC) or early and forced marriage. The program, divided into two parts consisting of more than one hundred interactive sessions on democracy, human rights, problem solving, hygiene and health, is one of the most important factors contributing to the success of the intervention. Impressive outcomes have been achieved, which include—amongst many others—improved utilization of health services, community organizational development, empowerment of communities, particularly women, and social-mobilization activities."

**Diop, Nafissatou J., Modou Mbacke Faye, Amadou Morea, Jacqueline Cabral, Hélène Benga, Fatou Cissé, Babacar Mané, Inge Baumgarten, and Molly Melching. (2004). "The Tostan program: Evaluation of a community-based education program in Senegal," *FRONTIERS Final Report*. Washington, DC: Population Council. ([PDF](#))**

In 2004, Frontiers in Reproductive Health (with the Population Council) conducted an experimental study to evaluate the success of Tostan's nonformal education program in 20 villages in which it had been implemented. (They used 20 control villages where the program had not been implemented.) The researchers found that, in terms of knowledge, attitudes, and behavior regarding reproductive health, human rights and FGC, Tostan's program results were significant. The study states:

*The impact of the Tostan program on women's and men's well-being has been substantial. The program has been able to bring about a social change within the community and to mobilize the villagers for better environmental hygiene, respect for human rights, and improvement of health. Extending the Tostan program to other areas of Senegal and to other African countries could make a difference in the well-being of women and of the community as a whole.*

**Diop, Nafissatou J., Djingri Ouoba, Zakari Congo, Molly Melching, Baya Banza, Georges Guiella, and Inge Baumgarten. "Experience from a community-based education program in Burkina Faso: The Tostan program," *FRONTIERS Final Report*. Washington, DC: Population Council. ([PDF](#))**

The Population Council reported on a collaborative project between Tostan and Mwangaza Action in Burkina Faso designed to replicate the Tostan program. The project was highly successful, as made clear in the project evaluation:

*In Burkina Faso, the community-based education [Tostan] programme involved 23 villages. ... During the implementation of the Tostan programme ... many positive changes occurred in the participating villages. The communities now promote reproductive health and human rights and hold regular clean-up activities for improving public hygiene. Also, these villages are now standing up against violence toward women. The utilization of health services, antenatal care, family planning and child health have significantly increased. [...] At the end of the programme, the 23 communities made a public declaration for abandonment of the practice of FGC in front of 5,000 villagers, religious, traditional and political leaders, the media and programme managers from government, NGOs, and international organizations.*

## **Tostan Cited as a Best Practice**

***Innovation for Women's Empowerment and Gender Equality*, International Center for Research on Women, 2009 <http://www.icrw.org/innovation/index.html>**

The movement to end FGC in Senegal is cited as one of eight innovations that promote women's empowerment and gender equality throughout history. ICRW's authors identified the case as corresponding to seven core levers for gender equality: 1. Break boundaries for strategic partnerships, 2. Engage women in design and diffusion, 3. Cultivate champions, 4. Create "buzz" to make it "stick", 5. Capitalize on opportune timing and context, 6. Target efforts to reach poor women, 7. Synergize top-down and bottom-up approaches. The report states:

**SENEGAL: CAMPAIGN TO END FEMALE GENITAL CUTTING (1990s-2000s)**

*The campaign to abandon female genital cutting (FGC) aims to change the long-entrenched social norm of FGC as an essential rite of passage for girls across villages in Senegal and other West African countries. This ongoing, community education and mobilization campaign is led by Tostan, a civil society organization, and community members. The campaign distributes information on the dangers of FGC through extensive kinship and social networks accompanied by public declarations or pledges by communities to universally abandon the practice in their villages. The approach has been successful in improving women's bodily integrity and increasing their knowledge, skills and social participation. It also seems to have shifted social norms away from FGC as an essential prerequisite to marriage for women in increasingly large numbers of communities in Senegal. Women's roles in the family and community are also changing. The innovation was initiated by Molly Melching, an American expatriate who founded Tostan, which mobilized communities and local leaders as key stakeholders. The campaign was initiated during a period of strong international support for women's and girls' reproductive health and rights. However, economic and political conditions in many West African countries during this period have been challenging and turbulent, and until recently, governments had not been actively involved in the innovation or its diffusion. Sources: Diop, Moreau and Benga 2008; Diop et al. 2004; Kasdon 2005; Tostan 1999.*

**Start with a Girl: A New Agenda for Public Health, Center for Global Development, 2009**

<http://www.tostan.org/web/module/events/pressID/124/interior.asp>

*Start with a Girl* highlights Tostan for its innovative programs in the effort to eliminate FGC. The report reads:

*Tostan, which deploys community-based approaches to reducing harmful traditional practices, is widely recognized because the work has been evaluated and expanded across several countries. In Senegal, Somalia, and elsewhere in the region, Tostan uses education and organizing to mobilize communities to make public declarations to cease FGC and child marriage, with demonstrated effect. Tostan's work in Senegal includes a basic education program for women on health, human rights, literacy, and problem-solving. As women learn about health and their rights, they focus on FGC and child marriage. They work toward organizing public declarations where men, women, religious leaders, and other stakeholders oppose harmful practices. The program has had a significant effect on community attitudes toward FGC,*

*leading to a dramatic decrease in the number of parents who intend to have their daughters cut. Evaluation results also show positive impacts on child marriage.*

Click the following link to read the full report, [Start with a Girl: A New Agenda for Global Health](#). To watch a video of the launch, which includes Ambassador Verveer's remarks regarding the Tostan program, please [click here](#).

### **Girls Count: A Global Investment & Action Agenda, 2008**

<http://www.cgdev.org/content/publications/detail/15154/>

This report, co-authored by CGD vice president for programs and operations Ruth Levine; Cynthia Lloyd, senior associate with the Poverty, Gender, and Youth program and chair of the Bixby Fellowship program at the Population Council; Margaret Greene, director of the Population and Social Transitions Team at the International Center for Research on Women; and Caren Grown, economist-in-residence in the Department of Economics at American University, describes why and how to initiate effective investments that will give adolescent girls in developing countries a full and equal chance for rewarding lives and livelihoods. The first type of program involves educating families and communities and includes community sensitization and social marketing efforts. Nearly 60 percent of programs fell into this category. One example is Tostan, in Senegal, which uses local facilitators to teach education sessions to communities on issues such as child marriage. Participants pass on their new knowledge to others in and outside the community through intervillage meetings. The program has led to public discussions and declarations against child marriage and female genital cutting in more than 300 villages.

This report's broad agenda includes three key actions:

- *Count girls.* Disaggregate data of all types—from health and education statistics to the counts of program beneficiaries—by age and sex. Doing so will make girls more visible to policymakers and reveal where girls are excluded.
- *Invest in girls.* Make strategic and significant investments in programs focused on adolescent girls, commensurate with their importance as contributors to the achievement of economic and social goals.
- *Give girls a fair share.* In employment, social programs, protection of human rights, and all other domains ensure that adolescent girls benefit equitably. In many cases this will take explicit and deliberate efforts to overcome household and social barriers.

### **Tostan's approach has been cited as FGC abandonment best practice in multiple publications:**

- *Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation*, (UNICEF, 2008)

[http://www.childinfo.org/files/fgmc\\_Coordinated\\_Strategy\\_to\\_Abandon\\_FGMC\\_in\\_One\\_Generation\\_eng.pdf](http://www.childinfo.org/files/fgmc_Coordinated_Strategy_to_Abandon_FGMC_in_One_Generation_eng.pdf)

- *Eliminating Female Genital Mutilation: An Interagency Statement*, (ONCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, 2008), [http://whqlibdoc.who.int/publications/2008/9789241596442\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf)
- *Platform for Action Towards the Abandonment of Female Genital Mutilation/Cutting (FGM/C): A Matter of Gender Equality*, (The Donors Working Group on Female Genital Mutilation/Cutting, December 2008) [http://www.fgm-cdonor.org/publications/dwg\\_platform\\_action.pdf](http://www.fgm-cdonor.org/publications/dwg_platform_action.pdf)

**Gryboski, Kristina, et al. "Working with the Community for Improved Health." *Health Bulletin*, no. 3. Washington, DC: Population Reference Bureau, 2006. (PDF <http://www.prb.org/pdf06/WorkingWithTheCommunity.pdf> )**

Based on the 2004 evaluation conducted by the Population Council cited above, Gryboski, et al. in **Health Bulletin: A Publication of the Population Reference Bureau** compared five community-based programs deemed effective for improving health care. Tostan, one of the five programs, was given the highest overall score for community participation because of our efforts to work on health goals identified by the community.

***Ending a Harmful Traditional Practice: Female Genital Mutilation/Cutting*, UNICEF, 2005.**

UNICEF featured Tostan's program as a leading FGC intervention, meeting all six of its recommended key elements for FGC abandonment, in the 2005 UNICEF Innocenti Digest entitled *Ending a Harmful Traditional Practice: Female Genital Mutilation/Cutting*.

## **World Health Organization**

In its 1999 publication *Female Genital Mutilation, Programmes to Date: What Works and What Doesn't*, the World Health Organization featured the Tostan program as a best practice for FGC abandonment, recommending its community-based, participant-centered, and empowering program be replicated.

## **Contact:**

Cody Donahue  
Coordinator, Department of Monitoring, Evaluation, Research and Learning  
Tostan International  
[codydonahue@tostan.org](mailto:codydonahue@tostan.org)  
<http://www.tostan.org>