FLOURISH 2.0

EVALUATION REPORT 2024

By S. RAYALE

WOMEN'S HEALTH IN WOMEN'S HANDS CHC

Contents

Executive Summary

This report is an evaluation of Flourish 2.0 and its key findings. The evaluation of Flourish 2.0 adopted a mixed-methods approach, combining qualitative and quantitative data collection and analysis. Key findings indicate progress in achieving project objectives, including the development of education and support resources, strengthening support systems for survivors, and establishing a virtual access pathway for care and referrals.

The Flourish project, initiated by WHIWH-CHC, continues a legacy of advocacy against Female Genital Mutilation/Cutting (FGM/C) dating back to the early 1990s. FGM/C is a deeply rooted harmful practice influenced by cultural, social, and gender norms, primarily prevalent in certain regions of Africa, the Middle East, and Asia, affecting millions of girls and women globally. It not only inflicts immediate physical harm but also perpetuates gender inequality, restricting women's autonomy and reinforcing harmful gender norms.

Flourish 2.0, the project's recent iteration, focuses on providing counseling, support services, and creating safe spaces for survivors to share experiences and access resources. Employing a community-based participatory approach and a gender-based lens, WHIWH-CHC engages communities and stakeholders in program design and implementation, recognizing the importance of cultural context and women's rights to health and autonomy.

Acknowledgements

Women's Health in Women's Hands would like to extend our heartfelt gratitude to the following individuals and organizations for their unwavering support:

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- Uzima Women Relief Group International
- Midaynta Community Services
- I am here foundation
- End FGM Canada
- Gender:Net Plus - RHCforFGC

Advisory Committee:
A heartfelt thanks to our advisory committee members: Sauda Keita, Matilda Daffeh, Didi Diallo, Amina Noor, Bukama Muntu, Souad Gulaid, Candace Richard, Muna Aden, Danielle Jacobson and Anita Ikwue

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Project team:

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- Evaluation Consultant - Siham Rayale

This evaluation acknowledges the organization's heartfelt gratitude towards the diverse communities it serves. The engagement of the community has been the cornerstone of the project and its evaluation. Your involvement, feedback, and support have been instrumental in shaping Flourish 2.0 and ensuring it remains responsive to the unique needs of racialized women. Together the collective efforts of numerous dedicated individuals and organizations, WHIWH continues its work to eradicate Female Genital Mutilation/Cutting (FGM/C) and provide comprehensive health and social support for survivors.

Background

About WHIWH-CHC and the Flourish Project

Women's Health in Women's Hands Community Health Centre (WHIWH-CHC) is a community-based organization located in Toronto, Canada, dedicated to providing holistic and culturally appropriate health services to marginalized and underserved women, particularly those from African, Caribbean, Latin American, and South Asian communities. The center operates from a feminist, anti-racist, and anti-oppression framework, recognizing the intersectionality of gender, race, ethnicity, and other social determinants of health.

WHIWH-CHC offers a wide range of health programs and services designed to address the diverse needs of women in their communities. In the context of FGM/C, the center plays a crucial role in raising awareness, providing support, and promoting the prevention and elimination of this harmful practice locally, nationally and globally.

The Flourish 2.0 project which started in October 2021 and concluded on March 31, 2024, is a continuation of an earlier Public Health Agency of Canada (PHAC) funded project 'Flourish 1.0' which was initially funded in 2018. Both projects furthered early efforts led by WHIWH-CHC in the early 1990s to raise awareness about the harmful effects of FGM/C within impacted communities. Notably, this early work led to policy change in 1997, when the Canadian government explicitly criminalized FGM/C under Section 268(3) of the Criminal Code.

Female genital mutilation/cutting (FGM/C) is a harmful traditional practice with deep roots in cultural, social, and gender norms. Its origins trace back to various cultural beliefs and practices, often intertwined with notions of femininity, purity, and control over women's sexuality. Prevalent primarily in certain regions of Africa, the Middle East, and Asia, FGM/C affects millions of girls and women worldwide.

The impact of FGM/C on health is profound and multifaceted. Physically, it can lead to immediate complications such as severe pain, hemorrhage, infections, and even death. Long-term consequences include chronic pain, urinary problems, menstrual complications, and obstetric

complications during childbirth. Furthermore, FGM/C perpetuates gender inequality, reinforcing patriarchal structures that limit women's autonomy and perpetuate harmful gender norms.

In the project's most recent iteration Flourish 2.0, a number of interventions have been implemented including counseling and support services to women who have undergone FGM/C, as well as to their families. Participants have accessed the centre's trauma-informed counselling, peer support groups, and Flourish 2.0 activities and the project has created a safe and non-judgmental space for survivors to share their experiences, access resources, and seek assistance in navigating the healthcare system both in person at the centre and remotely via the Flourish website: flourishaccess.ca.

Our approach

Community-based Participatory Action

Community-based participatory approaches are crucial in addressing FGM/C. Participatory approaches involve actively engaging communities, including impacted individuals, community leaders, and stakeholders, in designing and implementing prevention and support programs. By recognizing the cultural context and involving community members in decision-making processes, interventions become more effective, sustainable, and respectful of women's autonomy and reproductive health rights.

Gender-based lens

WHIWH-CHC also uses a gender-based rights and equity lens and this perspective recognizes FGM/C as a violation of human rights, particularly women's rights to health, bodily integrity, and autonomy. It emphasizes the importance of legal frameworks, international conventions, and policies that prohibit FGM/C and promote gender equality. By integrating this lens into interventions, stakeholders can work towards transformative change that challenges the underlying power dynamics and promotes gender equity.

Methods

The evaluation undertook a sequential mixed methods approach that included qualitative and quantitative methods in data collection and analysis. The quantitative phase aimed to identify outcomes of indicators that were determined by (1) the funder and (2) the evaluator. Survey Monkey was used to collect the data. Reach data was collected using an Excel log sheet to track activities and participants. This was followed by the collection of stories from key stakeholders using the collaborative outcome reporting technique (CORT) and a focus group comprised of the advisory board members. The purpose of the qualitative phase is to explore and integrate the outcomes and experiences of stakeholders in greater depth taking into account their perspectives, experiences and contexts using thematic analysis to identify themes and insights that may be useful in evaluating the overall effectiveness of the project.

The findings from both phases were then integrated, through the process of triangulation where the strengths and limitations of each method were considered together to help explain both intended and unintended outcomes.

Performance Measurement

Project Objectives

The project has four main objectives aligned with project key activities:

1. To develop and organize existing education and **awareness-raising** resources for survivors, health, and community providers to strengthen services for survivors and women at risk (Key Activity A)
2. To strengthen **support systems** for survivors of FGM/C and those at risk through the implementation of the service providers' framework developed previously that systematically applies gender equity, trauma-informed, culturally sensitive and safe caring strategies (Key Activity B)
3. To develop a sustainable virtual, seamless **services access pathway (MAP)** to support linkage to care and referral for survivors and women at risk aged 16 years and over (Key Activity C)
4. To evaluate the **reach and effectiveness** of Flourish 2.0 (Key Activity D)

Project Outcomes

The outcomes evaluated in this project were stipulated by the funder (Appendix 3) and include two levels of outcomes:

1. Short-term Outcomes (ST1): Intended audiences access GBV-related evidence programs and supports
2. Medium-Term Outcome (MT2): Intended audiences use/apply GBV-related evidence in their policy and programming work

Evaluation Indicators

Two types of indicators were used in the evaluation, the first group of indicators corresponded directly to the funder-stipulated outcomes (see Appendix 3) and the second corresponded to WHIWH selected outcomes.

Funder Indicators:

1. Short-term Indicators:
   a) # of targeted programs, resources and supports delivered (P1 1.1)
   b) # of people reached by funded initiatives (P1 1.2)
   c) # of people unable to access programs or services (P1 1.3)

2. Medium-term Indicators:
   a) % of respondents reporting that they apply (use) or intend to apply (use) the evidence in their work or lives (P1 2.1)

WHIWH-CHC Indicators:

1. Short-term
   a) Reach
      i. % and type of stakeholders by population
      ii. % and type of stakeholders by population who report Scaled up Toolkit as valuable

iii. % and type of stakeholders who were provided with evidence-based information, tools and resources.

b) User Satisfaction

i. Service provider satisfaction with tools and resources
ii. Survivor/at-risk women's satisfaction with tools and resources

c) Perceived Value of Resources

i. % of service providers and survivors/at-risk women who report the knowledge products and evidence being valuable (e.g., podcasts, workshops, webinars)

d) Knowledge

i. % and type of service providers and survivors/at-risk women who report a change in knowledge/skills
ii. % change in knowledge/skills of the target audience.
iii. % of stakeholders who report gaining knowledge as a result of accessing evidence-based information, tools and resources on the website

Evaluation Questions

The following evaluation questions were formulated to evaluate the accessibility of the resources and knowledge products and the use and intended use of the knowledge products by the key stakeholders which correspond directly to the project's objectives and outcomes.

Table1. Evaluation Questions

Project Objectives	Evaluation Questions
Objectives 1 & 2	1. Is the information (toolkit, framework and other knowledge products) developed by Flourish accessible to survivors and women at risk? (short-term outcome) 2. Is the information developed by Flourish accessible to service providers? (short-term outcome) 3. Will survivors and women at risk use the information? (medium-term outcome) 4. Will service providers use the information? (medium-term outcome)
Objective 3	1. Is the services access pathway MAP accessible to service providers and women? (short-term outcome) 2. Do service providers and women intend to use the MAP? (medium-term outcome) 3. Is the MAP easy to use? (short-term outcome)

See logic model Appendix 2.

Collaborative outcome reporting technique (CORT) framework

The Collaborative Outcomes Reporting Technique (CORT) is a participatory method for impact evaluation focused on constructing a performance narrative that illustrates a program's contributions to outcomes and impacts. This narrative undergoes review by technical experts and stakeholders, including target populations. Performance stories, although varying in content and format, are typically brief, contextualizing program aims within a logical results chain and supported by empirical evidence.

CORT employs multiple measurement tools such as surveys and focus groups to capture insights, impacts, and lessons learned from program activities and interventions. The process unfolds through several stages: scoping and planning, data trawling, social inquiry, data integration and analysis, outcomes panel evaluation, and summit workshops for knowledge exchange.

Key to the technique is the Most Significant Change approach, which involves asking broad questions to collect impactful stories ethically from program stakeholders. Ultimately, CORT aims to communicate the program's performance and progress effectively, informing decision-making and advocacy efforts through comprehensive reporting and dissemination strategies.

Figure1. The Most Significant Change Feedback Loop [Evaluating Advocacy, 2021]

Surveys

A pre-post survey was used to assess changes in participants' knowledge, engagement with and intention to use the various tools and resources in the Flourish 2.0 project. Participants took the pre-survey before workshops and other activities and again after the workshops (post-test). The survey typically includes questions designed to measure the indicators of interest. By looking at people's experience at two time points the survey allows for the evaluation of the effectiveness of the intervention by comparing the responses before and after its implementation.

Focus Group

A focus group was conducted involving a small group of stakeholders led by the project evaluator who engaged participants in guided discussions aimed at exploring their perceptions, and experiences related to the implementation of Flourish 2.0. Open-ended questions were developed to facilitate interaction and elicit diverse viewpoints from participants. The resulting discussion provided insights into participants' perspectives and allowed for the exploration of complex issues in a group setting. The session was conducted remotely and recorded using Zoom. The audio was transcribed along with detailed notes for thematic analysis.

Analysis

The first time point survey included sociodemographic information, and an FGM/C knowledge scale and the final time point survey included questions for participants to evaluate the value of the Scale-Up Tool Kit and intention to use and knowledge and skills developed through the various program activities. This data was analyzed using descriptive statistics of sociodemographic variables, % change of variables linked to short-term and medium-term indicators and weighted averages of scales.

The transcribed focus group was reviewed to identify common threads and codes representing participants' perspectives. The related codes were organized into meaningful categories that reflected key ideas or experiences. This process allowed for the interpretation of stakeholders' experiences across their participation in the form of a story presented in this report in line with the CORT methodology.

GBA+ Analysis

Gender-based analysis + (GBA+) was incorporated throughout the evaluation process. GBA+ is important for research that incorporates intersectionality and is in reality incomplete without adding strong intersectional data points to help paint a fulsome picture of participants' engagement with the objectives of the research project. Given the sensitive and personal nature of the issue of FGM/C, applying an intersectional lens helps ensure that the diverse experiences and perspectives of individuals across various intersecting identities are considered and given care. GBA+ analysis was used during this evaluation to give consideration to a number of themes that emerged. This includes:

- **Promoting Equity and Inclusivity by acknowledging individual's complex realities:** GBA+ is essential for promoting equity and inclusivity by recognizing that individuals experience social, economic, and political systems differently based on intersecting factors such as gender, race, ethnicity, sexual orientation, disability, age, and socio-economic status. By considering these intersecting identities, researchers can identify and address systemic barriers and inequalities more effectively.

- **Considering differential impacts to inform inclusive policy development and implementation:** GBA+ enables researchers to identify the differential impacts of policies, programs, and interventions on various groups within society. By considering intersecting identities, researchers can uncover disparities in access, outcomes, and opportunities, highlighting areas where targeted interventions or policy changes are needed to address inequities.

- **Enhanced data collection and analysis by centering impacted communities:** GBA+ involves collecting and analyzing disaggregated data that captures the diversity of experiences within populations. By disaggregating data researchers can identify patterns, trends, and disparities that may be overlooked in aggregate data, leading to more nuanced and accurate research findings. GBA+ can help to ensure that the voices, perspectives, and experiences of marginalized/vulnerable groups are centered in research, evaluation and decision-making processes. By actively engaging with participants from diverse backgrounds and communities, researchers and evaluators can amplify the voices of those most impacted by intersecting forms of discrimination and marginalization, leading to more inclusive and empowering research outcomes.

Limitations

Convenience sampling, a non-probability technique was used in the pre and post-survey. While this approach can be quick and cost-effective, it may introduce bias into the study results since the sample may not accurately represent the broader population. Further, the limited availability of validated scales for FGM/C knowledge among service providers and women at risk in the global North necessitated the creation of survey questions that are not validated but are reflective of the indicators of the project. More information is needed on validated scales within these populations in the future.

Similarly, purposive sampling was used for the focus group which may have introduced bias and limited generalizability due to its subjective nature and non-probability selection, making the findings specific to the sampled group and less replicable.

EVALUATION FINDINGS

Funder Short-term Indicators:

# of targeted programs, resources and supports delivered (P1 1.1)

This project included 16 core-funded activities across four Key Activity Areas. Some of the most widely disseminated of the key resources developed are listed below.

1. **Interactive Access Map and Website**:
    - Flourish Access: An online platform providing resources and information on FGM/C.
2. **Educational Video**:
    - Challenging Systemic Intersectional Stigma - Living with FGM/C: A video addressing the intersectional stigma faced by those living with FGM/C.
3. **Service Providers' Workshops**:
    - Workshops on Flourish Access: Training sessions for service providers that cover:
        - Defining FGM/C with sensitivity
        - Providing culturally sensitive and safe care and effective communication
        - Incorporating trauma-informed principles in care practices

- Gynecological and obstetrical care for FGM/C survivors

4. **Podcast**:
    - Challenging Silence: A podcast series discussing various aspects of FGM/C.
5. **Awareness-raising and Educational Webinars**:
    - Webinars on Flourish Access: Topics include:
        - Threats posed by COVID-19 on gender equality and impacts on FGM/C survivors
        - International perspectives on collaboration for quality support and care for women and girls living with FGM/C
        - Supporting FGM/C impacted women and girls in Canada
        - Systemic barriers for African, Caribbean, and Black (ACB) women in accessing support services and resources
        - Recognizing and preventing FGM/C to safeguard girls at risk in Canada

The development of these resources and platforms provides a centralized location for easily accessing information and support related to Female Genital Mutilation/Cutting (FGM/C). These knowledge products contribute to education and awareness efforts and address systemic intersectional stigma surrounding FGM/C at the individual, community and systems level. These tools help equip service providers with the necessary skills to offer culturally sensitive and trauma-informed care tosurvivors, ensuring their well-being. Together, these initiatives play a vital role in raising awareness, providing support, and advocating for the rights of those impacted by FGM/C.

Please see the table below for a detailed list of all 16 activities including the outcome from each activity in response to the Funder Short-term Indicator P1 1.2.

# of people reached by funded initiatives (P1 1.2)

Objective	Key Activity	Activity #	Description	Reach	Outcome
Obj 1	Convene Steering Committee/Advisory Group	A1	Recruitment of committee members	12	7 women representatives of communities impacted, 1 researcher, 2 survivors and 2 service providers comprised the group
Obj 1	Recruit 15 Women leaders	A2	Recruitment of Community Advocates for training	15	11 women representatives of communities impacted, 1 survivor, 3 service providers
	Webinars	A3	Delivery of Webinars on systemic issues surrounding FGM/C	109	Delivered 4 webinars
Obj 1	Video	A4	This video explores how, as a society, we can challenge systemic intersectional stigma from the perspective of women living with FGM/C.	120	1 Video Created 10 Participants in the video 110 Video Views
Obj 1	Survivor Resources and Scaled-Up Resources	A5-A6	Collaboration with FGM/C Network to identify and develop survivor resources and produced scaled-up resources including the podcast and social media campaign to raise awareness of the resources available for survivors, health and community providers	13770	21 Episodes and 1 Trailer of the Challenging Silence Podcast 24 Participants in the development of the podcasts Viewed 211 times on YouTube and Downloaded 460 times on the Flourish Website 12,852 unique social media impressions in annual 16 Days of Activism Against GBV social media campaign 223 views Digital Story Telling Videos

Obj 1	Disseminate Toolkit	A7	Dissemination of the toolkit including a media statement and policy that outlines anti-oppressive and anti-racist use of the toolkit in the public domain. The organized resources have reached people through webinars, workshops, community engagement sessions and online via the Flourish website.	1243	80 people through webinars 82 providers through the service providers workshops 43 women through the community engagement gatherings called "kitchen table talks" 1,038 people visited the toolkit page on the Flourish website
Obj 2	Training	B1	Recruitment and training of peers and staff on trauma-informed FGM/C framework and tools	9	9 Peers
Obj 2	Service Provider Workshops	B2	Implementation of Workshops on Service Providers' Framework	20 19 23 20 80	Workshop 1: Audience- Service Providers Workshop 2: Audience-Service Providers Workshop 3: Audience-Service Providers Workshop 4: Audience-Service Providers Workshop 5: Audience Service Providers (2 sessions 40 each)
Obj 3	Service Access Pathway Map	C1-C5	Identification of available services for FGM/C survivors; Mapping of available services; Creation of a website to show available services; Delivery of 2 webinars; Promotion of public resources/services	3761	21,297 website visits, 3,717 unique users 44 Website Webinar participants
Obj 3	Community	C6	Hold a Community	64	

	KTE Event		Forum/Knowledge Translation and Exchange Event		
Obj 4	Evaluation	D1	Conduct an evaluation throughout the project lifecycle	N/A	N/A
			Total Reach	**19265**	**Unique Recipients and Beneficiaries**

19, 250 unique individuals were reached through this project's key activities. This significant reach demonstrates the effectiveness and impact of the program's initiatives in spreading awareness, providing support, and advocating for those impacted by FGM/C. By reaching such a wide audience, the project has successfully disseminated crucial information, fostered dialogue, and empowered individuals to take action against FGM/C. This outcome reflects the importance of collaborative efforts by the funded program and its partners and networks.

# of people unable to access programs or services (P1 1.3)

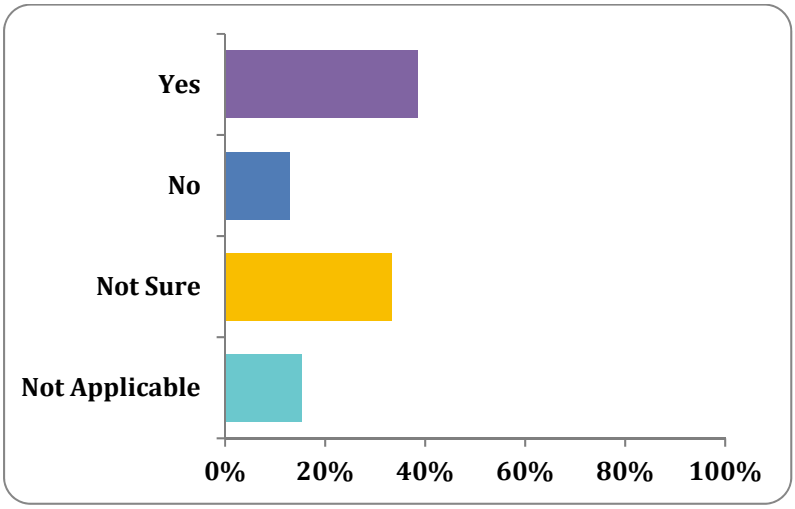
Throughout the implementation of these programs and activities, inclusivity has been a cornerstone. There were no instances of individuals being unable to access program activities, and no waitlists for workshops or other events occurred. Moreover, efforts were made to ensure that everyone could participate fully, regardless of their internet access, with no reported instances of individuals being unable to join webinars due to spotty internet connections. This commitment to accessibility underscores the dedication to reaching and supporting all individuals impacted by Female Genital Mutilation/Cutting (FGM/C), ensuring that no one is left behind in the pursuit of education, support, and advocacy.

Funder Medium Term Indicator:

N= 98 individuals participated in the evaluation process with N=64 individuals participating in the post-activity survey, while N=34 engaged in the pre-activity survey. This is a small convenience sample of a larger population (participants and stakeholders who took part in the activities). This is a type of non-probability sampling technique where subjects are selected based on their easy accessibility and proximity to the team or evaluator. This type of sampling is often used where time, resources, or logistical constraints make it difficult to obtain a random or representative sample from the larger population.

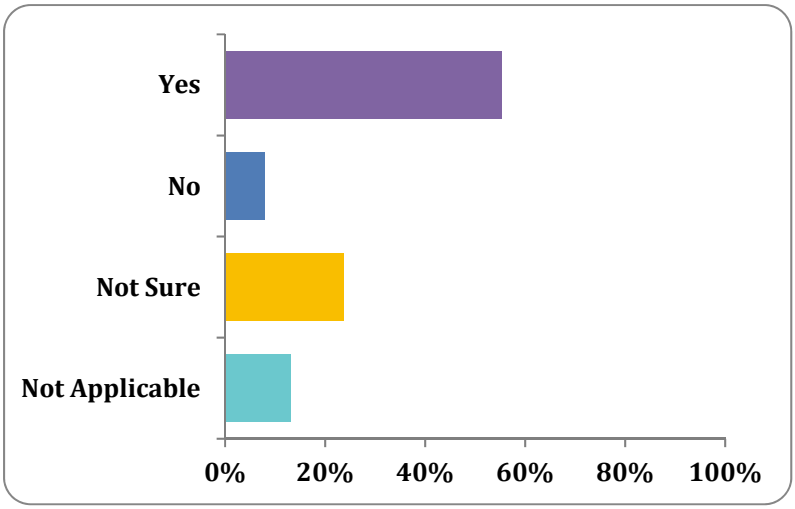
% of respondents reporting that they apply (use) or intend to apply (use) the evidence in their work or lives (P1 2.1)

Service Provider's intention to use toolkit for their work:



Response Options	% of respondents
Yes	55.26%
No	7.89%
Not Sure	23.68%
Not Applicable	13.16%

Survivors/Women's intention to use the Toolkit for personal development/reflection:



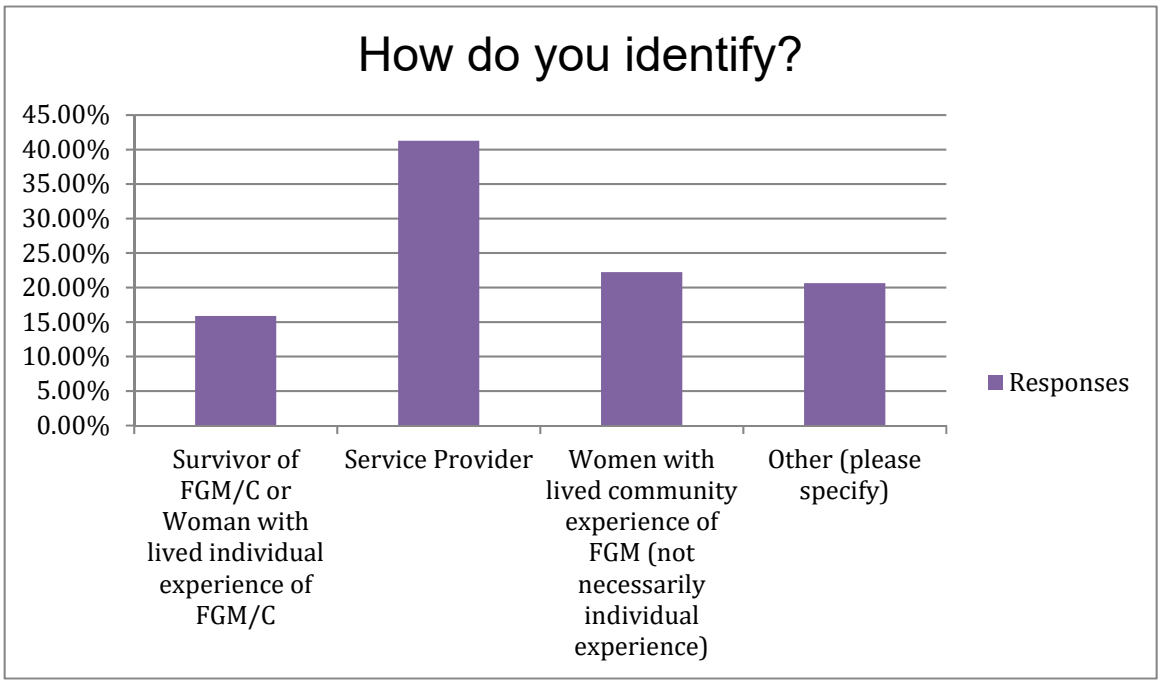
Response Options	% of respondents
Yes	38.46%
No	12.82%
Not Sure	33.33%
Not Applicable	15.38%

WHIWH-CHC Short-Term Indicators

% and type of stakeholders by population

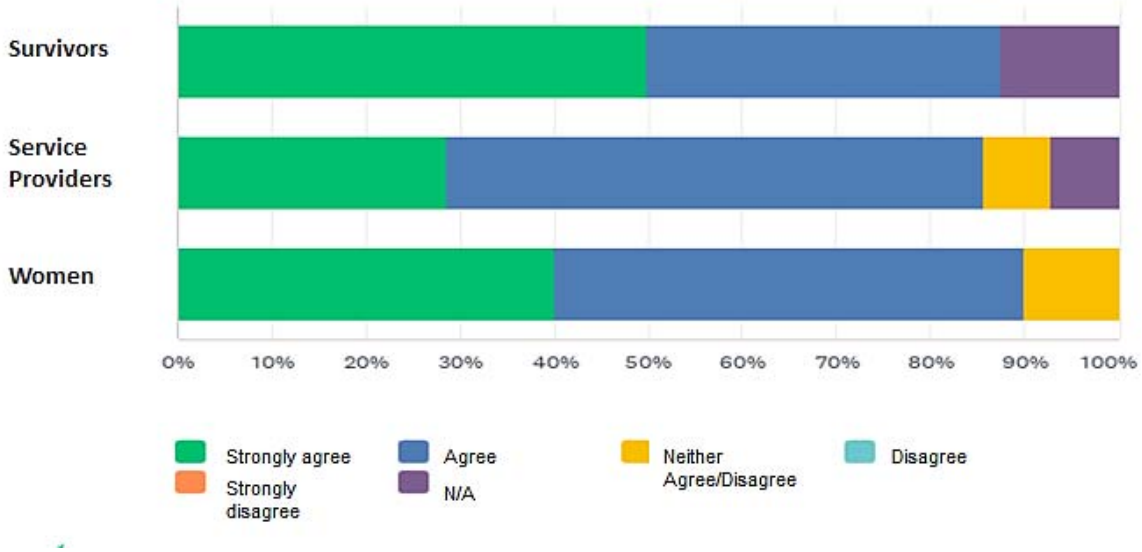
The findings indicate that 15.9% of participants identified as Survivors of Female Genital Mutilation/Cutting (FGM/C), highlighting the importance of their perspectives in understanding the impact and challenges associated with this practice. Notably, 41% of respondents identified themselves as service providers, underscoring the involvement of professionals in addressing FGM/C-related issues. Additionally, 22% identified as women with lived community experiences of FGM, emphasizing the significance of community voices in shaping interventions and support networks. The remaining 21% encompassed a range of self-reported labels, including activists, educators, health workers, researchers, and grassroots organization leaders, among others, showcasing the diverse roles and expertise contributing to efforts surrounding FGM/C awareness and advocacy.

% and type of stakeholders by population who report Scaled up Toolkit as valuable



Participants who responded to this question with 82.05% overall strongly agreed or agreed that the scaled-up toolkit was valuable.

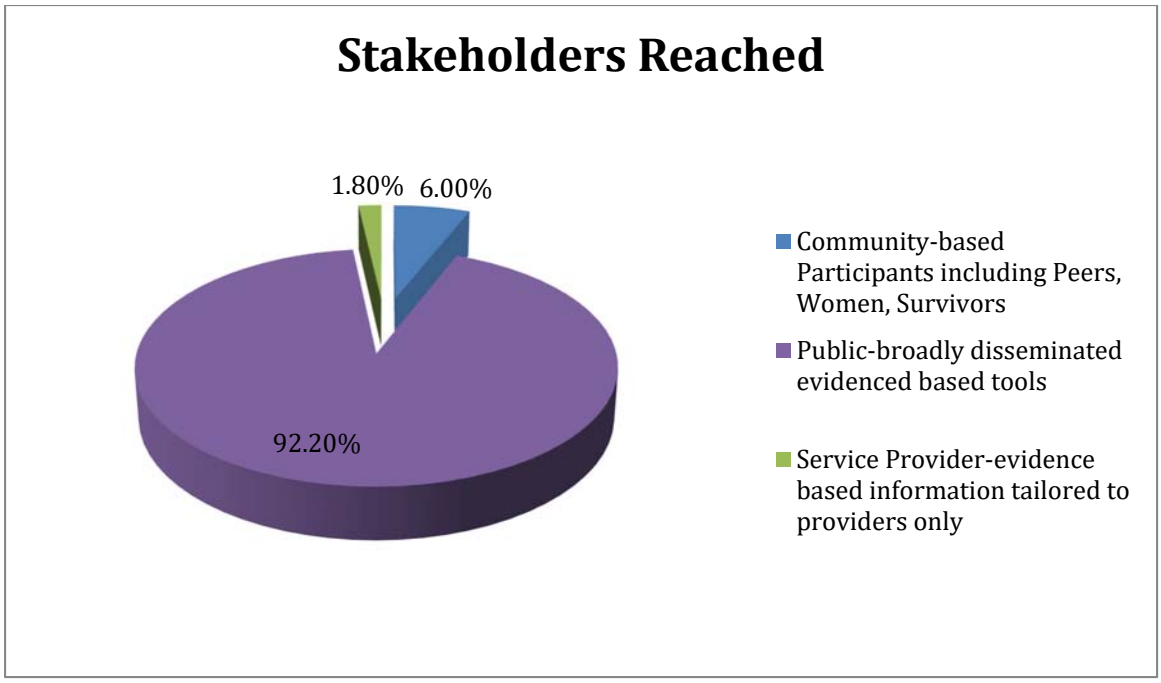
When compared by group you see that survivors rated it highly valuable 87.50% as did 85.71% of service providers and 90% of women from impacted communities. Excluded from this analysis and likely skewing the response towards the overall frequency of 82.05% is the “other” group which included categories outside of these groups and could not be enumerated. Please see the graph below.



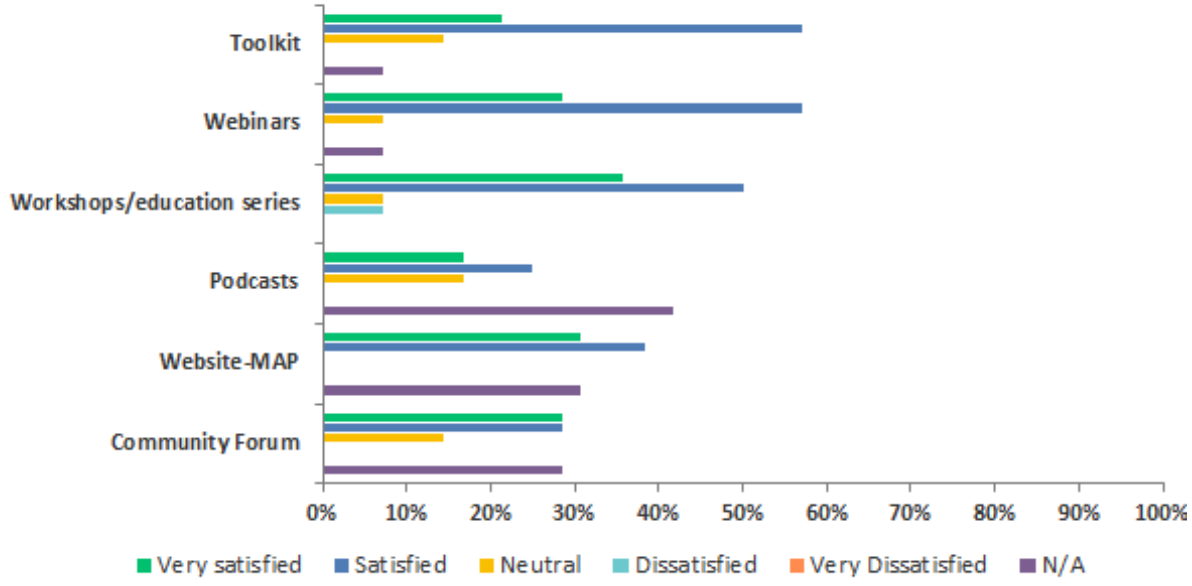
 # and % and type of stakeholders who were provided with evidence-based information, tools and resources.

Category of Stakeholder	#	%
Community-based Participants including Peers, Women, Survivors	1157	6.0%
Public-broadly disseminated evidenced-based tools	17759	92.2%
Service Provider evidence-based information tailored to providers only	349	1.8%
Total	19265	100%

The table shows that the largest group reached at 92.2% represents the general public benefitting from the widespread dissemination of evidence-based tools. This aligns with the type of knowledge products (website, videos, etc.). Direct and tailored efforts for peers, women and survivors consisted mainly of webinars and podcasts at around 6.0% of the total reach in engagement with those impacted by Female Genital Mutilation/Cutting (FGM/C). Service providers who -received tailored evidence-based information, constituted a smaller portion at 1.8%. This distribution reflects the scale-up of Flourish 2.0, which aimed to reach a larger public audience than its predecessor Flourish 1.0. These results show that Flourish 2.0 was able to address FGM/C in Canada through broad public awareness underpinned by targeted support for relevant professionals and communities.



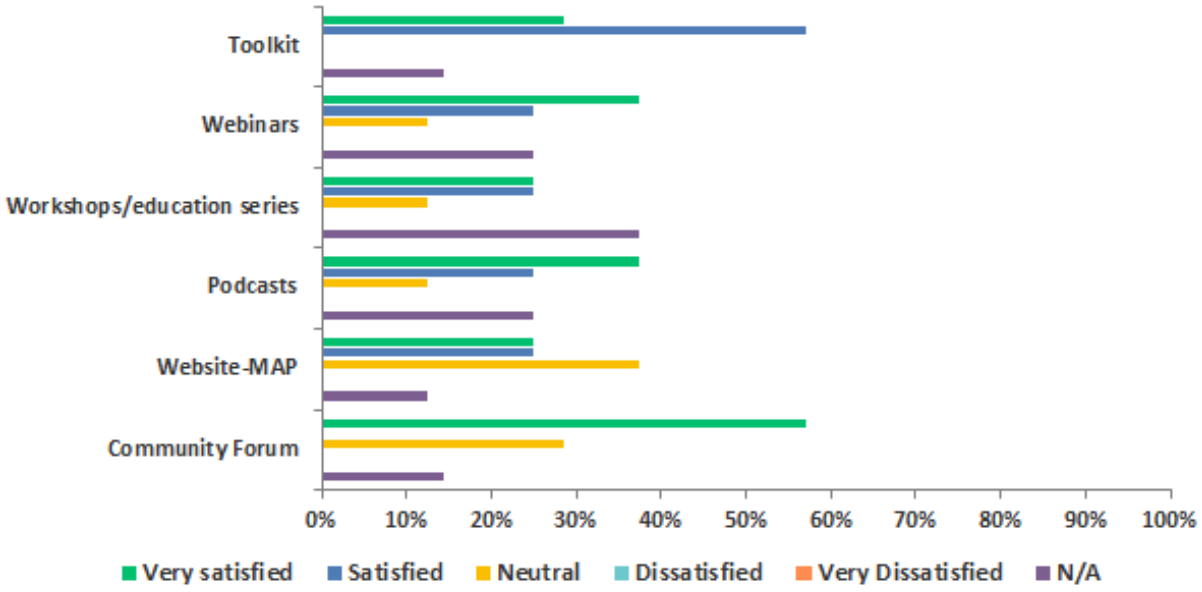
Service provider satisfaction with tools and resources



The Weighted average of satisfaction with each resource or tool shows us that Website and Service Map are the most satisfactory where a weighted average approaching 5 is very satisfied andapproaching 1 is very dissatisfied. Please see the following table for details.

Service Providers	Very Satisfied	Satisfied	Weighted Average
Toolkit	21.43%	57.14%	4.08
Webinars	28.57%	57.14%	4.23
Workshops/education series	35.71%	50.0%	4.14
Podcasts	16.67%	25.00%	4
Website-MAP	30.77%	38.46%	4.44
Community Forum	28.57%	28.57%	4.2

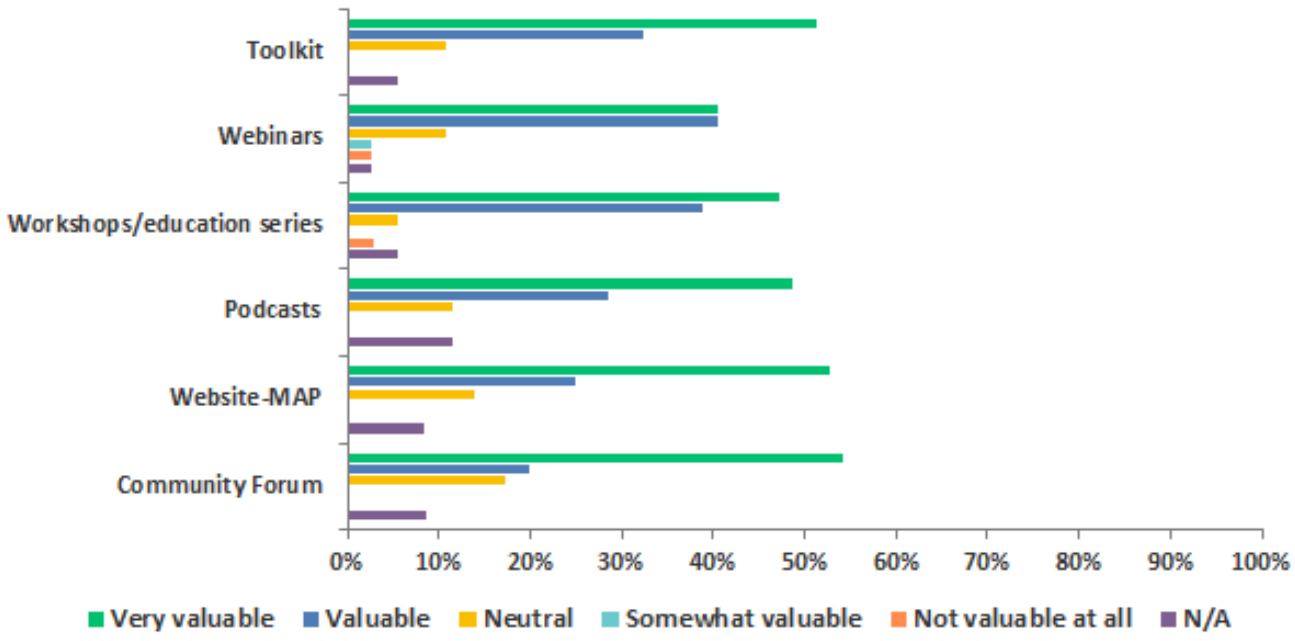
Survivor/at-risk women's satisfaction with tools and resources



Among service users including survivors and women from impacted communities, the toolkit, webinars, podcasts and the community forum were rated the most highly. The website had the lowest weighted average which may be due to lower awareness of the website than service providers at the time of the survey or preference for other tools that better suit their immediate needs as well as the availability of all of the other tools on different platforms (discussed on workshops, podcasts are also available on YouTube etc.)

Service Users	Very Satisfied	Satisfied	Weighted Average
Toolkit	28.57%	57.14%	4.33
Webinars	37.50%	25.00%	4.33
Workshops/education series	25.00%	25.00%	4.2
Podcasts	37.50%	25.00%	4.33
Website-MAP	25.00%	25.00%	3.86
Community Forum	57.14%	0%	4.33

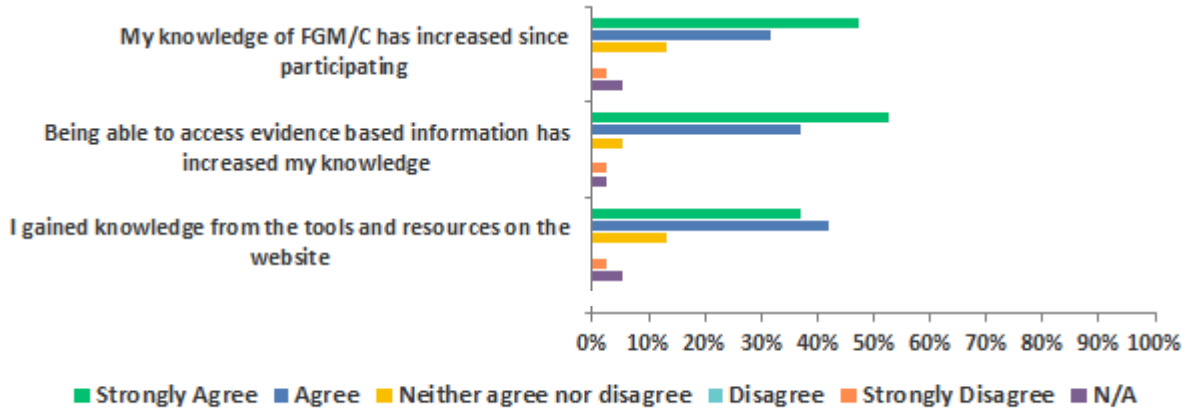
% of service providers and survivors/at-risk women who report the knowledge products and evidence being valuable (e.g., podcasts, workshops, webinars)



All Stakeholders Reporting Value in Knowledge Products	Very Valuable	Valuable	Weighted Average
Toolkit	51.35%	32.43%	4.43
Webinars	40.54%	40.54%	4.17
Workshops/education series	47.22%	38.89%	4.35
Podcasts	48.57%	28.57%	4.42
Website-MAP	52.78%	25.00%	4.42
Community Forum	54.29%	20.0%	4.41

% and type of service providers and survivors/at-risk women who report a change in knowledge/skills

The table indicates a positive perception of knowledge enhancement among stakeholders post-engagement, with the majority agreeing or strongly agreeing that their knowledge of FGM/C increased through participation and access to evidence-based information and resources on the website, as reflected in weighted average scores of 4.28, 4.41, and 4.17, respectively.



All Stakeholders Reporting Knowledge Change	Strongly Agree	Agree	Weighted Average
My knowledge of FGM/C has increased since participating	47.37%	31.58%	4.28
Being able to access evidence-based information has increased my knowledge	52.63%	36.84%	4.41
I gained knowledge from the tools and resources on the website	36.84%	42.11%	4.17

% change in knowledge/skills of the target audience

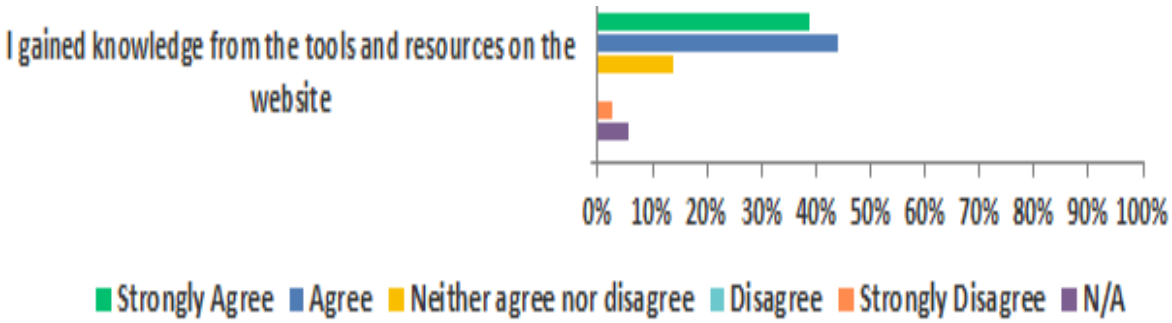
The table below presents pre- and post-weighted averages of self-reported knowledge, along with percentage changes, for different knowledge categories related to Female Genital Mutilation/Cutting (FGM/C). The first category, "General Knowledge of FGM/C," shows a slight decrease from a pre-score of 4.33 to a post-score of 4.28, reflecting a -1.15% change. The second category, "Knowledge gained from access to evidence-based information," exhibits a similar trend, with a decrease from 4.56 to 4.41, resulting in a -3.29% change. The third category, "Knowledge gained from the tools and resources on the website," demonstrates the most significant decrease, dropping from 4.52 to 4.17, indicating a -7.74% change. Overall, the table highlights a slight decline in knowledge scores across all categories after engagement with the project's resources, suggesting that participants may have initially overestimated their knowledge of the subject and felt familiar thereby scoring themselves as very high in the beginning.

The program likely deepened their understanding in other words and upon engaging with the project's resources, they gained a more nuanced understanding, leading to a minor adjustment in their self-assessed knowledge levels but actually reaching a high level of knowledge in the end. The project's materials effectively challenged participants to revaluate their perceived existing knowledge and develop a more comprehensive understanding of Female Genital Mutilation/Cutting (FGM/C) and related issues.

Knowledge Category	Pre-Score (Weighted Average)	Post-Score (Weighted Average)	Percentage Change
General Knowledge of FGM/C	4.33	4.28	-1.15%
Knowledge gained from access to evidence-based information	4.56	4.41	-3.29%
Knowledge gained from the tools and resources on the website	4.52	4.17	-7.74%

% of stakeholders who report gaining knowledge as a result of accessing evidence-based information, tools and resources on the website

78.95% of participants reported gaining knowledge as a result of accessing evidence-based information, tools and resources on the website.



Knowledge Category	Strongly Agree	Agree
Knowledge gained from the tools and resources on the website	36.84%	42.11%

Qualitative

Applying GBA+ to Flourish 2.0: A gender-based analysis is critical for research on Female Genital Mutilation/Cutting (FGM/C), especially in qualitative research projects, for several reasons:

1. **Understanding Gender Dynamics:** FGM/C is deeply rooted in gender norms, power structures, and inequalities. A gender-based analysis helps researchers understand how gender influences the prevalence, perpetuation, and experiences of FGM/C within communities. This analysis allows for a deeper exploration of the underlying social, cultural, and economic factors driving the practice.
2. **Examining Power Relations:** Gender-based analysis sheds light on power dynamics between genders and within communities. It allows researchers to examine how notions of masculinity and femininity intersect with FGM/C, revealing the roles of patriarchal systems, social hierarchies, and gendered expectations in perpetuating the practice, particularly in households.
3. **Uncovering Gendered Impacts:** FGM/C affects individuals differently based on their gender. Women and girls bear the brunt of physical, psychological, and social consequences, while men and boys may also be impacted indirectly. A gender-based analysis enables researchers to explore these differential impacts, including effects on reproductive health, sexuality, mental well-being, and social status.

4. **Recognizing Agency and Resistance:** Gender-based analysis acknowledges the agency and resistance of individuals within communities impacted by FGM/C. It allows researchers to understand how gender identities, socialization processes, and power struggles shape individuals' decisions to perpetuate, resist, or undergo FGM/C. This perspective highlights the importance of empowering individuals, particularly women and girls, to challenge harmful practices.
5. **Informing Culturally Sensitive Interventions:** Qualitative research on FGM/C often involves engaging with communities and understanding their beliefs, values, and norms. A gender-based analysis helps researchers navigate cultural contexts sensitively, recognizing the diversity of gender identities, roles, and experiences within communities. This understanding is crucial for designing interventions that respect local customs while promoting gender equality and human rights.
6. **Addressing Structural Inequities:** Gender-based analysis goes beyond individual behaviors to examine broader structural inequities that perpetuate FGM/C, such as poverty, lack of access to education and healthcare, and discriminatory legal and social systems. Qualitative research informed by a gender-based analysis can uncover these systemic barriers, informing advocacy efforts and policy recommendations aimed at addressing the root causes of FGM/C.

Using the GBA+ lens is essential to doing better structural analysis and helping to frame research projects/agendas more holistically with an awareness of power dynamics. For qualitative research on FGM/C, it is especially important to ensure that any gender-based analysis is deeply intersectional as it provides a lens through which to understand the complex interplay of gender, power, race, socio-economic status and culture in shaping the practice and its impacts. By centering gender perspectives in research, scholars can generate insights that contribute to more holistic, gender-responsive approaches to addressing FGM/C and advancing gender equality. Below is a summary of the Collaborative Outcomes Reporting (CORT) and focus group discussions that were conducted with stakeholders.

CORT Outcomes

The Collaborative Outcomes Reporting (COR) technique involved multiple stakeholders, including program participants and program implementers who worked together to gather, analyze, and interpret their experiences on the project through narratives which are summarized here to provide a comprehensive and shared understanding of the program's outcomes and effectiveness.

Project Progress

The project progressed well across multiple dimensions, according to feedback from advisory committee members. Participants highlighted that the project was both organized and goal-oriented. The involvement of survivors and racialized community members in central roles was crucial, reflecting a high level of commitment from both staff and committee members. This participatory approach ensured that the project remained community-centered and informed by diverse perspectives.

Successes and Challenges

Several key successes were identified:

- The establishment and active engagement of the advisory committee were seen as significant milestones.
- A series of productive meetings facilitated planning and addressing barriers.
- The launch of a website dedicated to providing information on FGM/C was particularly successful and held promise for aiding survivors and the public.
- Media initiatives, such as recorded videos, podcasts, and planned commemorations like Zero Tolerance Day, were well-received.
- Challenges noted included minor issues with tracking meeting items and a desire for broader outreach, particularly in translating resources into local languages and extending university campus engagements.

Significant Changes

Significant changes observed over the course of the project included:

- Enhanced psychological safety and support among board members, fostering a collaborative environment.
- Valuable contributions from advisory members in identifying and advocating for necessary services and resources for FGM/C survivors.
- A balanced approach to collaboration, where diverse experiences informed open-minded yet corrective actions, was a notable shift, reflecting the project's adaptive and inclusive ethos.

Using a GBA lens with the Collaborative Outcomes Reporting Technique allows us to highlight the involvement of survivors and racialized community members in central roles within Flourish 2.0 as a conscious attempt to understand gender dynamics and norms and to ensure the perspectives of those most impacted to inform interventions.

Recognizing individual agency and resistance within impacted communities, as emphasized in the CORT findings, underscores the importance of empowering women and girls to challenge harmful practices. Applying cultural safety (team members reflecting on their own biases and assumptions, engaging in meaningful dialogue with participants to understand their cultural needs and preferences, and adapting approaches accordingly) to the development of resources and tools allowed the project to resonate with communities.

The podcasts and videos helped viewers and listeners navigate cultural beliefs, and reduce stigma while promoting gender equality and human rights. Overall, the CORT findings suggest that Flourish 2.0 is characterized by strong community engagement, effective resource dissemination, and the fostering of a supportive, collaborative atmosphere.

Focus Group Outcomes

Participants were already previously engaged with the project's first iteration as well as the design of the follow-up initiative (Flourish 2.0). They currently serve as part of the project's advisory group (as service providers and/or survivors). Given their level of engagement, experience and depth of knowledge, the evaluation took extra care to consider other factors including location and diverse cultural background to ensure perspectives from communities that experience FGM/C were targeted and one community was not overrepresented.

Purposive sampling was used to identify focus group participants. A purposive sample is a non-probability sampling method whereby participants are selected based on specific characteristics or qualities, in this case, their active involvement in the program. This method ensures that the participants have relevant experience or knowledge pertinent to the focus group's objectives. Advisory board members, peers and program participants who responded to the email invitation were included in the focus group.

Commitment to Ending FGM/C: Participants' involvement stemmed from personal experiences, empathy, and a commitment to empowering women and girls, advocating for policy changes, and breaking the silence around FGM/C.

> *"Many of us here are committed to seeing girls protected against FGM/C, in an effort to empower women and girls and challenge harmful culture norms, and promote [change] that generates quality within our community and beyond. And I think, just like collectively us, being voices for other communities, especially the one I'm working from in [trying to] advocate for policy changes with respect to ending FGM. And I know a lot of community members. I just afraid to come out and speak to it. I was just motivated to be part of this [advisory group] and I come with a deep sense of empathy and understanding and committing to promoting the well-being and rights of women and girls in our community."*

Shared experiences among impacted communities: Despite diverse cultural backgrounds, survivors shared similar experiences of stigma, emotional distress, and challenges in intimate relationships. Intersectionality within the Greater Toronto Area (GTA) highlighted shared struggles irrespective of country of origin but also cultural influences across diverse contexts.

> *"What brought me here [to this advisory group] was that I was referred to this group by another survivor from a different community member that was affected by FGM…my participation made me realize, while I knew there were other survivors of FGM but to see that there is a group of women, from different backgrounds with intersectional experiences within the greater Toronto area, and [with] similar experiences! It was nice to see that what drives my commitment is not wanting to see other young girls or women face FGM, is shared by other survivors. What drives me is to see FGM eliminated so their (young girls) lives can be a good life. That's what's driven my passion and my commitment for this cause."*

Strengths and Challenges to Flourish 2.0: Strengths included flexibility, diversity of participation, and judgement-free spaces. However, challenges included the need for more education in schools, involvement of religious leaders, addressing stigma, and enhancing support for marginalized communities.

> *"One of the strengths of the program was is flexibility. For this program to reach different segments of Kenyan society who may not be aware of [the negative consequences] of FGM. But we're really interested by, like the pamphlets, social media and the local engagement and getting that feedback from other people wanting to be allies based on you know, communication [and awareness] that was spread. So that was one of the best parts of the program."*

Reach and Accessibility: Participants noted the project effectively reached the intended audience through virtual/online platforms noted as the most accessible medium. However, accessibility barriers persisted due to language, cultural, and financial constraints, emphasizing the need for more inclusive approaches.

> *"I found one of the best outreach activities was the material. The willingness for other people to learn the impacts of FGM in a non-judgmental manner, also coming to the meetings/talks as well. The virtual webinars, in terms of accessibility, were great."*
>
> *I think [the program] was very accessible. In terms of like social media outreach [that was great] in my opinion, and also like the email reminders to allow people who may not know, the program allowed them to look at the issue from different perspectives, so that that was good. Any weakness? I found that it took into account different people, survivors needs and where survivors were at."*
>
> *"Many communities cannot access resources due to financial constraints. There's more we could do there."*

Systematic barriers to adequate care: Participants reflected on this theme repeatedly citing sociocultural norms, lack of training among service providers, biases, and limited access to specialized services that hindered survivors' access to adequate care. Mental health care, in particular, came up in light of the life-long negative impact of undergoing FGM/C.

> *"Mental health care is important and needs to be a trauma-informed and culturally sensitive approach."*
>
> *"My ethnic background is, I come from Senegal and Guinea and if you look, Guinea has a very high percentages of FGM/C. This is something that we knew and existed in my community. That is why I decided to join the program, because it was really personal to realize that they were doing this [FGM/C] in my community. and everyone knows it. I was thinking, how can this still happen? Or I would see people go on vacation and come back and say, oh yeah, they did this [to me], and you know you would think it's only the men that were pushing the practice. But then you realize it's actually sometime the mothers or the aunties that promote it. So there's a mix of culture. But then there's patriarchy. And when you know you have a website, you have pamphlets, you have podcasts, you can see and connect with people from different backgrounds. And it also brought me to, you know, people like [mention of another advisory group member] who is close [geographically] because Senegal and Gambia, we are only separated by a border, but it's like almost one country. So when I saw that, I though oh, I am not alone here. My sisters from my community, they also understand that this practice needs to stop. This has to stop.*
>
> *Before it was something that we talked about, but very hush, hush! It was very taboo. We don't talk about it, so for me to see that between us [in this group] who are not all that much younger than me, to know that this is something that we think is important, and we*

can actually tell our aunties or uncles, or whoever is in our community that it needs to stop; It's great.

I live in [city] and we have an Afrocentric bookstore. I would put the pamphlets there, because again, depending on where you come from, you might not be aware of the issue.

We need representation of the different communities. Whoever is going to be affected …they might not speak the language [English], so it would be great like, for the materials to be in different languages. for because we are coming like I know, Amina is from Somali to have.

I would love to have an Imam [religious leader] from the Somali mosque, an imam from Gambia, an Imam from Senegal, from Guinea, and also have people that can translate [the material].”

Achievements of the Flourish 2.0 project: Participants highlighted the key achievements including knowledge exchange events, raising awareness among broader audiences, and effectively gathering and sharing resources to challenge the silence surrounding FGM/C within impacted communities. Of note included the emphasis and value of resources developed through the project’s life cycle.

“Resources [are now]... made accessible to everyone who wants them. Now have resources to share within impacted communities to challenge the silence.”

“One thing I want to echo in terms of the strengths of the flourish program is the expertise that we had in the group that comprises of like healthcare professionals, community leaders, advocates, and survivors. I think that was one of the strengths. It brought together, all of us with diverse perspectives to develop like comprehensive [outreach/communication] strategy.”

Conclusions

The Flourish 2.0 project has made significant strides in achieving its objectives and advancing the well-being of survivors through a multi-pronged approach.

- **On Education and Awareness-Raising Resources (Key Activity A):** existing resources for survivors, healthcare and community providers have been developed and organized, enhancing understanding and awareness of FGM/C and its consequences. This has contributed to the strengthening of services for survivors.
- **Strengthening support systems (Key Activity B):** by implementing a framework that applies gender equity, trauma-informed, culturally sensitive, and safe caring strategies, support systems for survivors of FGM/C and service providers have been strengthened. This approach ensures that survivors receive the care and support they need while respecting their autonomy and dignity.

- **Development of a sustainable virtual services access pathway (Key Activity C):** The establishment of a virtual, seamless services access pathway (MAP) has revolutionized the way survivors access care and service. This sustainable model ensures that support remains accessible even in challenging contexts; particularly when care must be taken to protect survivors from further stigma.
- **Evaluation of Reach and Effectiveness (Key Activity D):** The reach and effectiveness of Flourish 2.0 have been assessed, providing valuable insights into the impact of the intervention. This evaluation process has helped to support accountability and future programming and policy decisions.

Overall, Flourish 2.0 has not only addressed the immediate needs of survivors of FGM/C but has also laid the foundation for sustainable change by building capacity, raising awareness, and fostering collaboration among stakeholders. Moving forward it will be essential to continue monitoring and refining interventions to ensure that the progress achieved is sustained and expanded upon.

Recommendations

Key recommendations from the findings include:

i. Enhanced community engagement approaches to reach community leaders, religious leaders, and other influential figures
   - Enhance the use of culturally sensitive communication strategies including storytelling, social media pages to disseminate information

ii. Expanding capacity building and training for service providers
   - Continue to train health care workers and peer educators to serve as advocates and provide support to women/girls at risk or impacted by FGM/C

iii. Sustainable funding ecosystem
   - Work with other service providers to advocate for enhanced resources to ensure the advocacy is sustained

iv. Increasing access to culturally sensitive healthcare providers
   - Future considerations include establishing specialized clinics or centers equipped to provide medical and psychological support, counselling, and reconstructive surgery for survivors

v. Ongoing support for monitoring and evaluation services to service providers
   - Establish monitoring and evaluation mechanisms to assess the effectiveness of interventions in reducing the prevalence of FGM/C, addressing gender-based violence, reducing stigma, and improving health outcomes for survivors.

vi. Integrating a gender-based violence approach throughout program design and delivery
   - Scale-up GB intervention and response components into existing FGM/C intervention programs, recognizing the intersectionality of the root causes sustaining the practice.

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Appendix 1

Evaluation Plan

Flourish 2.0					
Evaluation Plan					
Objectives	**Anticipated Output(s)**	**Anticipated Outcomes**	**Indicators**	**Data Collection Methods and Analysis**	**Timeframe and Frequency**
Objective 1: To develop and organize existing education and awareness-raising resources for survivors, health, and community providers to strengthen services for survivors and women at risk	(1) Advisory Committee Formed (15) Women leaders Recruited (1) Workshop on COVID-19 Impact on FGM/C services (1) 25-minute video (1) Toolkit disseminated to 100 providers and 1000 survivors	**Short term:** *Intended audiences access GBV-related evidence, programs and supports* 90% of Stakeholders will report the knowledge and skills shared in the Scaled-up Tool Kit as valuable **Medium Term:** *Intended audiences use/apply GBV-related evidence in their policy and*	**# of targeted programs, resources and supports delivered** **# of people reached by funded initiatives** **# of people unable to access programs or services** # and type of stakeholders by population #, % and type of stakeholders by population who report Scaled up Toolkit as valuable **#, % and type of stakeholders by population who report intention to use Scaled Up Tool Kit**	Time Series survey: The first time point questionnaire will include sociodemographic information, and an FGM/C knowledge scale The final time point questionnaire will include questions for participants to evaluate the value of the Scaled-up Tool Kit and intention to use and knowledge and skills Analysis will include descriptive statistics of sociodemographic	T1 questionnaire will be collected beginning year 2 T2 Questionnaire will be collected upon completion of all activities. Starting

		programming work 80% of Stakeholders will report that they will use the Scaled up Tool Kit in their programs/policy		variables, % change of variables linked to short-term and medium-term indicators and weighted averages of scales.	mid-year of year 2 through to the end of year 3.
Objective 2: To strengthen support systems for survivors of FGM/C and those at risk through the implementation of the service providers' framework developed previously that systematically applies gender equity, trauma-informed, culturally sensitive and	(3) Peers and (22) staff trained on service delivery framework (4) Webinars (5) Workshops/education serious (12) Podcasts 3000 survivors and 25o providers reached 750 downloads of podcasts	**Short term:** *Intended audiences access GBV-related evidence, programs and supports* 90% of Stakeholders will report the knowledge and skills shared in the webinars, workshops, podcasts and other knowledge products as valuable **Medium Term:** *Intended audiences*	Access: # and type of stakeholders who were provided with evidence-based information, tools and resources. Service provider satisfaction with tools and resources Survivor/at-risk women's satisfaction with tools and resources. # and % of service providers and survivors/at-risk women who report the knowledge products and evidence being valuable (e.g., podcasts, workshops, webinars). #, % and type of service providers and survivors/at-risk women who report a change in knowledge/skills.	Time Series survey: The first time point questionnaire will include sociodemographic information and an FGM/C knowledge scale for providers and survivors/women at-risk The final time point questionnaire will include questions for participants to evaluate their intention to use the knowledge and skills gained from webinars, workshops, podcasts	T1 questionnaire will be collected beginning year 2 T2 Questionnaire will be collected upon completion of all activities. Starting mid-year of

safe caring strategies		*use/apply GBV-related evidence in their policy and programming work* 80% of Stakeholders will report that they will use the knowledge gained from webinars, workshops, podcasts and other knowledge products	% change in knowledge/skills of the target audience.	and other knowledge products as valuable. Analysis will include descriptive statistics of sociodemographic variables, % change of variables linked to short-term and medium-term indicators and weighted averages of scales.	year 2 through to the end of year 3.
Objective 3: To develop a sustainable virtual, seamless services access pathway (MAP) to support linkage to care and referral for survivors and women at risk aged 16	(1) GPS MAP of all services identified (2) Create website to host MAP and other resources (2) Webinars; one each for survivors and women at risk to promote the website, MAP and build usability (1) Community Forum	**Short term:** *Intended audiences access GBV-related evidence, programs and supports* 90% of Stakeholders will report the knowledge and skills shared on the MAP as valuable	**# of stakeholders accessing information** # of stakeholders who report gaining knowledge as a result of accessing evidence-based information, tools and resources on the website **% of stakeholders who report using the evidence-based information, tools and resources to inform their self-care or care for clients**		The questionnaire will be imbedded on the website in Year 3 and will continue to collect information beyond the project end date

years and over.		**Medium Term:** *Intended audiences use/apply GBV-related evidence in their policy and programming work* 80% of Stakeholders will report that they will use the MAP to support themselves or their clients			

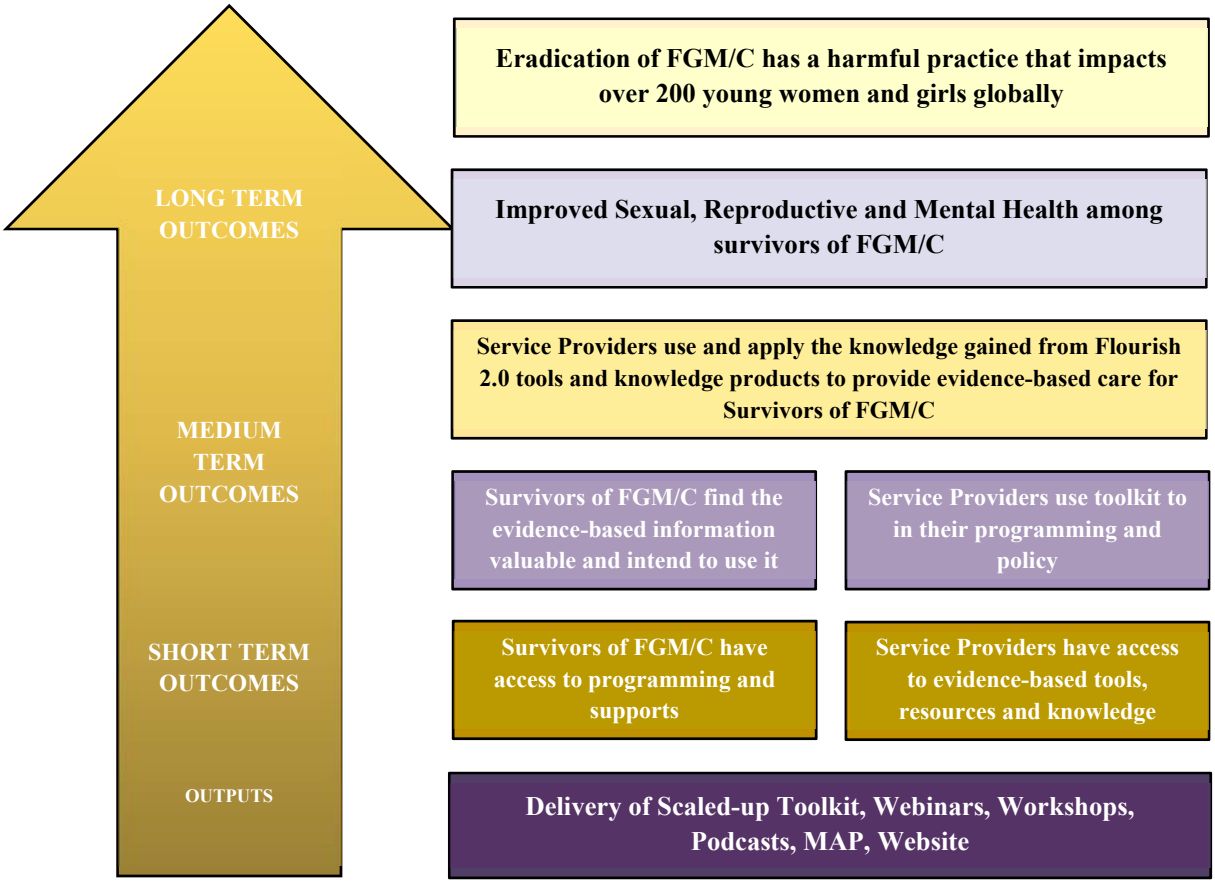
***Funder Short-term Indicators**

***Funder Medium-term indicators**

*Women's Health in Women's Hands Custom Indicators

Appendix 2

Logic Model



Appendix 3

Wage Outcome Indicators

Outcome Level	Outcome	Indicator
Short-Term Outcomes	**ST1** Intended audiences access GBV-related evidence, programs and supports	**PI 1.1** # of targeted programs, resources and supports delivered
		PI 1.2 # of people reached by funded initiatives
		PI 1.3 # of people unable to access programs or services[1]
Medium-Term Outcomes	**MT2** Intended audiences use/apply GBV-related evidence in their policy and programming work	**PI 2.1** % of respondents reporting that they apply (use) or intend to apply (use) the evidence in their work or lives