MENENGAGE AFRICA SRHR LEARNING & EXCHANGE SYMPOSIUM • PROGRESS 2026

From Storytelling to Systems Change

Leveraging the Foundations of Truth Toolkit to Advance SRHR and End FGM

A 90-Minute Side Session hosted by **African Female Voices (AFV)** in collaboration with **GAMCOTRAP**

Thursday 12 August 2026 | 2:00 – 3:30 PM | Sarova Whitesands Beach Resort & Spa, Mombasa, Kenya

SESSION ROADMAP

Two Parts: The Evidence, Then the Practice

PART ONE — Context Briefing & Evidence Deep-Dive What FGM is, the evidence base, SRHR context, and advocacy. **PART TWO — Facilitated Session (90 min)** The toolkit, in the room, from 2:00–3:30 PM.

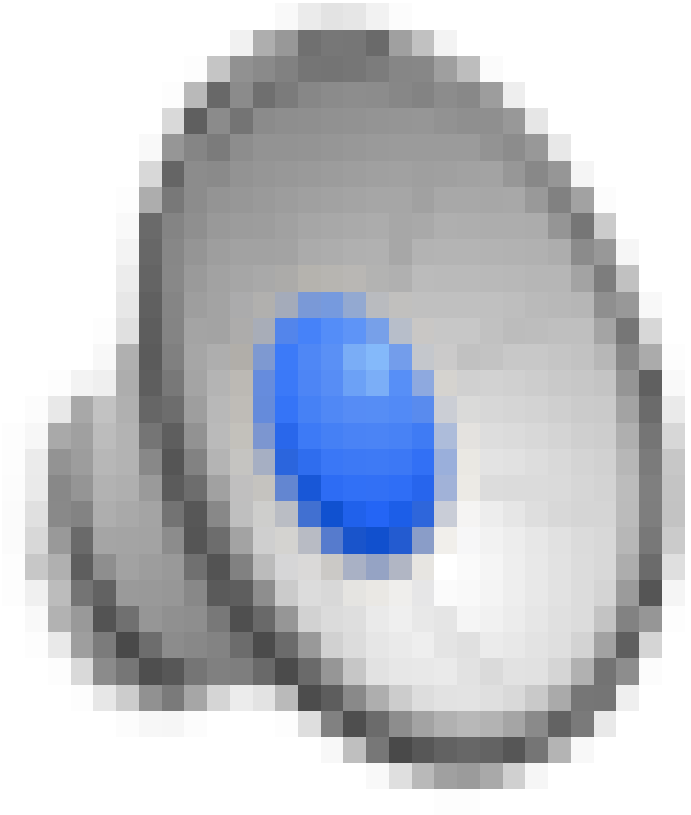
00–05	**Welcome & Framing**
05–15	**Toolkit Methodology**
15–25	**Community Voices**
25–45	**Myth vs Truth Breakouts**
45–60	**Storytelling → Systems Change**
60–75	**Applied Small Groups**
75–85	**Q&A & Reflection**
85–90	**Closing & Call to Action**

Cabaret seating for 6–8 small groups • Flipcharts & markers per table

BEFORE WE BEGIN • ~3 MIN WATCH

Watch First

In many communities, FGM is passed down as a rite of passage — watched, expected, unquestioned. This short film sets the scene for everything we unpack today.



Truth Replacing Silence — Not Blame

Why AFV × GAMCOTRAP

African Female Voices (AFV) amplifies the voices and stories of African women through advocacy, mentorship, and empowerment.

GAMCOTRAP (The Gambia Committee on Traditional Practices Affecting the Health of Women and Children) brings decades of field experience — consultations with ex-circumcisers, survivors, and communities across The Gambia.
Traditional Practices affecting women and children- Senegal from 6th to 10th February 1984 as an apolitical, non-governmental, non-profit making Organization.

Together they co-developed the ***Foundations of Truth Toolkit***, a community sensitisation resource on Female Genital Mutilation (FGM).

Our Framing

- Most communities were never exposed to the facts about FGM — only to silence, culture, and unquestioned inheritance.
- This session is not about blaming communities. It is about surfacing the full truth that was hidden for generations.
- Change begins the moment people start questioning what they were told.

Amplifying African Women's Voices

Our Mission

African Female Voices (AFV) is a platform dedicated to amplifying the voices and stories of African women — using media, advocacy, mentorship, and community partnership to turn lived experience into lasting change.

WHAT WE DO

- **Storytelling & Media —** amplifying African women's lived experiences through film, features, and public campaigns.
- **Advocacy & Policy —** partnering with grassroots organisations like GAMCOTRAP to push for legal and policy change.
- **Mentorship & Capacity Building —** equipping young women and advocates with the skills and platforms to lead.
- **Community Engagement —** co-developing resources like the Foundations of Truth Toolkit directly with the communities they serve.

AFV in Action

Bold Voices in Corporate Awards

SRHR & Wellness Panel

Community Advocacy Dialogue

Team & Partners on the Ground

What Is Female Genital Mutilation?

FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons.

No Health Benefits

The World Health Organization is explicit: FGM “has no health benefits” for girls or women, only harm.

Recognised Rights Violation

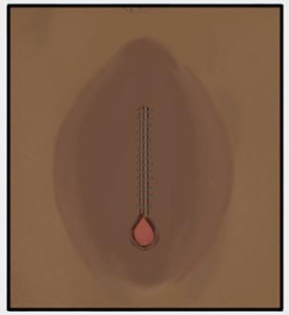
FGM is internationally recognised as a violation of the human rights of girls and women, and a form of gender-based violence.

Performed on Children

Most procedures are carried out on girls between infancy and age 15 — before a child can meaningfully consent.

Source: WHO Fact Sheet on Female Genital Mutilation; UNICEF Data

Four Recognised Types

Unaltered	Type 1 (Clitoridectomy)	`Type 2 (Excision)	Type 3 (Infibulation)	Type 4 (Other)
				
Unaltered External Female Genitalia	Complete or partial removal of the clitoris, and and/or the prepuce	Partial or total removal of the clitoris and the labia minor, with or without excision of labia majora.	Narrowing of the vaginal orifice with a covering seal, with or without removal of the clitoris.	All other harmful procedures to the female genitalia for non-medical purposes (e.g., stretching, piercing, pricking scraping, incising, and cauterization).

Type IV — all other harmful, non-medical procedures to the genitalia, e.g. pricking, piercing, incising, scraping, or cauterising the genital area.

Why FGM Persists

1 Rite of Passage

Framed as a required marker of the transition from girlhood to womanhood, passed down through generations without question.

2 Marriageability & "Purity"

Believed — wrongly — to preserve virginity and control sexual behaviour, making a girl more likely to be considered marriageable.

3 Perceived Religious Duty

Widely believed to be a religious requirement, though no major religious text mandates it.

4 Social Belonging

Girls who are not cut can face harsh social labels; the fear of exclusion outweighs private doubts about the practice.

5 Misconceptions on Health

False beliefs that it aids cleanliness or eases childbirth persist where communities lack access to accurate medical information.

6 Silence Across Generations

Because it was "done to me and I survived," questioning it can feel like questioning one's own family and elders.

A Belt Spanning West Africa to the Horn

FGM is concentrated in at least 28 (22 have criminalized it) countries across Africa, plus pockets in the Middle East and Asia. Prevalence varies enormously — by country, and often by ethnic group within a country.

FGM prevalence, women 15–49 (%)-These percentages are derived from national household surveys, such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)

By the Numbers

230M+

girls and women cut worldwide; 144M of them in Africa

Egypt, Ethiopia, Nigeria

carry the highest absolute burden — 42% of the global total combined

Somali communities

across Ethiopia, Djibouti, Kenya, and Somalia have the highest regional prevalence

The Health Toll

91.5M

girls & women in Africa currently living with the health consequences of FGM

3M+

girls at risk of undergoing FGM every year

1–2

additional infant deaths per 100 deliveries caused by FGM

Short-Term Complications

- Severe pain, shock, and excessive bleeding
- Infection, tetanus, or sepsis
- Injury to nearby genital tissue
- Difficulty urinating

Long-Term Complications

- Chronic pain, cysts, and keloid scarring
- Sexual dysfunction and childbirth complications (C-section, haemorrhage, stillbirth)
- Increased risk of infertility
- Psychological harm: PTSD, anxiety, depression

Why This Is an SRHR Issue — Together

FGM rarely stands alone. It sits inside the same web of harmful norms as child marriage, gender-based violence, and maternal mortality — which is exactly why SRHR advocates, health systems, policymakers, faith leaders, and men and boys need to act together, not in silos.

FGM × Child Marriage

Across a 12-country sub-Saharan Africa study, FGM prevalence stood at 52% and child marriage at 58% — the two practices are statistically linked and frequently reinforce each other as “rites” toward the same end.

FGM as GBV

FGM is formally classed alongside intimate-partner violence, sexual violence, and trafficking as a form of gender-based violence — not a separate, lesser issue.

FGM × Maternal Mortality

Many of the countries with the highest FGM prevalence also carry some of the world's highest maternal mortality burdens — the same girls are exposed to both risks.

Why MenEngage Africa Matters

These are norms embedded in family and community power structures — fathers, husbands, in-laws, faith and traditional leaders. Ending FGM requires the same men and boys who uphold these norms to become allies in ending them.

Landmark Legal Milestones Across Africa

2003 →	**Maputo Protocol**	Article 5 of the AU's Protocol on the Rights of Women in Africa obliges states to prohibit FGM through legislation. Ratified by 45 of 55 AU member states as of May 2025.
2010	**Uganda**	Constitutional Court declares FGM unconstitutional as torture and degrading treatment; the Prohibition of FGM Act is enacted the same year.
2021	**Kenya**	High Court unanimously upholds the Prohibition of FGM Act 2011, dismissing a petition to legalise adult “consensual” FGM, and directs Parliament to close the Type IV loophole.
2024–26	**The Gambia**	Parliament rejects a bill to repeal the 2015 Anti-FGM law after nationwide civil society mobilisation; opponents take the fight to the Supreme Court, where hearings are ongoing.

See Segment 5 for the live Gambia Supreme Court case update • Source: Equality Now; ULII; African Union

PART TWO OF THE CONTEXT BRIEFING

Evidence, SRHR Context & Advocacy

Why empirical evidence matters, how FGM compounds other harms, where this toolkit fits in the wider SRHR agenda, and how to advocate — including as an outsider to the context, and as a man.

Why Empirical Evidence Matters - Methodology

Myths survive on repetition. Evidence is what lets a community, a court, or a parliament test a claim instead of just inheriting it — without shaming anyone for having believed it.

1 Converts Belief Into Accountability

"FGM is required by religion" is an opinion. "The Ulama agree the Qur'an, Hadith, Ijma'a and qiyas do not mandate FGM" is a checkable claim. Evidence moves a conversation from what people feel to what can be verified.

2 Powers Legal & Policy Change

Kenya's High Court upheld its anti-FGM law by weighing survivor testimony and medical evidence. In The Gambia, — not sentiment — is what the Supreme Court is weighing right now. (Almameh Gibba & 7 Others v. Attorney General)
FDr. Moustapha Bittaye- GM carries no medical benefits and severely increases childbirth and maternal health risks

3 Tracks Real Progress Over Time

Standardised DHS and MICS survey modules let UNICEF and WHO show, country by country, whether prevalence among 15–19 year-olds is actually falling — not just assumed to be.

4 Protects Advocates From Backlash

When advocacy is grounded in cited data, it is harder to dismiss as foreign opinion or personal agenda — the toolkit's own myth vs truth table cites WHO, UNICEF, and UNFPA by name for exactly this reason.
Anecdotal Fallacy: The logical error of using a personal experience or isolated example to make a broad, definitive claim.

Myths survive on repetition. Evidence is what lets a community, a court, or a parliament test a claim instead of just inheriting it — without shaming anyone for having believed it.

Structured, Participatory & Evidence-Informed Approach

Structured, Participatory & Evidence-Informed Approach

Culturally Sensitive & Rights-Based

- Ensured the toolkit reflects local cultural contexts while upholding human rights and dignity.
- Focus Group Discussions (FGDs) between **AFV and GAMCOTRAP** explored myths and truths surrounding FGM.

Community & Survivor Engagement

- Consultations with **ex-circumcisers, survivors, and advocates**.
- Ensured the toolkit is **survivor-centred, culturally appropriate, and contextually relevant**.

Human Rights-Based & Gender-Transformative Framework

- Aligned with **international human rights standards** and national laws and policies on FGM and GBV.
- Examined gender norms, power relations, and structures that sustain FGM.

Evidence-Based Approach

- Grounded in credible research, established standards, proven practices, and survivor experiences.
- Ensured recommendations are practical and supported by evidence.

Contextual Analysis

- Assessed the **social, cultural, and legal realities** surrounding FGM.
- Identified harmful social norms, beliefs, and power structures.
- Informed prevention mechanisms and context-specific strategies.

Key principle: *Nothing about communities and survivors without their meaningful participation.*

The Compounding Effect of FGM

FGM is rarely a single, contained harm. Its consequences cascade outward — from the individual body, through the household, into the community, and up to national systems.

INDIVIDUAL	Acute pain, infection, long-term sexual & psychological harm (PTSD, anxiety)
HOUSEHOLD	FGM and child marriage co-occur — 52% vs 58% prevalence across a 12-country study; girls often leave school around the same time
COMMUNITY	Silence and social labels (e.g. ‘solima’) punish girls who resist, reinforcing the norm for the next generation
SYSTEM	Countries with the highest FGM prevalence often carry the highest maternal mortality burdens — the same girls, compounding risk

What Is SRHR?

Sexual and Reproductive Health and Rights (SRHR) is the internationally recognised, integrated field covering everyone's right to make informed decisions about their body, sexuality, and reproduction — free of coercion, discrimination, and violence.

- **Comprehensive sexuality education**
- **Contraception & family planning**
- **Maternal & newborn health care**
- **Safe abortion care**
- **Prevention & treatment of HIV & STIs**
- **Prevention, detection & management of GBV — including FGM & child marriage**
- **Prevention & management of infertility and reproductive cancers**

Mapping the Toolkit to the Wider SRHR Agenda

Toolkit Element	Reusable For	Why It Transfers
Myth vs Truth Table	Contraception myths, HIV/AIDS stigma, safe-abortion misinformation	Same format — name the myth, cite the evidence, open with a prompt — works for any belief resistant to fact alone.
Community Voices	GBV survivor support, child-marriage prevention	Centring lived testimony builds trust for any stigmatised SRHR topic, not only FGM.
Storytelling → Systems Change	Advocacy for safe-abortion law reform, child-marriage law enforcement	Shows participants their table-level conversation connects to real legislative and judicial outcomes.
Allyship & Digital Advocacy Guidance	Any online myth-busting campaign on sexual health	Do-no-harm and consent principles for storytelling online apply equally across SRHR issues.

Why Toolkits Matter — Even Outside Your Own Context

You do not need to be Muslim, Gambian, or a survivor to facilitate this toolkit responsibly. The cultural and technical expertise — ex-circumcisers, survivors, religious scholars, GAMCOTRAP's field experience — is already built into the material. Your job is to carry it faithfully, not to improvise it.

Let the Evidence Speak

Use the toolkit's cited facts, not your own assumptions about the culture in the room.

Facilitate, Don't Preach

Ask the discussion prompts as written — your job is to open the conversation, not conclude it for people.

Defer to Local Voices

If someone with lived experience is in the room, make space for them before offering your own read.

Hold the Rights Floor, Stay Humble on Specifics

“No harm to children” is non-negotiable; how a community chooses to honour girls without harm is theirs to shape.

Partner Where You Can

AFV pairing with GAMCOTRAP is itself the model: an outside platform plus an in-context technical partner.

What SRHR Rights Mean for Women

1 Bodily Autonomy & Integrity

The right to make decisions about one's own body, free from coercion, mutilation, or violence.

2 Free & Informed Decision-Making

The right to decide freely the number, spacing, and timing of children, and to have the information to do so.

3 The Highest Attainable Standard of Health

Including sexual and reproductive health care — not a lesser or optional category of health.

4 Access to Accurate Information & Education

Comprehensive, evidence-based education about one's body, sexuality, and reproductive health.

5 Freedom From Violence & Harmful Practices

Explicit protection from FGM, child marriage, and other practices justified in the name of culture or religion.

6 Dignity & Non-Discrimination

Equal protection and respect regardless of marital status, age, ethnicity, or health status.

Anchored in: the Maputo Protocol (Art. 14, Health & Reproductive Rights); CEDAW; the ICPD Programme of Action (Cairo, 1994)

How to Advocate: A Practical Ladder

PERSONAL

- Reflect on your own beliefs and biases (Appendix A)
- Use accurate, non-shaming language in everyday conversation
- Model listening without judgment when someone shares an experience

COMMUNITY

- Run Myth vs Truth dialogues with the discussion prompts provided
- Partner with trusted local voices — elders, ex-circumcisers, survivors
- Use storytelling responsibly: dignity and consent first, shock value never

INSTITUTIONAL

- Train frontline health workers and teachers to recognise and respond
- Integrate accurate content into school curricula and faith teaching
- Build referral pathways to organisations like GAMCOTRAP and FLAG

LEGAL & POLICY

- Support survivor testimony in legislative consultations
- Track and publicise court cases — visibility protects legal gains
- Back CSO coalitions (e.g. Network Against GBV, WILL) defending the law

How Men Can Be Allies

The evidence: girls at the lowest risk of FGM are those whose parents — both mother and father — oppose the practice. But UNICEF is explicit: it is not enough for fathers to privately disapprove. They must actively advocate for its elimination.

Speak Up in Male-Only Spaces

Much of the real decision-making happens where women aren't in the room — that's exactly where male allies carry the most weight.

Model Positive Masculinity

Root your influence in respect, empathy, and equality — not control or dominance over women and girls.

Support Survivors Without Judgment

Listen first. Don't ask a survivor to justify or relive their experience to prove a point.

Use Your Influence Deliberately

As fathers, husbands, elders, and faith or traditional leaders, actively — not just privately — advocate for change.

Join or Build Structures for Men

Look to models like MenEngage Africa, Men End FGM, and Boy Guard-style movements that organise men as change agents.

Community elders in dialogue — GAMCOTRAP outreach, The Gambia

TIME TO PLAY

Kahoot Break

Grab your phone and join the live quiz — same five questions, now with a leaderboard. Go to kahoot.it, enter the game PIN on screen, and pick a nickname to play.

A Structured, Evidence-Informed Approach

1 Focus Group Discussion

Myths and truths of FGM explored jointly by AFV and GAMCOTRAP in developing the toolkit.

2 Consultation with Ex-Circumcisers & Survivors

Participatory methods keep the content contextually relevant and survivor-centred.

3 Human Rights–Based Framework

Aligned with international standards and national legal and policy frameworks on FGM and GBV.

4 Evidence-Based

Grounded in credible research, established standards, and survivor stories.

5 Contextual Analysis

Identifies the social norms, beliefs, and power structures that sustain the practice — and prevention strategies to shift them.

Grounding the Session in Lived Experience

Traditionally, they will call those who didn't undergo FGM ‘solimas’ — those who know nothing. Nobody wants to be called a solima. So you accept it as tradition, even if you don't want to.

— Halimatou Ceesay, SRHR Advocate & Journalist

Most people are not exposed to the facts — it is their belief, it is culture. They are told FGM makes them clean, and that childbirth will be easier if they are mutilated.

— Fatou Secka, GAMCOTRAP Representative

Decades of Community Engagement, In Pictures

GAMCOTRAP advocates at a regional SRHR conference — decades of field partnership since 1984.

Community elders and leaders gather under the UNFPA – GAMCOTRAP banner, North Bank Region.

A full community sensitisation session on the abandonment of harmful traditional practices.

A Conversation Tool, Not a Debate Checklist

FGM persists through fear, misinformation, silence, and authority — not lack of intelligence. Addressing myths openly, without shame, is where questioning — and change — begins.

1

Form Groups

6–8 tables, cabaret-style. Each group receives two myths from the toolkit's Myth vs Truth table.

2

Read & Reflect

Read each myth aloud. Where have you heard it before? Discuss using the guided prompts — no shaming, no forced agreement.

3

Report Back

Each table shares one insight: what shifted in the conversation, and what discussion prompt sparked the most reflection.

Sample Myths From the Toolkit

Myth	Truth
FGM is a necessary rite of passage.	WHO states FGM “has no health benefits” for girls and women — it is a harmful practice, not a benign tradition.
FGM is required by religion.	No major religious text mandates FGM. Religious scholars agree the Qur'an, Hadith, Ijma'a, and qiyas do not require it.
FGM keeps a girl “pure” and controls her behaviour.	WHO and UNICEF find no medical basis for this claim. FGM does not prevent premarital sex or guarantee “purity.”
It is safer when done by a medical professional.	FGM is never safe, regardless of who performs it. Medicalisation does not remove physical or psychological harm.

Full table (10 myths) is in the printed toolkit at each table

From Community Truth-Telling to the Supreme Court

Case in Point: Defending The Gambia's Anti-FGM Law

The Women's (Amendment) Act, 2015 — which criminalises FGM in The Gambia — is facing a constitutional challenge before the Supreme Court. The same evidence base this toolkit is built on (survivor testimony, medical evidence, community consultation) is now the evidence being tested in court.

Legislative Process

Extensive national consultation preceded the law — religious leaders, women's leaders, community leaders, the Supreme Islamic Council, and stakeholders across all regions.

Medical Evidence

Dr Mustapha Bittaye, Consultant Obstetrician & Gynaecologist, testified: FGM has no medical benefit and causes sexual dysfunction, clitoral cysts, and increased childbirth complications.

Where It Stands

The Plaintiff's case closed after their expert witness could not testify; the Defense's evidence has significantly strengthened the case for the law's constitutionality.

Source: GAMCOTRAP Court Hearing Update, 5th–8th Hearings, 07–14 July 2026

From Toolkit to Systemic Change: Scaling, Institutionalisation, Policy and Legal Impact

Why toolkits add value
Translate **evidence, research and rights standards into practical action**
Build capacity and promote **consistent quality of practice**
Provide practical tools, templates and approaches that can be **adapted and replicated**
Strengthen **accountability, monitoring and learning**
Capture and amplify **tested approaches and local knowledge**
How to scale
Validate → Endorse → Institutionalise → Adapt → Monitor
Validate: Expert review, user testing and evidence of effectiveness
Endorse: Government, professional bodies, UN agencies and civil society networks
Institutionalise: Integrate into programmes, training, SOPs, strategies and budgets
Adapt: Tailor to national/local contexts while retaining core standards
Monitor: Track uptake, implementation and outcomes

From Practical Guidance to Policy and Law
Toolkits can bridge the gap between evidence, policy, law and implementation
Evidence & research=Toolkit / practical guidance=Policy & programme implementation=Legal and institutional reform

Policy value

- Translate research and international standards into actionable policy guidance
- Inform development and revision of national strategies, policies and guidelines
- Establish common minimum standards and procedures
- Support advocacy with documented evidence and tested approaches
- Strengthen implementation and accountability

Legal value

- Translate human-rights and legal obligations into practical procedures

Support development, review and implementation of laws and regulations

- Clarify institutional roles, responsibilities and safeguards
- Provide implementation standards that can support accountability and enforcement
- Generate evidence and lessons that can inform future legal reform

Inside the Supreme Court: July 2026 Hearings

5

5th — 07 Jul

Plaintiff's expert witness could not appear; the Plaintiff's case was formally closed. The Defense began presenting evidence.

6

6th — 08 Jul

Deputy Clerk of the National Assembly confirmed Hansard records showing extensive consultation before the law's enactment.

7

7th — 09 Jul

Ministry of Gender confirmed multi-agency consultation. Dr Bittaye began expert medical testimony: FGM has no health benefits.

8

8th — 14 Jul

Dr Bittaye's testimony concluded: “There is no need for circumcision... even under hygienic conditions, there are still complications.”

Reporting period: 07–14 July 2026 • Next sitting expected October–November 2026

Adapt One Toolkit Activity to Your Own Context

Youth Groups

Design a “Myth vs Truth” poster campaign for schools, youth centres, or social media.

Educators

Role-play: a student's friend is pressured by family to undergo FGM. What can they say or do?

Community Leaders

Plan a town-hall dialogue or intergenerational circle using the Myth vs Truth table as a guide.

Faith Leaders

Draft messaging for a sermon that clarifies FGM is not a religious requirement.

Pick the track closest to your work. You have 15 minutes to sketch a concrete first step you could take when you return home.

Open Floor, Guided by the Toolkit's Reflection Questions

1. What personal beliefs or experiences shape how I view FGM, and how might these views influence my advocacy?

2. Which myths about FGM do I still encounter, and how can I respond with truth and respect?

3. Who in my community or network can I partner with to raise awareness and create change?

Expanding Access: Language, Braille & Audio Inclusion

The Foundations of Truth Toolkit is being adapted into Arabic, French, and Portuguese, alongside Braille and audio formats — because truth-telling should never be limited by the language someone speaks, their literacy, or their ability.

Arabic Translation

Reaching Arabic-speaking communities across North Africa and the Sahel, developed with local scholars for linguistic and religious accuracy.

French Translation

Expanding into Francophone West Africa — Senegal, Mali, Burkina Faso, Guinea — where FGM prevalence remains among the highest.

Portuguese Translation

Extending reach into Lusophone contexts, including Guinea-Bissau and Mozambique, alongside existing English resources.

Why Braille & Audio Matter

Oral tradition carries most cultural knowledge in these communities, and many survivors and elders face literacy or visual barriers. Without accessible formats, they are excluded from the very truth-telling meant for them.

A Framework for Inclusion

Accessibility is designed in, not bolted on: co-created with disability advocates, narrated by trusted community voices, and tested with target users before release.

You Don't Need Lived Proximity

FGM is a global rights issue, not a regional one. You don't have to be from a country where it's prominent to stand against it — your role is to amplify the evidence and partner with those who carry the lived experience.

A Replicable Framework for Toolkit Creation

1 Ground in Evidence

Compile WHO, UNICEF, and UNFPA data, national law, and academic research as the toolkit's factual backbone.

2 Center Lived Experience

Facilitate focus groups with survivors, ex-circumcisers, religious leaders, and elders to capture authentic narratives.

3 Apply a Human Rights Framework

Anchor every module in international and national instruments — the Maputo Protocol, CRC, and CEDAW.

4 Contextualize Culturally

Adapt language, examples, and case studies to reflect the specific community, country, and religious context.

5 Pilot & Validate

Test drafts with a small representative group and gather structured feedback before wide release.

6 Adapt, Translate & Iterate

Localize into relevant languages and formats — as with the Arabic, French, Portuguese, Braille, and audio versions — and revise based on ongoing field feedback.

Scan to Access the Full Toolkit

AFRICAN FEMALE VOICES

africanfemalevoices.com/end-fgm-sdg-3

Scan with your phone camera to explore the Foundations of Truth Toolkit, resources, and ways to get involved.

Take the Toolkit Home

Access & Adapt

The Foundations of Truth Toolkit is free to use, adapt, and share for education, advocacy, and community engagement — with attribution.

We invite co-hosting partnerships: bring this toolkit into your own youth groups, classrooms, faith spaces, and community dialogues.

Stay Connected

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Session Leads

Lebogang Masega & Reabetsoe Malatjie, African Female Voices

The AFV team representing the Foundations of Truth Toolkit at the Pan-African Parliament, 2026.

Thank You

Every girl has the right to her body, health, and future.

#EndFGM #MyVoiceMatters #EndSGBV #ProtectTheGirlChild #UpholdTheLaw

Scan to explore the Foundations of Truth Toolkit