



Case study with Tearfund as part of the  
UK Government-funded

**‘WORKING EFFECTIVELY WITH FAITH LEADERS TO  
CHALLENGE HARMFUL TRADITIONAL PRACTICES’**

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## Table of contents

|  |    |
|--|----|
| 1. Introduction .....  | 1  |
| 2. Background .....  | 1  |
| 3. The existing evidence base .....  | 2  |
| 4. Tearfund’s approach to faith leaders and HTPs .....                             | 4  |
| 5. The role of faith, faith communities and faith leaders in relation to HTPs..... | 5  |
| 6. Interlocutors .....   | 6  |
| 7. Safe spaces for discussing HTPs .....   | 7  |
| 8. Approaches .....  | 8  |
| 9. Partnerships.....   | 10 |
| 10. Challenges and opportunities .....   | 10 |
| 11. What works? .....  | 11 |
| 12. Conclusions .....  | 12 |

## List of abbreviations

|       |   |
|-------|---|
| CCMP  | Church and Community Mobilisation Process |
| CEM   | Child and Early Marriage                  |
| DRC   | Democratic Republic of Congo              |
| ECC   | Eglise du Christ au Congo                 |
| EFM   | Early and Forced Marriage                 |
| FBO   | Faith-based organisation                  |
| FGC   | Female Genital Circumcision               |
| FGM   | Female Genital Mutilation                 |
| FGM/C | Female Genital Mutilation/ Cutting        |
| GBV   | Gender-based violence                     |
| HTP   | Harmful Traditional Practice              |
| IPV   | Intimate Partner Violence                 |
| MFF   | Masculinité, Famille, et Foi              |
| NGO   | Non-governmental organisations            |
| SGBV  | Sexual and Gender-Based Violence          |
| VAWG  | Violence Against Women and Girls          |

## 1. Introduction

In 2016, the UK Department for International Development released a call for proposals for a study entitled “Working effectively with faith leaders to challenge harmful traditional practices”. A Consortium of the *Joint Learning Initiative on Faith and Local Communities*, an international alliance examining the contribution of faith groups to community health and well-being, undertook this study to investigate best practices around engaging with faith leaders on harmful traditional practices (HTPs). This study is currently on-going and will continue until 2018.

The study itself follows a multi-case case study design, with each individual case study focusing on one of five organisations, four of whom are international faith-based organisations (FBOs), and their work on HTPs and with faith leaders. This document details the findings from the case study done with Tearfund.

## 2. Background

Tearfund self-identifies as a Christian charity responding to poverty and disaster. Founded in 1968 and now working in 51 countries around the world, it prioritises the input of local people, by partnering with community churches and other locally-based organisations.<sup>1</sup>

In conducting this case study, a number of Tearfund staff members were interviewed. These included staff from Tearfund headquarters in London, as well as programme and project officers from specific countries. These five women and one man included:

- One project coordinator based in the United Kingdom
- One programme officer based in the United Kingdom
- One project officer based in Sierra Leone
- One project manager based in the DRC
- One country representative based in Tanzania
- One programme officer based in Tanzania

These participants were selected in consultation with two Tearfund representatives assigned to represent Tearfund in the JLI Consortium conducting the study on faith leaders and harmful traditional practices (HTPs). The Tearfund representatives are both part of the Sexual and Gender-based Violence (SGBV) and Peacebuilding team. The SGBV and Peacebuilding team falls under the Incubation Hub, which is part of the International Group within Tearfund. The International Group consists of the geographical, technical and emergency response teams that work in the countries where Tearfund is present. The Incubation Hub is tasked with piloting and integrating innovative approaches to important new areas of Tearfund’s work.

All the research participants that were selected to be interviewed as part of this study, are or were involved in policy, projects and/or programming that directly or indirectly address HTPs, engage with faith leaders, or both. As Tearfund has a history of engagement on sexual- and gender-based violence (SGBV), its projects targeting faith leaders around SGBV are also included here.

The specific projects and programming focused on in this case study include:

- The *CCMP/FGM Program* in Tanzania, the only existing Tearfund programme with a specific focus on female genital mutilation/cutting (FGM/C), is now in its third year of implementation. It continues its integrated approach to church and community mobilisation

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<sup>1</sup> [http://www.tearfund.org/en/about\\_us/](http://www.tearfund.org/en/about_us/) Accessed 1 August 2017.

and response to FGM/C by equipping four pilot local churches in the Mara region of Tanzania. Implemented by the Africa Inland Church, the programme aims to bring about holistic engagement in their communities, by initiating healthy community dialogues with the goal of reducing poverty and scaling down harmful cultural practices prevalent in the community, especially those practices that are harmful to women.<sup>2</sup>

- The *Masculinité, Famille, et Foi (MFF)* programme in Kinshasa, DRC, is a SGBV and family planning intervention under the USAID-funded Passages Project.<sup>3</sup> The goal of the MFF programme is to reduce intimate partner violence (IPV) and to improve healthy timing and spacing of pregnancies, through addressing social norms. The programme is being carried out in congregations of the Eglise du Christ au Congo (ECC), in urban Kinshasa.<sup>4</sup>
- The *Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities* project is a three-year DFID-funded intervention in 15 target communities near Rethy, in the Ituri Province of the Democratic Republic of Congo (DRC). As part of the *What Works to Prevent Violence Against Women and Girls* Global Programme, it is funded by UK aid from the UK government. Implemented in partnership with HEAL Africa, a Goma-based Congolese non-governmental organisation (NGO), the ultimate aim of the project is to contribute towards the prevention of VAWG, particularly sexual violence, through changing individual attitudes and behaviours and social norms relating to gender inequality and violence against women and girls (VAWG).<sup>5</sup>
- In Sierra Leone, Tearfund is in the process of developing proposals for a pilot project targeting FGM/C through faith leaders and faith communities. Sierra Leone illustrates the steps that Tearfund takes before engaging on a specific issue, namely a scoping period (including research conducted by consultant/s), consultation and action planning on research findings with various faith leaders, development of a pilot project, and then development of programming.

Aside from interviews, relevant Tearfund documentation was also reviewed. This allowed for better understanding of policy, programming, research and projects discussed by the participants, but also for reflection on research and best practices from other settings, including Mali and Kenya. The documentation included policy briefs, presentations, research reports, progress reports, and project proposals.

### 3. The existing evidence base

Tearfund has only recently started focusing on HTPs, and FGM/C and CEM in particular. It does, however, have a history of engaging with faith leaders and communities on SGBV and harmful masculinities. Therefore, its HTP work is drawing on what has been learnt from these programming and projects – as will this study.

With two of the on-going SGBV projects, both in the DRC, long-term external monitoring and evaluation is happening. In Kinshasa, the MFF project is being assessed by Georgetown University's Institute for Reproductive Health, after 16-24 months using a pre-test/post-test cluster randomized control trial in 17 congregations. In Rethy, the *Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities* project is being assessed by Stellenbosch

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<sup>2</sup> Tearfund. 2016. *Integrated CCMP/FGM project Mara*. Internal project proposal.

<sup>3</sup> The Passages Project is a research project studying a broad range of social norms, in order to achieve sustained improvements in family planning and reproductive health. See <https://global.georgetown.edu/activities/passages-project>.

<sup>4</sup> USAID. n.d. *Quick Guide to Masculinité, Famille et Foi*. Information brochure.

<sup>5</sup> Sandilands M, Jewkes R, Baguma Lele U & Scott N. (2017). Does faith matter? Faith engagement, gender norms and violence against women and girls in conflict-affected communities: baseline research in Ituri Province, Democratic Republic of Congo. Tearfund, UK.

University (with qualitative endline cohort studies and endline qualitative work) and Gamos (with a baseline and endline representative household survey). These independent evaluations are expected to contribute to a more nuanced understanding of how faith, faith leaders and faith communities help or hinder the eradication of violence and harmful practices. The Tearfund Tanzania office is planning an in-depth evaluation of the project within the next year, since they usually do in-depth reviews every three years.

The work on FGM/C in Tanzania (the *CCMP/FGM Program*) has gone through several rounds of internal monitoring, evaluation and review. The pilot version that was developed in 2014 was reviewed in 2015. This was done based on an internal review conducted by Tearfund, where two pilot communities were visited and interviews conducted. Furthermore, a joint review meetings was conducted by Tearfund and its implementing partners, where each partner shared their experiences and findings from the past year of implementation, and action plans for the redesign of the manual and new bible study materials were developed.<sup>6</sup>

The practice within Tearfund's SGBV and Peacebuilding division is, when engaging in a new setting or issue, to first engage in a scoping period when considering an intervention in a certain thematic and geographic area. This scoping period includes consultations with various faith, community and traditional leaders, NGOs, and government leaders. Research is done by a consultant, including fieldwork in various locations within the country, focused on establishing what the local, community-based understandings are of the issue under study, as well as faith responses to it.

To date they have done a number of studies, conducted by independent consultants, on FGM/C and the role of faith in various countries. These studies include:

- A 2017 study on FGM/C in Mali<sup>7</sup> was conducted by a research consultant and focused on the Kayes region, where FGM/C prevalence is at its highest. The purpose of the study was to report on the knowledge and practise of FGM/C within religious groups, to ascertain key drivers of the practice, to discover possible links between FGM/C and CEM, and to assess the potential role of faith to address FGM/C in this area. This qualitative study conducted interviews and focus groups with a total of 140 people (male and female, Christian and Muslim). The findings suggest that FGM/C is widely practiced in both Christian and Muslim communities. FGM/C is not seen as a prerequisite for CEM, as the main factor encouraging CEM is to prevent daughters from bringing dishonour on the family by becoming pregnant out of wedlock.
- In 2012 Tearfund commissioned research on FGM/C in Tanzania.<sup>8</sup> It was conducted by external consultants. The research wanted to understand the extent and drivers of FGM/C, the current responses of local churches to it, and document FGM/C survivor expectations of church participation. Focusing on 22 communities in three regions of Tanzania (Mara, Singida and Dodoma), interviews and focus groups were conducted. Participants included faith leaders and male and female adult community members. Findings included that FGM/C is being performed on younger girls, and in secret, due to the practice being outlawed by government; that those practising FGM/C are found in churches and the wider community; that traditional leaders play a critical role in perpetuating FGM/C, and that the social pressure to undergo FGM/C is high.

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<sup>6</sup> Tom, July 4, 2017.

<sup>7</sup> Nkusi, S. 2017. Religion ou tradition? *Le pouvoir de la foi pour mettre fin aux mutilations génitales féminines dans la région de Kayes au Mali*. Tearfund, UK.

<sup>8</sup> Waritay, J. & Wilson, A.-M. 2012. *Working to end female genital mutilation and cutting in Tanzania: the role and response of the church*. Tearfund, UK.

- Research was conducted in 2014 on the trends, barriers and opportunities to eliminating FGM/C among the Kisii and Masai peoples of South-Western Kenya.<sup>9</sup> The research, conducted by Kenyan research consultants, did interviews, focus groups and life stories with 182 people in total (134 women and 48 men). The study found that FGM/C is still seen as part of the social and cultural way of life of the communities studied, and that faith and religious practices are embedded into FGM/C activities.
- In 2016 Tearfund commissioned a study of FGM/C in Sierra Leone, which was conducted by external consultants.<sup>10</sup> The aim of the study was to determine the extent to which faith leaders contribute to the prevention and eradication of FGM/C in Sierra Leone. It was conducted in Port Loko, Bo, Moyamba, and Freetown. This qualitative study used questionnaires, informal conversations, interviews, focus groups, case histories and narratives. More than 100 people participated in the study and their selection was random and purposive. The study found no strong evidence of large-scale rejection of FGM/C, nor did it find churches and mosques taking a strong role in prevention and response.

These studies have guided the development of pilot projects, which are now in the process of being rolled out. It should be noted that Tearfund freely shares the findings from such studies. Research is initially disseminated in-country, with government officials, faith leaders, Tearfund partners, civil society organisations, international and local NGOs, as well as United Nations agencies. Tearfund also hosts separate meetings with faith leaders, where they develop an action plan for moving forward in responding to the issues identified in the report. The research report itself is also made available on Tearfund's website and hard copies distributed during the launch meeting(s) and made available at the Tearfund country office for distribution.

In terms of their work on FGM/C and CEM, Tearfund has completed a number of research pieces on FGM/C in various countries, including Tanzania, Kenya, Mali, Chad and Sierra Leone.<sup>11</sup> At the moment, only the work in Tanzania has proceeded to the point where programming is being implemented.

## 4. Tearfund's approach to faith leaders and HTPs

By prioritising engagement with local faith communities, Tearfund also puts a premium on engagement with faith leaders. Although a Christian organisation, it works with faith leaders of any faith, but predominantly Christian and Muslim religious leaders. Therefore, a sizeable proportion of their intervention materials (e.g. facilitator manuals, study guides) that rely on sacred scripture contain both Biblical and Qur'anic scriptures and discussions.

The organisation does not often use the term 'harmful traditional practice'. While Tearfund documentation may at times describe FGM/C and child and early marriage (CEM)<sup>12</sup> as harmful traditional or cultural practices, the term itself is rarely used to refer to a range of activities:

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<sup>9</sup> Ogega, J., Wandibba, S., Kerubo, C., Mandina, J., Mokuu, P., & Ogega, M.M. n.d. *The potential of faith in ending female genital mutilation/cutting: case study with the Kisii and Maasai Communities of Kenya*. London: Tearfund UK.

<sup>10</sup> Caulker & Nkusi, 2017. *Faith, culture and tradition: potential of faith to end female genital mutilation or cutting in Sierra Leone*. Tearfund, UK.

<sup>11</sup> These are publically available at [http://tilz.tearfund.org/en/themes/sexual\\_and\\_gender-based\\_violence/](http://tilz.tearfund.org/en/themes/sexual_and_gender-based_violence/)

<sup>12</sup> While Tearfund uses the term 'Early and Child Marriage', for consistency across the different case studies the term 'Child and Early Marriage' (CEM) is used here.



*It will be FGM/C and then child and early marriage. So we don't necessarily say 'harmful traditional practice', I mean you would say okay yes, it's a form of... it's a harmful traditional practice, but it's not something that gets repeated.<sup>13</sup>*

At its London headquarters, there is a programme officer for FGM/C and Early and Child Marriage, a relatively new post (since early 2016) that falls under the SGBV and Peacebuilding division. For Tearfund, this focus on FGM/C and CEM is new, with the emphasis currently falling on FGM/C:

*In terms of the child and marriage side of things, it is addressing that within the context of FGM... [Our] work around FGM is still quite new in Tearfund. So we have done lots of research on the issue. We have recently launched a report on the role of faith around the issue and we have done the same in Mali. We are completing [a research study] in Chad, we also did one in Kenya, so we are at a point where now we are going to start the pilots, the actual projects.<sup>14</sup>*

Although it is currently focusing on FGM/C, Tearfund does address CEM in its work on FGM/C. During the scoping period, and particularly the research phase, CEM is always raised and discussed by participants and the two issues appear to be fairly interwoven. Other HTPs that staff have identified in the various locations where they are working include access to education, gender-based violence (GBV), IPV, certain agricultural practices and food security, access to safe water, child abuse, and teen pregnancy. Particularly in the case of in-country project officers, HTPs are identified beyond the conventional scope of gender-related issues.

## **5. The role of faith, faith communities and faith leaders in relation to HTPs**

At the core of Tearfund's focus on local faith communities is the belief that social norms are created, communicated and reinforced within congregational spaces. These norms can be positive or negative, and the influence of these spaces on individual social norms can be forces for good or ill. Tearfund recognises faith leaders and faith institutions as integral to and influential in the lives of people, especially in rural areas.

The organisation's belief in the influence of faith leaders and local faith communities on individual beliefs and perceptions was validated by the baseline representative household survey recently conducted in Rethy, DRC. Some of the findings that support Tearfund's approach:<sup>15</sup>

- 95% of respondents identified with a religion, of whom 83% described their faith as important or very important in their lives, particularly women.
- Most women (58%) and 42% of men did not belong to any other community group, further underscoring the comparative reach of faith institutions in these remote communities.
- The influence of faith leaders was emphasised, as they were the only social referent whose opinion people felt significantly motivated to comply with (in comparison to partner, friends, parents, family, and community leaders).

Tearfund's research on FGM/C in various countries (including Mali, Tanzania, Sierra Leone and Kenya) has shown that it is being practiced with the aim of reducing women's sexual desire,

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<sup>13</sup> Françoise, June 8, 2017.

<sup>14</sup> Françoise, June 8, 2017.

<sup>15</sup> Sandilands M, Jewkes R, Baguma Lele U & Scott N. 2017. Does faith matter? Faith engagement, gender norms and violence against women and girls in conflict-affected communities: baseline research in Ituri Province, Democratic Republic of Congo. Tearfund, UK.

promoting fidelity, enhancing marriageability, and pleasing husbands. These aims are linked to religious tenets emphasising the importance of virginity, fidelity and chastity. CEM is practised with a view to preventing promiscuity, pregnancy and the resulting family shame:

*...[T]hey were saying that 'we don't want girls to get pregnant, so we want them to be married before they get pregnant. We don't want them to bring shame on the family...' So that's what they were saying, so kind of saying 'we'll marry our girls because... we want them to be protected from all of these... premature sexual acts'.<sup>16</sup>*

Religion is thus used to explain and justify an emphasis on female purity and fidelity. Within the FGM/C research in Kenya, participants explained that religion and religious practices are embedded in FGM/C: "Respondents suggested that religion is a way of life, and hence the social and cultural practice of FGM/C is woven into their faith, such that religious practices such as prayer and worship, are embedded into FGM/C activities."<sup>17</sup>

However, in other settings, people recognise that FGM/C is not condoned by faith; however, they still choose to conform in order to conform to cultural dictates. Girls who do not undergo FGM/C run the risk of being ostracised:

*...[F]or instance, the Christians that we've spoken to in Mali, they say that 'our Bible doesn't say, you know, that we should be doing FGM, but if we don't do it then actually we are called certain names...' [S]o there's a term that's called bilakoro in Bambara. What that means is that you are unclean. Unclean and smelly, basically. 'So if we don't do it then our girls, we will be unclean, you know. We are Christians, we know what the Bible says. It says the body what God has created, we should not change it, you know, our body is a temple of God, you know, all those things.' So it's interesting. So they are aware of that. But then, there is culture that comes into it. 'If we don't do it then our girls are called bilakoro. We don't want our girls to be bilakoro, we don't want them not to be able to have access to community life...' So you're sort of stigmatised.<sup>18</sup>*

Some faith leaders have never questioned FGM/C or CEM, because it is considered engrained in their culture; some faith leaders are afraid to oppose it, as they do not want to antagonize the community; and some faith leaders defend the practice, arguing that religion has no place in countering cultural practices.

## 6. Interlocutors

Tearfund positions faith leaders as the key entry point in almost all of their work; therefore it is no surprise that they see faith leaders as crucial interlocutors when addressing HTPs. In most settings, faith leaders are seen as gatekeepers to the community and are, as such, also enormously influential. When they decide to support a cause they already have various platforms from which to do so, including official services, scripture study groups, counselling sessions, etc. The influence of faith leaders was recently well-illustrated in Sierra Leone, when faith leaders were included in the fight against Ebola:

*Faith leaders are sleepy giants. They are not doing much [about FGM/C] now, but if they wake up, they can change it totally. Look what happened with Ebola here. With Ebola we had*

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<sup>16</sup> Françoise, June 30, 2017.

<sup>17</sup> Ogega, J., Wandibba, S., Kerubo, C., Mandina, J., Mokua, P., & Ogega, M.M. n.d. *The potential of faith in ending female genital mutilation/cutting: case study with the Kisii and Maasai Communities of Kenya*. London: Tearfund UK.

<sup>18</sup> Françoise, June 30, 2017.

*a game change when faith leaders came on board, it really changed things, it started reducing. So that is why I think we have to have faith leaders on board with FGM/C. It will be key.*<sup>19</sup>

It is not only male faith leaders that can be good interlocutors. Female faith leaders, as well as young faith leaders, are also important. In Tanzania, as pastors are usually men, Tearfund emphasises that non-clergy faith leaders can and should also be selected for training, thus allowing more women faith leaders to be part of the intervention. In Kinshasa, DRC, the MMF project specifically includes young church members by training them as gender champions: “The gender champions in the churches are young church members... (T)hey are chosen by the church leaders and they also get training and they go to do community dialogues...”<sup>20</sup>

Those who are passionate about the issue are often the best interlocutors. Volunteerism is one way that such passion is expressed. Thus, when explaining what will be required of people (as champions or trainers, or in any position), those who volunteer are usually the most successful interlocutors:

*Really, I think that is the cornerstone of this because [these volunteers] understood what was the goal and what we wanted to do in the project, so they agreed voluntarily to be part of it... Explaining clearly what we will be doing [was very important]. It was a big meeting, where we explained every activity and what is the content. So all of them volunteered to be part of the project.*<sup>21</sup>

Individuals who have been affected by an HTP can be great interlocutors. This can include those directly affected, for example a woman who has undergone FGM/C, or those indirectly affected, for example a mother who defied her husband by refusing to let her young daughter be circumcised. People can relate to such figures and learn from their experiences.

*But I think what really helps people is someone who has personal experience with an issue like this. People like a father ... who wanted his daughter marrying young, and then decided he's going to change his mind, and didn't want her to practice that anymore, and has all his reasons for him deciding to do that, and then shares that experience with other parents. I think those kind of... champions or change agents or whatever language you use to describe those people, are... where the power of that transformation lies. Most people think 'okay, you understand me and you were in the same situation as me, but you went in a different way'. So I think people's curiosity has piqued to understand 'why did you decide to do that or what's the benefit that you see in going that way, how did you deal with the challenges that come when you make a decision like that'. I think those kind of dynamics are really powerful.*<sup>22</sup>

Lastly, able and equipped facilitators can be excellent interlocutors. If they have the essential knowledge and skills, they have the ability to not only communicate the information, but also assist people in a process of transformation.

## **7. Safe spaces for discussing HTPs**

Tearfund offers a number of suggestions, based on their own best practices, for creating safe spaces to discuss sensitive topics such as HTPs. In order to create spaces where participants feel free and

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<sup>19</sup> Engela, June 27, 2017.

<sup>20</sup> Annie, June 30, 2017.

<sup>21</sup> Annie, June 30, 2017.

<sup>22</sup> Kristen, July 4, 2017.

safe to openly discuss HTPs, people should have volunteered to be part of such spaces in the first place, after being informed of the goal of the project and activities. People wanting to be part of such spaces goes a long way to creating the willingness which is an essential prerequisite to broaching HTPs.

Secondly, the process followed in addressing these issues is crucial to creating a safe space. Before introducing sensitive HTPs as topics, trust should first be built. This can be done in different ways: asking people to tell stories from their communities, engaging in structured exercises that create trust and promote communication and listening, or by doing income-generating or savings group activities. The aim is to gradually build the confidence of participants in the both the value, and inviolability, of the discussion.

Thirdly, the facilitator of the group can make or break the success of the discussion. He/she is key to the creation of a safe, positive space. Facilitators must be sensitive, flexible and responsive. Especially when addressing HTPs, facilitators should also have intimate knowledge and understanding of the local context and culture:

*[Creating safe spaces] relies heavily on the skills of a facilitator, and so a lot of emphasis when they go for training is not only on the content but on process, and how do you facilitate in a way that allows people to engage and allows them to engage honestly as well, like feel free to participate and feel that that space is comfortable for them to say what they really think instead of what you want to hear...*

*I think one of the benefits of having a local facilitator is that they have an understanding of all the kind of intricacies of that local culture, beyond just kind of [the country's] culture, they understand... that region... or that village or that church culture and all the nuances that go with that. And I think having that facilitator who is very familiar, as well as then building that skills in facilitation, then I think it creates a space where people can feel free.<sup>23</sup>*

## 8. Approaches

Tearfund's approach to addressing HTPs (and SGBV in general) with faith leaders and community members in general, greatly emphasises the sensitive facilitation process that must be followed. HTPs cannot be addressed through once-off trainings. Participants must be guided on a self-reflective process that is non-judgemental and non-directive. In other words, participants are not confronted with what is 'right' and ordered to adhere to it; rather they are engaged in a process of contemplation, with a flexible curriculum that takes time, multiple sessions, and lots of discussion.

Such a process requires trust, for HTPs are highly sensitive issues. This is why Tearfund at times packages their FGM/C work (and SGBV generally) with other issues. In Tanzania, for example, FGM/C has from the start been combined with general community development work, particularly with savings groups:

*[Here] we call them pamoja groups. They're just kind of self-help or savings groups. And using those as a kind of avenue to begin with community groups and start some kind of opportunity for discussion. So then people can come together and sit and talk about whatever issues are relevant to them as well as start saving and taking loans, and then the facilitator can begin to bring in some different activities to facilitate discussion around harmful cultural practices within that small group setting. So we felt... that kind of entry point allowed us ... it seemed to create a bit less resistance and a bit less kind of it feeling*

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<sup>23</sup> Kristen, July 4, 2017.

*abrupt. Going out to the community and... starting stuff about harmful cultural practices, people felt a bit like, this is too awkward. So that allowed us... [to] meet together and talk about all the different issues that are relevant for us, one of those, being harmful cultural practices and specifically FGM/C.<sup>24</sup>*

In the three years of implementation in Tanzania, staff are increasingly convinced of the importance of addressing HTPs holistically. This is not only because HTPs are sensitive issues, but also because HTPs are supported by a range of factors. Belief in the acceptability of child and early marriage, for example, can be influenced by cultural or religious convictions (or both). But it is also happening because of poverty. Families are often desperately poor and need the bride price that will be paid for their daughters. There are thus a number of issues that need to be addressed in order to end the practice.

Tearfund has found that engaging with sacred scripture is critical to addressing HTPs (and SGBV). This is not only the case with faith leaders, but also members of faith communities and community members in general. Tearfund's research in Rethy, DRC, reveals the central role of sacred scripture in violence against women – both in condoning and condemning it. Selective scriptural interpretations are a powerful justification of patriarchy, power imbalances, and HTPs. See, for example, a female faith leader explaining marriage relationships: "The bible considers the way God created men and women, they are equal, but in terms of responsibilities the man is superior than the woman because the woman is always submitted."<sup>25</sup> At the same time, sacred scripture can also be a powerful weapon in challenging and transforming these structures and practices. See, for example, how one male faith leader explains power sharing within relationships:

*The first thing is to control oneself, by finding balance in the role that both you and your wife chose to assume. For instance, there are biblical verses that tackle the issue...I think it's Peter, chapter 1 from verses 18 to 21.<sup>26</sup>*

The study shows that "the explicit use of sacred texts was true for gender champions and not just faith leaders. It was also referenced at times by community members, showing that thus justification had been passed on and resonated."<sup>27</sup>

Recognising the role of sacred scripture, Tearfund has developed a range of manuals and guides that look at social issues through a scriptural lens. The interventions in Tanzania and the DRC all use scripture to refute harmful practices. Bible study guides are provided, facilitating reinterpretation of difficult texts and highlighting texts that oppose such practices. Sacred scripture is not only an important tool in convincing faith leaders of the illegitimacy and even immorality of certain practices, but it is also an crucial means by which they in turn can convince the members of their local faith communities.

However, it is vital to combine this faith-based approach with public health information. For example, simply telling faith leaders about what actually happens during FGM/C, and about its consequences, can sometimes be all that is needed to have them wholeheartedly oppose it:

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<sup>24</sup> Kristen, July 4, 2017.

<sup>25</sup> Le Roux, E. & Palm, S. 2017. *Engaging with Faith Groups to Prevent VAWG in Conflict-affected Communities: Internal Research Report, February 2017.*

<sup>26</sup> Le Roux, E. & Palm, S. 2017. *Engaging with Faith Groups to Prevent VAWG in Conflict-affected Communities: Internal Research Report, February 2017.*

<sup>27</sup> Le Roux, E. & Palm, S. 2017. *Engaging with Faith Groups to Prevent VAWG in Conflict-affected Communities: Internal Research Report, February 2017.*

*So we had a survivor come and talk about what it has done to her and it was interesting for them to actually, because they don't know, that's the thing, they don't know what it means. They know that their wives have [undergone FGM/C]... their daughters had, but they don't know actually what that means. So [also] looking at some of the images, looking at what has been removed because they don't go and check [their wives]. Then there was sort of... a turning point: 'oh actually, is that really what happens? Is this really what we're subjecting our wives and daughters to?' And then there is that kind of engagement, and then there... [are questions on] ... what can we do [to stop this]?<sup>28</sup>*

## 9. Partnerships

As mentioned earlier, Tearfund works with local organisations, rather than directly implementing projects itself. In selecting partners, Tearfund follows a strict protocol. Shared vision between itself and the potential partner is of primary importance. The aim is to build long-term partnerships based on trust between the two parties, rather than one-off project-driven collaborations:

*...[T]o try as much as possible to make it a partnership and not a donor/recipient relationship... A good partnership is when you have expressed the mutual interest that you have and you have gone to that agreement and there is no fear from either side.<sup>29</sup>*

With its almost half-century of experience, Tearfund has cultivated many such partnerships. One example is Tearfund's partnership with the Africa Inland Church in Tanzania on CCMP/FGM, now entering its third decade. Such longevity is key to the success of such collaborations, allowing for investment into the capacity and resources of the partner organisation, which in turn makes the relationship less of a donor/recipient dynamic. Furthermore, as it is not as goal-driven as with short-term project collaborations, there is time to mutually decide on goals and avenues of intervention. This has been the case in Tanzania:

*It's a partnership that is based on relationship and then we have built a capacity, we have worked together to build the capacity, to develop good financial systems, to develop good human resource capacity and to develop other systems, and from that we have been able to now engage into a few projects that [are funded through grants and other supporters].<sup>30</sup>*

## 10. Challenges and opportunities

Many of the opportunities and challenges of addressing HTPs with faith, faith communities and faith leaders have been identified in the preceding sections. This section will briefly highlight what has key opportunities and challenges.

### Opportunities:

- Faith is an integral part of rural, village life, in particular. Affiliation with a local faith community and its faith tenets is a key way of belonging – thus people are predisposed to agreeing and complying with what their faith leaders and local faith community advise. Targeting and/or involving faith and local faith communities is therefore an obvious way of reaching a community.

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<sup>28</sup> Francoise, June 30, 2017.

<sup>29</sup> Tom, July 4, 2017.

<sup>30</sup> Tom, July 4, 2017.

- Faith leaders are well able to champion a new direction and way of thinking. Once they are helped to realise their own influence and understand the need for a new direction, they can be excellent interlocutors.

### Challenges:

- **Faith leader engagement on HTPs can be challenged by a variety of factors**
  - Many, if not most, faith leaders remained uninformed about what FGM/C is and its impact, thus they do not question or oppose it. This is also the case with CEM.
  - Some faith leaders are threatened by the community if they start opposing HTPs such as FGM/C. Others are afraid their followers will leave if they oppose it
  - Some faith leaders see HTPs such as FGM/C as distant from their concerns, deeming them cultural issues that have nothing to do with faith, and thus they refuse to address them. Some feel that it is not right for religion to question or challenge culture.
- **Peer pressure**
  - People, including faith leaders, are afraid of opposing their culture. The need to belong is stronger than the drive to oppose injustice. For example, mothers who personally oppose FGM/C but still send their daughters to be cut. It is often easier to change people's attitudes when they live in urban areas, where the pressure to conform to community values and norms is less pronounced than in rural areas.
- **Women**
  - With FGM/C, women faith leaders are well positioned to address it, as it affects them directly. However, there are few women faith leaders and they are almost never in the higher positions of power within a local faith community.
  - It can be difficult to get women faith leaders involved in addressing HTPs, for (as they are women) they usually have many responsibilities that require their time.
  - Women leaders often themselves oppose eradication of these practices, as they have carved out positions of power for themselves within the existing structures.
- **Making programming responsive to context**
  - In developing an intervention, it can be difficult to make it wide-ranging enough so as to be used in different settings, but specific enough so that it works in a particular context as well.
  - In many places, poverty is most dominant social justice issue. The connection to gender justice is often complicated to make, meaning that such issues are then side-lined.

## 11. What works?

Based on participants' interviews, as well as document review, a number of practices can be identified that are key to addressing HTPs and/or working with faith leaders. These include:

- **When engaging faith leaders**
  - In designing interventions and inviting faith leaders, do not only target pastors or imams, but faith leaders in general. This allows greater participation of women and youth.
  - However, it remains important to include and have the acceptance of the main faith leader within in the local faith community (e.g. the head pastor).
  - Have theological experts engage with faith leaders. One has to convince faith leaders of alternative interpretations of sacred scripture and they will only accept this from someone who they see as an expert.

- Make them aware of their power and influence within the community. They are often not fully conscious of their ability to change their communities.
- **Engage with theology**
  - Faith leaders and people of faith are convinced by viewpoints that are scripturally grounded. Furthermore, their support for a HTP is often based on incorrect theological interpretation. Therefore, engaging with scripture when challenging HTPs is vital.
- **Emphasise public health information**
  - Explaining the bio-medical facts of FGM/C and its consequences is important in order for faith leaders to fully understand the problems associated with its practice and then need for its discontinuation. At times, only this information is needed for them to start actively opposing it.
- **Long-term, non-judgmental approach**
  - The approach to engagement with faith leaders and communities around HTPs is crucial to having them embrace or reject the messaging.
- **Discussion groups**
  - Single-sex discussion groups allow for easier conversation. In groups that are built around other activities as well, for example savings groups, conversations around HTPs can build on the trust that has been developed through engaging on other, less controversial issues.

## 12. Conclusions

Within Tearfund, HTPs are seen as a form of SGBV, and it is a fairly new programmatic focus within their SGBV and Peacebuilding division. But their work on HTPs is drawing on what has been learnt through various SGBV interventions in the past, as well as from Tearfund's long history of working with faith leaders. Therefore, while it currently has only one running project focusing on a HTP, they have much to contribute in terms of working with faith leaders on sensitive cultural issues.

A key part of their approach is their recognition of the value, influence and ability of faith leaders. Their respect for faith leaders is evident in the long-term, reflective process that they prefer to engage with when addressing sensitive issues such as SGBV and FGM/C. Furthermore, they see engagement with sacred scripture as a key way not only of addressing HTPs, but of encouraging faith leaders to address such issues as well.