



FØKUS

FORUM FOR KVINNER OG  
UTVIKLINGSSPØRSMÅL

# MIN KROPP, MITT LIV! MY BODY, MY LIFE!

Søknad om Operasjon  
Dagsverk 2025

Application for Operation  
Day's Work 2025

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## SAMMENDRAG

Navn på norsk søkerorganisasjon: **Forum for Kvinner og Utviklingsspørsmål (FOKUS)**

Tema for programmet: **Kamp mot kjønnslemlestelse, barneekteskap og tenåringsgraviditet**

Samarbeidsland: **Kenya og Tanzania**

*Min kropp, mitt liv* vil gi jenter makt til å bestemme over egen kropp og realisere sine rettigheter og livsplaner. Dette skal vi gjøre gjennom å gi ungdom og lokalsamfunn verktøy og støtte til å bekjempe kjønnslemlestelse, barneekteskap og tenåringsgraviditeter.

På veien dit skal vi jobbe for å oppnå disse endringene i lokalsamfunnet og i våre organisasjoner:

1. Ungdom, ungdomsorganisasjoner og lokalsamfunn arbeider aktivt for å bekjempe kjønnslemlestelse, barneekteskap og tenåringsgraviditet.
2. Jenter som har vært utsatt for skadelige skikker, er uønsket gravide, eller er i risikozonen får tilgang til ungdomsvennlige tjenester, beskyttelse og juridisk hjelp.
3. FOKUS og lokale partnerorganisasjoner har økt kapasitet og kunnskap om ungdomsmedvirkning og myndiggjøring av ungdom.
4. Politikere og lovgivere vedtar og gjennomfører politikk og lover om skadelige skikker og seksuell og reprodutiv helse og rettigheter som er kjønns sensitiv og ungdomstilpasset.

Vi har tro på at arbeidet for å bekjempe kjønnslemlestelse, barneekteskap og tenåringsgraviditet er temaer som vil engasjere norske ungdommer. Kontroll over egen kropp og eget liv, beskyttelse mot overgrep og tvang og tilgang til ungdomsvennlige helsetjenester er dagsaktuelle problemstillinger også for ungdom i Norge, og noe de kan bli følelsesmessig engasjert i. Mange unge som lever i Norge i dag har familiebakgrunn fra land hvor barneekteskap og kjønnslemlestelse er utbredt, og for dem vil disse temaene oppleves som spesielt relevant. Vår kampanje vil mobilisere elever i ungdoms- og videregående skoler til en solidarisk innsats for jenter som risikerer å bli utsatt for skadelige skikker og uønsket graviditet, eller som trenger støtte og hjelp etter å ha opplevd dette. Hennes kropp, hennes liv!

## 1) PROGRAMME DESCRIPTION

### Situational Analysis

Over the last eight years, more than 30 million girls and young women have been subjected to female genital mutilation.<sup>1</sup> One in five girls worldwide is married off before the age of 18, often leading to unwanted adolescent pregnancies with all its risks.<sup>2</sup> These grave violations of girls' fundamental human rights, known as harmful practices, have catastrophic consequences for their health and life prospects.

Harmful practices (HP) are extreme forms of gender discrimination based on a desire to control girls' and women's bodies, sexuality and reproduction. Despite global ambitions to eliminate these forms of violence, progress remains unacceptably slow. For each day the global community drags its feet and fails to prioritise these issues, more girls must bear the brutal consequences. Meanwhile, their voices and agency are silenced – both by the violence they suffer and the lack of their participation in efforts to combat it. In addition, girls' and women's rights are under increasing pressure from ultra-conservative forces working to counter hard-won gains for gender equality, particularly in developing countries.

Female genital mutilation (FGM), child marriage and adolescent pregnancies happen across the globe – in Norway too – but the situation is particularly alarming in Sub-Saharan Africa. In Tanzania, one in three girls are married off before they turn 18 and in Kenya, 23 per cent of all girls. Around 22 per cent of girls aged 15-19 in Tanzania have been pregnant, and in Kenya about 15 per cent. Among women between 15 and 49 years, 15 per cent have been subjected to FGM in Kenya, while in Tanzania, one in ten has undergone the procedure.<sup>3</sup>

Within both countries these practices are more widespread in rural regions and among marginalised and poor parts of the population. Some of the most at-risk areas lie along the border between the two countries, where cross-border FGM has become a common practice. This is a way to avoid prosecution in their home country and ensure that the practice can continue undetected, which has until recently received little attention.<sup>4</sup>

HP are connected to cultural and social norms upheld by inequalities between men and women, boys and girls. They are often used to protect the perceived honour of the family and community, which is thought to require strict control over girls' bodies and behaviour. Eliminating harmful practices therefore depends on mobilising communities to move beyond norms requiring discrimination of and violence against girls.

FGM is a range of procedures involving removal of the external female genitalia or other damage to genital organs without medical justification. It is mostly performed between infancy and the age of 15, often using unsterilised razor blades or knives under unhygienic conditions. The practice is extremely painful, and the girls can suffer severe bleeding and infections – even death. FGM can lead to difficulties with menstruation, urination, sexual intercourse, infertility, pregnancy and childbirth. Many suffer severe psychological trauma.

Child marriage drastically reduces girls' chances to achieve their full potential, for instance through getting an education. Married girls are often under pressure to become pregnant soon after marriage, although they are still children and know little about sex or reproduction. A

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<sup>1</sup> [UNICEF 2024](#)

<sup>2</sup> [UNICEF 2023](#)

<sup>3</sup> [Kenya DHS](#) and [Tanzania DHS 2022](#)

<sup>4</sup> [UN 2024](#)

pregnancy too early in life, before a girl's body is fully mature, is a major health risk to mother and baby. Complications of pregnancy, childbirth and unsafe abortions are the leading causes of death among 15-19-year-old girls in developing countries. In the border region between Kenya and Tanzania, health and counselling services and assistance are highly limited in capacity and reach. This is also the case for protecting girls at risk.

FGM, child marriage and adolescent pregnancy are rarely the result of a choice made by girls themselves – they often have little or no influence on decisions affecting their lives. Yet in both Kenya and Tanzania, about half the population is under 18, eager to build a future. Surveys show that there is less acceptance of HP and gender discrimination among younger generations. Still, meaningful inclusion of youth as change agents in development programmes directed at HP remains a challenge – and again, those living in the most marginalised areas tend to be those left furthest behind.

However, both countries have made strong commitments to addressing HP. In Kenya, a presidential declaration was made to end FGM and all violence against women and girls by 2026. There is zero tolerance for child marriage and adolescent pregnancy, as highlighted in the Social Protection and Child Protection Act. In Tanzania, President Samia Suluhu Hassan, the country's first ever female president, has made promoting women's rights and gender equality a central priority. This includes commitments and reinforced action plans to end HP and other forms of violence against children and women.

So, when HP and adolescent pregnancy continue, it rather reflects a lack of governmental capacities and political will to carry out their commitments, as well as structural root causes such as poverty and unequal power relations between men and women, boys and girls. The increasing influence of powerful networks of opponents to gender equality has also made its mark in several African countries in recent years. This shows the urgent need to find new ways to empower youth – both girls and boys – to become agents of change in their communities, contributing to solving these ongoing human rights crises and building a more just and gender equal future.

## **Theory of Change**

The programme “My Body, My Life!” will contribute to eliminating harmful practices and realising bodily autonomy for girls in the border region between Kenya and Tanzania. The programme will expand and strengthen ongoing work by FOKUS and our grassroots partners by introducing a new and comprehensive focus on youth participation and leadership. The main emphasis will be on preventing FGM, child marriage and adolescent pregnancy and promoting girls' bodily autonomy, with a secondary objective to protect and assist girls that have been, or are at risk of being, subjected to harmful practices or an unwanted pregnancy.

The main goal of all FOKUS' work is to achieve gender equality and empower all women and girls. For this, it is essential that girls gain control of their bodies, sexuality and reproduction. “My Body, My Life!” will challenge power structures and social norms that discriminate against girls and women, and increase knowledge about HP, adolescent pregnancy and gender inequality as such.

The interventions we propose are based on a principled approach to achieving lasting social change, grounded in human rights, participation and context sensitivity, with community mobilisation as the core method. Basing development cooperation on human rights involves, among other things, building the capacity of ‘duty-bearers’ (government) to meet their obligations and ‘rights-holders’ (ordinary people) to claim their rights. When girls have the power to decide over their own bodies and are educated, they can claim their human rights and in turn realise their

full potential as healthy, productive and empowered citizens. Full bodily autonomy means that girls can make decisions about their own health and future, without pressure or control by others. It also means that they have the support and resources needed to meaningfully carry out these decisions. As FGM and child marriage violate girls' bodily integrity, HP must end for adolescent girls in Kenya and Tanzania to be free to build their lives.

As an umbrella organisation for the Norwegian women's movement, FOKUS knows that gender equality does not just happen – it requires political organisation and struggle. This must be built from the ground up. Local ownership, institutions that sustain outcomes beyond the programme, and participation based on democratic principles are crucial for lasting change. This is particularly important when addressing social norms.

One of the characteristics of a social norm is its link to social expectations in the community. What parents expect other parents to do matters, and what parents think opinion leaders believe they should do matters. *SASA!* is a core methodology that will be used to challenge social norms. *SASA!* walks communities through a process of change, with discussions of power and power inequalities as key elements. This intervention, praised by Tanzania's government, was originally developed to prevent intimate partner violence. With the participation of adolescent girls and boys, FOKUS and its partners will adapt it to "My Body, My Life!"

Participation of the target groups and local communities and partnerships with local civil society organisations ensure sensitivity to the context. This calls for flexibility and readiness to listen to and learn from participants as the programme develops. The contributions of youth with strengthened opportunities and skills to advance gender equality in their communities will be key to programme success.

All member states of the UN, through its unanimous declarations on the rights of girls and women, have made it clear: gender equality benefits both men and boys, women and girls. Stereotypical social norms on manhood reward aggressive and sexist behaviour and often lead to violence against women and girls. When boys are given opportunities to challenge gender discriminatory and toxic roles, they create a space to develop alternative ways to live masculinities and engage with others, which can contribute to positive changes for them, their relationships and their communities. "My Body, My Life" will highlight the role of both adolescent girls and boys as change agents, with the aim of eliminating HP and realising girls' bodily autonomy.

Gender inequality and discrimination are deeply rooted in social, religious and cultural norms, justifying the power and privileges of men over women and boys over girls. Progress at one level can be reversed by setback at another, so the drive for change must take place on multiple arenas at the same time. Working together with youth to develop skills and strategies to influence political processes, from their communities to international forums, will contribute both to achieving the programme's goals and to making them last.

## **Anticipated Changes**

"My Body, My Life!" will be implemented in 73 communities<sup>5</sup> in Migori and Narok Counties in Kenya and in Tarime District in Tanzania, with the aim to reach more than 44 000 community members directly with awareness-raising activities during the three-year period. More than 7000 adolescent girls and boys will be trained and close to 5000 girls subject to HP and adolescent pregnancy or at risk will receive youth-friendly legal, medical and psychosocial support or protection.

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<sup>5</sup> Communities refers to locations in Kenya and villages in Tanzania

The anticipated long-term changes (impact) and changes for the target groups (outcomes), as well as examples of indicators and activities are summarised in the table below.

<b>Programme:</b>	<b>ODW2025: My Body, My Life! (2026-2028) – Kenya and Tanzania</b>
<b>Vision:</b>	Achieve Gender Equality and Empower all Women and Girls (SDG 5)
<b>Impact:</b>	Elimination of Harmful Practices (HP) and Realisation of Bodily Autonomy for Girls
<b>OUTCOME 1:</b> Youth, their organisations and communities actively prevent and respond to female genital mutilation (FGM), child marriage and adolescent pregnancy	<b>Indicators</b>
	1.1 Share of trained boys and girls active in combatting HP and adolescent pregnancy 1.2 Number of trained Young Community Activists (YCA) active in combatting HP and adolescent pregnancy 1.3 Number of communities where community leaders and government officials are active in combatting HP and adolescent pregnancy 1.4 Number of youth organisations or chapters with strengthened capacity
	<b>Examples of Activities</b>
	<ul style="list-style-type: none"> <li>• Train girls, women, boys and men</li> <li>• Train YCAs</li> <li>• Train community leaders</li> <li>• Produce local and social media materials</li> <li>• Organise mass gatherings and community meetings to raise awareness</li> </ul>
<b>OUTCOME 2:</b> Girls subjected to harmful practices (HP) and adolescent pregnancy and girls at risk of exposure have access to justice, protection and youth-friendly services	<b>Indicators</b>
	2.1 Number of girls subject to HP and adolescent pregnancy and girls at risk receiving youth-friendly legal, medical and psychosocial support and/or protection 2.2 To what extent have access and availability of youth-friendly services for girls subject to HP and adolescent pregnancy and girls at risk improved (narrative indicator) 2.3 Share of HP-related legal aid support cases with a favourable legal outcome
	<b>Examples of Activities</b>
	<ul style="list-style-type: none"> <li>• Provide technical support to police gender desks, health clinics and shelters</li> <li>• Train health and social service personnel, police and justice staff</li> <li>• Distribute capacity development materials to service providers</li> <li>• Report cases of HP to law enforcement</li> </ul>
<b>OUTCOME 3:</b> Implementing partners and FOKUS have increased capacity on youth participation and empowerment	<b>Indicators</b>
	3.1 How and to what extent have programme partners strengthened their programmatic and technical competence on youth participation and empowerment (narrative indicator) 3.2 Learning exchange and coordination spaces among implementing partners and FOKUS have been established and are operational
	<b>Examples of Activities</b>
	<ul style="list-style-type: none"> <li>• Train implementing partner and FOKUS staff members in youth participation</li> <li>• Organise joint activities on HP, adolescent pregnancy and youth participation</li> <li>• Develop capacity development materials on HP, adolescent pregnancy and youth participation</li> </ul>
	<b>Indicators</b>

<b>OUTCOME 4:</b> Policy and lawmakers adopt and enforce gender and youth-responsive laws and policies on harmful practices (HP) and sexual and reproductive health and rights (SRHR)	4.1 Number of HP and SRHR-related national strategies and action plans that have adopted or integrated inputs from implementing partners, youth and their organisations
	4.2 How and to what extent laws and policies influenced by implementing partners and youth contribute to elimination of HP and realisation of girls’ bodily autonomy (narrative indicator)
	<b>Examples of Activities</b>
	<ul style="list-style-type: none"> <li>• Train youth and youth organisations/chapters in advocacy and policy work</li> <li>• Conduct advocacy meetings and dialogues with policy and lawmakers and youth organisations</li> <li>• Submit policy inputs</li> <li>• Train and/or sensitise national, regional and local policy and lawmakers</li> <li>• Distribute reports and briefs to policy and lawmakers, and the media</li> </ul>

### **1. Youth, their organisations and communities actively prevent and respond to FGM, child marriage and adolescent pregnancy**

This includes creating supportive communities by building knowledge and understanding of women’s and girls’ human rights and challenging unequal power relations and gender discriminatory social norms and practices. Building skills, knowledge and values among youth, other community members and community leaders is at the core of this work. The programme seeks to increase the awareness and enhance the capacities of adolescent girls and boys, traditional and religious leaders, local government officials and the community as such.

In “My Body, My Life!”, Young Community Activists (YCA) will be trained to carry out community dialogues and awareness raising activities. YCA will also support girls that are subject to HP or are pregnant and girls at risk by giving advice and information and referring them to service providers. YCA will serve as role models and lead by example in promoting gender equality and girls’ rights.

### **2. Girls subjected to HP and adolescent pregnancy and girls at risk of exposure have access to justice, protection and youth-friendly services**

FOKUS and its local partners will provide technical support to service providers to strengthen access to and quality of services and access to justice for girls subjected to HP and adolescent pregnancy, as well as girls who are at risk or have fled their families to escape FGM and/or child marriage. This includes working with the police, health workers, social workers and justice personnel, in addition to strengthening coordination between service providers. Ensuring that services are youth-friendly is important to lower the threshold to seek counselling and treatment.

### **3. Implementing partners and FOKUS have increased capacity on youth participation and empowerment**

Increasing the capacity of implementing partners and the FOKUS umbrella on youth participation and empowerment is a core component of “My Body, My Life!”, in addition to strengthening learning and knowledge exchange on HP and adolescent pregnancy. The partnership with ODW will be of great importance under this outcome.

### **4. Policy and lawmakers adopt and enforce gender and youth-responsive laws and policies on harmful practices (HP) and sexual and reproductive health and rights (SRHR)**

Advocating gender- and youth-responsive laws and policies and holding governments to account is crucial to achieve lasting social change. FOKUS' partners will strive to influence policies and laws to ensure that they are gender and youth-responsive and help guarantee that girls' human rights are respected and promoted. Mobilising youth and other stakeholders to counter anti-gender backlash and resist the dismantling of women's and girls' rights will be a key part of these efforts. The programme partners will work to empower youth to voice their opinions, contribute ideas, and hold decision-makers accountable.

## **The Target Groups**

The primary target group is adolescent girls and boys aged 13-19. In Kenya, the adolescents are predominantly from the Maasai, Kuria, Kipsigis and Somali communities, while in Tanzania they are mainly from the Kuria community. The prevalence of FGM among these communities remains significantly above the national average, which is the rationale behind the selection of these target groups. Secondary target groups include women, men, parents, caregivers, traditional and religious leaders, circumcisers, teachers, government officials at different levels, political leaders, service providers and the media. Everyday activism targeting the whole community is at the heart of the SASA! approach and vital to change gender discriminatory social norms, which is why the secondary target group includes many stakeholders. It is critical to understand the reasons behind parents' choice to cut their daughters or marry them off as children, and to involve opinion leaders in the community mobilisation work, as they strongly influence parents' choices.

## **Youth Participation**

Youth participation will be a core component throughout the programme cycle and interventions. In addition, through partnering with ODW, FOKUS aims to strengthen youth participation and empowerment in its programmes in general by learning from ODW's expertise and experiences. FOKUS' local partners already work with youth participation, including training YCAs. They serve as agents of change and contribute to changing attitudes, behaviour and social norms, and help other young people take ownership of their health and claim their human rights. Both adolescent boys and girls will be trained as YCAs. Younger boys will be paired with older boys for mentorship and guidance on how to stand up against harmful practices and gender inequality. This comprehensive approach ensures that both genders contribute to and benefit from the fight against girls' rights violations, fostering a supportive environment for change in the community.

The YCAs will be recruited using community structures such as public meetings, schools and after-school programmes – and through peer-to-peer networks among adolescents. Youth will be involved in developing criteria for becoming YCAs. FOKUS' partners will provide continual mentorship and support, and trained YCAs will be encouraged to take on mentorship roles for newer participants. Trained YCAs will also be provided with networking opportunities to turn their ideas into action and participate in refresher trainings, reflection and learning sessions and, if possible, exchange visits with other programme partners. All local partners have collaborations with youth organisations in the intervention areas and will seek to strengthen these partnerships and enhance the capacity of youth organisations and local chapters of youth-led organisations, such as the Youth Anti-FGM Network of Kenya in Narok County.

This will provide a structured platform for local youth to engage in advocacy, receive training, and collaborate on initiatives aimed at ending HP. In some of the intervention areas in Kenya there are technical working groups on youth established by the Ministry of Youth Affairs, where all stakeholders working with young people are involved, including FOKUS' partners. This



collaboration will be strengthened in the context of the programme. Furthermore, all three partners have longstanding partnerships with schools, and Kakenya's Dream runs two boarding schools for girls where youth empowerment and leadership are key elements. Students will be empowered to take on leadership roles and become agents of change. The goal is to foster a sense of ownership and commitment among adolescents, ensuring that they play a pivotal role in eliminating HP and realising bodily autonomy for girls.

“My Body, My Life!” aims to expand the work already done on youth participation by involving youth actively both in the planning, implementation and evaluation of the programme. By actively involving adolescents, we aim to ensure that their needs and perspectives are addressed and that they are empowered to become agents of change and leaders. FOKUS and its implementing partners will seek to establish a youth advisory board comprising a diverse group of young people from the target communities that can provide insights, feedback and suggestions. Focus group discussions specifically for adolescent girls and boys to gather their input will also be held. In terms of reaching youth as a target group, social media platforms will be used, and interactive content and campaigns will be created tailored to their interests and preferences. Art and sports activities will also be used to engage youth, challenge stereotypes, and advocate for change.

## **Local Partners and National Authorities**

“My Body, My Life!” will be implemented in collaboration with local grassroots organisations Migori Community Traditional Negative Practice Mitigation Organization (MICONTRAP) and Kakenya's Dream (KD) in Kenya, and Kivulini Women's Rights Organization (Kivulini) in Tanzania. MICONTRAP and KD operate in Migori and Narok Counties in southwestern Kenya, while Kivulini works in Tarime District in the Mara region of Tanzania, in addition to the Mwanza region. Cross-border FGM has become a strategy that is used to ensure that the practice of FGM is continued. A regional programme like “My Body, My Life!” aiming to eliminate harmful practices is therefore much needed.

Kivulini and MICONTRAP have been implementing partners with FOKUS for several years as part of FOKUS' framework agreement with Norad, whereas KD is a new partner from 2024. The project with MICONTRAP is managed together with FOKUS' member organisation Pan-African Women's Association (PAWA), which is a diaspora organisation led by women from Africa living in Norway. Kivulini and MICONTRAP have achieved impressive results within the area of HP, violence against women and girls (VAWG) and SRHR over time, which is why FOKUS has decided to include them in “My Body, My Life!”.

**Kivulini** has implemented violence prevention programmes in Tanzania for more than two decades using the *SASA!* approach. A significant reduction of intimate partner violence in intervention communities is among the key results in the FOKUS-Kivulini *SASA!* Programme. Parents also report that they value girls and their education to a greater extent due to the programme. Kivulini is currently implementing a pilot project in collaboration with FOKUS, which adapts and utilises the *SASA!* methodology for the elimination of HP and realisation of bodily autonomy for girls. FOKUS is seeking to scale up these efforts through the “My Body, My Life!” programme.

The grassroots organisation **MICONTRAP** has campaigned for the elimination of HP and VAWG in Kenya for eleven years, developing community mobilisation approaches that have proven to be effective. A key strategy is community-led dialogue sessions where members of the same clan come together and MICONTRAP facilitates discussions on HP, encouraging open and honest dialogue. Councils of elders from the different clans within the Maasai, Kuria, Kipsigis and Somali

ethnic groups are vital groups of opinion leaders that must be engaged in the programme, given their strong position in the community, with final decision-making power on the practices of FGM and child marriage.

**KD** operates in the most rural and marginalised areas of Kenya where the basic human rights of the girl child are being denied on a significant scale. Its founder, Dr. Kakenya Ntaiya grew up in a Maasai village and was the first girl from her community to go to college in USA. She returned to her village after completing her PhD to give more girls an opportunity to stay in school rather than dropping out due to FGM, child marriage and adolescent pregnancy. KD emphasises that the best, most sustainable solutions come from the community itself, with advice and oversight from local experts. KD's mission is to empower girls in these communities to become agents of change.

FOKUS believes that a collaboration between the three implementing partners, FOKUS, its member organisation PAWA and ODW would be beneficial to all organisations and contribute to maximising results in both programme countries. The three local partners will be in charge of implementing the programme on a day-to-day basis, while FOKUS and PAWA will provide programmatic, thematic and administrative advice, while maintaining close communication with ODW in Norway.

All three partners have close and long-standing collaborations with local and national authorities and participate in different thematic and technical networks and multi-stakeholder working groups on HP and violence, in addition to engaging in advocacy efforts. "My Body, My Life!" will expand these partnerships by including youth and building their capacity to engage with and influence policy processes, as outlined in outcome 4.

Despite a favourable political climate in both countries at present, internationally funded campaigns against gender equality – the so-called anti-gender movement – are increasingly active in African countries. By working together with youth activists – the next generations of gender equality champions – the programme will strengthen local preparedness against these attempts to roll back women's and girls' rights.

## Risk Assessment

Risk	Probability (High, medium, low)	Consequence (High, medium, low)	Prevention/mitigation measures
Young Community Activists (YCA) exposed to criticism, harassment, threats, violence or other negative reactions from community members resisting change may cause psychological distress in YCA and affect programme performance	Medium	High	Involve a wide range of community members in the programme, including community leaders, to build common understanding of the problems and need for change. Peer-to-peer support mitigates skewed power relations adolescents may face. For serious safeguarding concerns, programme staff will have a duty to report to management, partners and proper authorities (for criminal matters) and ensure that the YCA(s) involved receive adequate support
Trained YCA dropping out may result in low achievement of programme goals	Low	High	Conduct screening of potential YCA and establish ongoing mentoring mechanisms to retain YCA throughout the programme period
Lack of effective youth involvement in the programme cycle, may result in underachievement of programme goals	Low	High	Ensure youth participation at every stage of the programme cycle to foster ownership, increase engagement and improve programme outcomes
Perceived interference with cultural norms and traditions, may result in resistance from leaders and/or community members to programme initiatives and conflict within the communities	Medium	High	Engage relevant stakeholders in decision-making processes. By gathering input and addressing concerns proactively, the programme can build support and reduce the risk of backlash
Traditional gender norms, driven by power imbalances, may result in low participation and decision-making by girls in the programme	Medium	High	Promote community discussions that challenge harmful gender norms. Support community-led initiatives that encourage gender equity and empower girls to participate actively in decision-making processes.
Challenges in attracting and retaining qualified staff, may affect progress and quality of implementation	Medium	Medium	Invest in creating a competitive work environment, offering professional development opportunities, and improving retention strategies to minimise staff turnover and ensure continuity in programme implementation

Misuse of funds and corruption <sup>6</sup> in programme countries, may result in programme delays	Medium	High	FOKUS has strong financial controls and transparency measures to track fund allocation and spending. Implementing partners currently cooperate with FOKUS under other agreements and work on anti-corruption is central. Annual audit reports will be commissioned both in implementing countries and in Norway.
Climate change and environmental degradation can result in natural disasters that can disrupt the programme	Medium	High	In the case of natural disasters, programme activities will be paused and not started again before a thorough assessment has been made
Violent conflicts can affect the security of programme staff	Low	High	The partners know the areas where they operate very well and are in many cases able to detect any risk of violent conflicts at an early stage

### Budget 2026-2028

	Micontrap	Kivulini	Kakenya's Dream	PAWA	FOKUS	Total
Activity costs	2 247 751	1 931 432	2 191 626			6 370 809
Human Resource Costs	268 894	1 011 226	575 937	150 000	1 370 000	3 376 056
Equipment and Supplies	405 970	763 048	959 580			2 128 598
Audit, Review, Learning and Evaluation	112 498	361 152	330 960		510 000	1 314 610
Administrative costs	264 888	118 142	126 897		300 000	809 928
<b>Total</b>	<b>3 300 000</b>	<b>4 185 000</b>	<b>4 185 000</b>	<b>150 000</b>	<b>2 180 000</b>	<b>14 000 000</b>
<b>Budget share</b>	<b>24 %</b>	<b>30 %</b>	<b>30 %</b>	<b>1 %</b>	<b>16 %</b>	<b>100 %</b>

Note to the budget: Administrative and advisory costs in Norway are equivalent to 13% (1,820,000 NOK), whereas 510,000 NOK under FOKUS budget are intended to cover the costs of evaluation of the programme.

<sup>6</sup> Kenya ranks 126 and Tanzania 87 out of 180 countries in the [Transparency International Corruption Perceptions Index](#)

## 2) APPLYING ORGANISATION

### Organisation and Competence

FOKUS – Forum for Women and Development – is an umbrella organisation of more than 40 women’s organisations and associations in Norway, including trade unions, political parties, diaspora organisations and solidarity and aid organisations. FOKUS builds on long traditions of North-South cooperation between women’s groups and organisations from the grassroots to the local and national level to advance women’s and girls’ rights. The organisation was established in 1995.

FOKUS’ overall objective is to achieve gender equality and empower all women and girls. By combining development cooperation with communication and advocacy work, FOKUS aspires to pave the way for the realisation of women’s and girls’ rights, creating change from the bottom up.

FOKUS works in four broad thematic areas essential for achieving gender equality: 1) Eliminating violence against women and girls; 2) Advancing sexual and reproductive health and rights for women and girls; 3) Promoting women’s economic rights and participation; 4) Protecting the rights of women and girls in conflict and crisis.

HP and adolescent pregnancy have been core issues in FOKUS’ programmes from the start. The organisation’s main financial contributor is Norad.

FOKUS has extensive experience in running national campaigns, organising events, participating in panel discussions and holding presentations. Notably, the FOKUS Secretariat and member organisations organises the *16 Days of Activism against Gender-Based Violence* in Norway every year, as part of an international campaign to raise awareness and generate action to end violence against women and girls. The campaign includes developing a large social media campaign, posters in public spaces and targeted advocacy messages in collaboration with a public relations agency, as well as organising seminars and panel discussions. The campaign crosses regions and borders on the 25<sup>th</sup> of November, when iconic buildings, landmarks and embassies in Norway and abroad light up in orange to mark the joint commitment to end gender-based violence. FOKUS member organisations provide a platform to distribute messages about the campaign and mobilise external resources. Some member organisations take part in the annual working group that coordinates the campaign with the FOKUS Secretariat. FOKUS will draw on the experiences from the 16 Days Campaign, both during the ODW information campaign and when communicating results achieved throughout the programming period. Several member organisations are diaspora organisations and FOKUS also has some youth and student-led organisations among its members.

Including FOKUS’ diaspora and youth organisations in an ODW information campaign on HP and adolescent pregnancy will be an added value, especially since FGM and child marriage also occur among adolescent girls with immigrant backgrounds in Norway. In an information campaign on these sensitive topics in Norwegian schools, it is important to create safe spaces for the participating students and develop targeted messages to avoid retraumatising survivors or stigmatising particular groups, while at the same time raising awareness on the issues.

### Expertise, Experience and the Willingness to Strengthen Youth Participation

FOKUS’ local partners have experience and a track record in targeting youth in their programmes, as described above. Furthermore, local partners collaborate with youth organisations locally, and FOKUS has some youth and student-led organisations among its member organisations.

FOKUS and the local partners also have staff members with specific competency in adolescent sexual and reproductive health and rights and HP.

Nevertheless, more efforts are needed in this area and a partnership with ODW will allow both FOKUS and the local partners to significantly improve the quantity and quality of youth participation both within each organisation and the programme, and among the target groups. It would be highly valuable for FOKUS and partners to learn from ODW's long experience in youth participation. Furthermore, lessons learned from this partnership will contribute to more youth-friendly programming in the future.

## **Procedures for Monitoring and Control**

FOKUS has well-established systems for routine monitoring in place, both for monitoring and reporting on results and financial control. A results framework with key performance indicators is developed for each programme. Setting clear indicators and milestones helps ensure that the programme remains aligned with its objectives. Based on this framework all implementing partners develop an annual work plan and budget outlining activities, outputs, outcomes and related costs. Local partners submit regular progress reports to FOKUS, which allows FOKUS to track the programme's performance. FOKUS, in partnership with member organisation PAWA where relevant, will carry out annual monitoring visits to the local partners, to observe programme activities firsthand and verify reported progress. FOKUS is currently establishing a regional hub in East Africa located in Kampala, Uganda, which will further strengthen FOKUS' capacity to effectively monitor our programmes in the region. A programme manager has already been hired on a consultancy basis, and a financial controller will be hired shortly. Promotion of synergies and knowledge exchange are a central part of the hub's mandate, in addition to monitoring results and financial control.

FOKUS' results framework and indicator guide facilitate the process of collecting and analysing both quantitative and qualitative data helping assess progress and identifying trends or areas for improvement. A mid-term evaluation will be carried out to assess the programme's progress towards reaching its objectives, in which stakeholder feedback, especially from the target groups, is an important element. This will provide valuable insights into the programme's impact in the local communities and the strengths and weaknesses of the process of implementation itself. FOKUS is working actively with its partners to monitor risks in all programmes. A risk matrix is developed for every programme, with internal and external risks and prevention and mitigation measures. A robust system for risk management increases the likelihood of achieving the defined objectives of the programme. As part of this work, FOKUS has a policy on Sexual Exploitation, Abuse and Harassment in place that all implementing partners must adhere to.

All three local organisations that are part of this proposal are already implementing partners of FOKUS under the Framework Agreement with Norad, meaning that the organisations have well established routines for financial management in place. FOKUS has a zero-tolerance to corruption and an Anti-Corruption Policy guides our work ensuring that proper measures are in place to deter, detect, handle and investigate corruption and fraud. Ethical guidelines cover bribes, gifts, and undue benefits, with a zero-tolerance policy enforced in implementing partner contracts. For procurement specifically, FOKUS follows both its own guidelines and Norwegian government regulations.

As part of FOKUS' financial management routines, all implementing partners submit annual audited project accounts with a declaration from the local auditor and follow FOKUS' audit guidelines. A management letter from the local auditor is also a requirement. If implementing

partners have multiple donors, a consolidated audited report is also necessary. Budget deviations over 10 percent need prior approval and explanation. Finally, FOKUS carries out periodical partner assessments in which financial management is a crucial element.



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