CHANGE Plus

Implementing CHANGE

Training Influential Community Members Across the European Union to Advocate for the Abandonment of Female Genital Mutilation.

A Training Manual for Facilitators

This Training Manual has been developed under the auspices of the CHANGE Project and updated within the follow-up project CHANGE Plus. Both projects are co-funded by the European Union and coordinated by TERRE DES FEMMES in Germany. The aim is to motivate communities in the EU affected by female genital mutilation (FGM) to work for its full abandonment. Partners within the CHANGE project were FORWARD (UK), FSAN (Netherlands), Plan International (Germany), RISK (Sweden) and Euronet-FGM (EU-wide); the partners within CHANGE Plus are AIDOS (Italy), APF (Portugal), Coventry University (UK), Equipop (France), FSAN (Netherlands), Stiftung Hilfe mit Plan (Germany), End FGM (EU-wide), as well as Bangr Nooma (Burkina Faso) and Plan International (Mali) as associated partners.

TERRE DES FEMMES

FSAN Federatie Somalische Associaties Nederland

Coventry University

End FGM EUROPEAN NETWORK

Stiftung Hilfe mit Plan

APF ASSOCIAÇÃO PARA O PLANEAMENTO DA FAMÍLIA

AIDOS ASSOCIAZIONE ITALIANA DONNE PER LO SVILUPPO

EQUIPOP.ORG

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Preface and Acknowledgements

"FGM is a violation of a girl's rights to health, well-being and self-determination," says UNICEF Deputy Executive Director Geeta Rao Gupta. "Legislation alone is not enough. The challenge now is to let girls and women, boys and men speak out loudly and clearly and announce they want this harmful practice abandoned."[1]

Female Genital Mutilation (FGM) is a global problem. Data collected by UNICEF show over 200 million women and children affected by FGM worldwide. Of these, 500,000 women and girls live in the European Union alone[3a] (and another 180,000 girls and women living in the European Union are currently at risk of being cut).[3b]

The practice of FGM violates girls' and women's human rights, and its abandonment is a goal set by many African and European governments, international organisations, as well as non-governmental organisations. The abandonment of the practice is also a specific target under the SDG5 on Gender Equality, which shows an existing global commitment towards its abandonment.

Under its Rights, Equality and Citizenship Programme, the European Union supports cooperation among European Members States in the fight against FGM.

The CHANGE project, which was funded under the Daphne Programme by the European Union, was a joint endeavour uniting TERRE DES FEMMES (TDF) and Plan International in Germany, the Federation of Somali Associations (FSAN) in the Netherlands, the Foundation for Women's Health Research and Development (FORWARD) in the UK, Riksföreningen Stoppa Kvinnlig Könsstympning (RISK) in Sweden, and Euronet-FGM (EU-wide network to fight FGM).

Most project partners have worked with African communities in their respective EU country prior to participating in CHANGE and conducted research on barriers to ending FGM. All work closely with key professionals, such as medical staff, teachers and social workers, and are capable of and experienced in organising specialised training for different groups of key professionals.

Since 2016, the project continues as "CHANGE Plus". It is again coordinated by TERRE DES FEMMES and this time implemented by seven European partner organisations and two African associated partners. It is again co-funded by the European Union.

The partner organisations are:

- Associação para o Planeamento da Família (APF) in Portugal
- Associazione Italiana Donne per lo Sviluppo (AIDOS) in Italy
- Coventry University in the UK
- End FGM European Network in Belgium
- Équilibres & Populations (Equipop) in France
- Federatie van Somalische Associaties Nederland (FSAN) in the Netherlands
- Stiftung Hilfe mit Plan in Germany

The West-African associated partners are:

- Bangr Nooma in Burkina Faso
- Plan International in Mali

Further, Fatoumata Siré Diakité from Mali is the patron of the project and ensures the dissemination in Mali and beyond.

Together we work towards promoting behaviour change and the abandonment of FGM in affected communities across the EU.

The objective of the CHANGE and CHANGE Plus project was to develop, implement and disseminate an innovative approach to behaviour change regarding the practice of FGM.

CHANGE Plus aims at:

- Raising awareness
- Changing attitudes
- Promoting behaviour change

on FGM in African Diaspora communities in the EU.

1 United Nations Children´s Fund (UNICEF) (2013), "Overwhelming Opposition to Female Genital Mutilation/Cutting, Yet Millions of Girls Still at Risk".

2 United Nations Children´s Fund (UNICEF) (2016), Current Status + Progress: „At least 200 million girls and women alive today living in 30 countries have undergone FGM/C".

3a European Parliament (2012) *European Parliament Resolution on Ending Female Genital Mutilation.*16/06/2012 (2012/264 (RSP).

3b European Parliament (2009) *European Parliament Resolution on Combating Female Genital Mutilation in the EU.* 24/03/2009 (2008/20 71(INI).

To achieve these goals, project partners empower community members to advocate for behaviour change at both community and political level. Based on Participatory Action Research on barriers to ending FGM we developed a pilot training programme for the CHANGE Agents in the first CHANGE project and revised it for the groups of CHANGE Agents enrolled in the second training programme. The training programme seeks to empower CHANGE Agents to develop strategies and carry out activities that promote behavioural change in their own communities. It encompasses two new modules to reflect the lessons learned from the first CHANGE project and to elaborate the skills of the community multipliers: one module on Gender and Women's rights to highlight the importance of challenging power relations to overcome FGM, and another one on Community Analysis which prepares the community multipliers to implement a power mapping in their communities and to develop tailored activities according to the readiness of the Communities for change.

Additionally, CHANGE Agents have been equipped with information packages of available material on FGM to support their behaviour change activities. A selection of materials in various languages, as well as the documentation of activities is available on the CHANGE project website www.change-agent.eu.

Berlin, July 2016

Icons Legende


Group Exercise


Rules


External Experts


Coffee Break

Lunch Break

Acronyms

BCA.....**Behaviour Change Activities**
CA.....**CHANGE Agents**
EC.....**European Commission**
EU.....**European Union**
FGM.....**Female Genital Mutilation**
KAP.....**Knowledge, Attitude, Practice**
NGO.....**Non-Governmental Organisation**
UNICEF.....**United Nations International Children's Emergency Fund**
WHO.....**World Health Organisation**

PART A: Introduction

1. About this Training Manual

This manual, developed within the EU co-funded projects CHANGE and CHANGE Plus (2013–2018), is based on the experience of its partner organisations and draws on materials developed within the project duration. It includes experiences, lessons learned and best practices from trainings for CHANGE Agents and the findings from their community interventions. It aims to enable you to conduct trainings for multipliers promoting behaviour change towards the abandonment of FGM in communities across the European Union.

It is designed as a good practice guide that presents information in an application-oriented way. Throughout the handbook you will find case studies and examples as well as references and, in the concluding section, further resources.

The CHANGE pilot training programme combines several approaches from different campaigns in countries where FGM is highly prevalent:

- Approach of proximity: the CHANGE Agents have the same socio-demographic and ethno-linguistic background as their target groups. This facilitates access to hard-to-reach groups within communities.
- Approach of diversity: because, as influential community members and peers, they can reach out to people within a community more effectively, CHANGE Agents should reflect a wide range of roles such as religious leaders, elders, parents and youth.
- Intergenerational dialogue and dialogue between men and women: FGM is highly tabooed and deeply rooted within social structures. As it is a social norm,[4] it is difficult for individual families to abandon FGM on their own. In order to reduce social pressure and gain wide community support for respecting the rights of girls and women, dialogue among various groups is an important precondition for changing behaviour at individual levels.
- Multi-sectoral approach: FGM is linked to many topics such as health, gender and education. Key professionals from these sectors are an important target group to support communities in the abandonment of FGM

Audience

This Training Manual was designed for facilitators who are giving training to migrant communities, preferably from similar cultural backgrounds. It will also be useful for community workers, NGOs, governments and other relevant stakeholders across the EU who are interested in setting up training programmes based on the Behaviour Change Approach.

Objectives

The overall objective of the training programme is to enable multipliers to advocate for the abandonment of FGM in different practicing communities across the European Union.

This Training Manual enables facilitator to:

- identify and select multipliers/CHANGE Agents from communities across the EU in which the practice continues,
- understand the role of the CHANGE Agents and the skills and knowledge they need to implement community programmes tackling FGM,
- set up and conduct a training programme on FGM prevention,
- involve key professionals,
- provide guidance to CHANGE Agents during their community interventions.

It also provides guidance for new CHANGE Agents by

- giving examples of activities conducted by experienced CHANGE Agents,
- presenting experiences and lessons learned by those in the pilot training programme,
- providing CHANGE Agents with material to increase their knowledge and skills which can be used for their own community interventions.

4 United Nations Children´s Fund (UNICEF) (2005) Changing Harmful Social Convention: Female Genital Mutilation/Cutting, Alexia Lewnes, p.12.

Structure of the Training Manual

The Manual is divided into three parts:

PART A

The first part introduces the Training Manual and provides an introduction to the CHANGE project, the concepts needed to strengthen influential and motivated community members and convince them to become CHANGE Agents, and the methodological approach implemented within the CHANGE project. It portrays some of the key persons for CHANGE and further introduces the "Programme Model of CHANGE".

PART B

The second and largest part of the Training Manual covers the necessary steps to prepare training sessions and contains the Training Curriculum, which is made up of 13 modules:

Module 1 Introduction to CHANGE and FGM

Module 2 Gender and Women's Rights

Module 3 Introduction to FGM and Legal Issues

Module 4 Communication Skills and Conflict Management

Module 5 Sexual and Reproductive Health and Rights

Module 6 FGM and Health Issues

Module 7 FGM, Culture, Tradition, Identity

Module 8 Religion

Module 9 Standards for Community Work

Module 10 Community Analysis

Module 11 Self-Care for CHANGE Agents

Module 12 Intervention Strategies to Protect Girls at Risk

Module 13 Action Planning for Behaviour Change Activities

Each Module begins with a short overview of the module structure and content. A homework exercise is suggested at the end of each Module to prepare participants for the following module session. Lessons learned from training implemented within the CHANGE project are included as well as findings from community activities for behaviour change, which were carried out by the CHANGE Agents. Where necessary, the Training Manual has been adjusted for application in any country across the European Union where the practice of FGM continues. The Training Modules can be found in PART B of this manual.

PART C

PART C provides useful resources and information, such as contact details of partner organisations of CHANGE and a list of resources used during the training programmes, such as country-specific material packages in different languages, and last but not least, a detailed reference list.

2. Introduction to CHANGE Plus

Implementing CHANGE

The CHANGE project started by identifying influential community members such as community elders, respected fathers and mothers. Once the partners selected and contracted suitable participants, they trained them to become CHANGE Agents in their communities.
In the follow-up project, CHANGE Agents from the first CHANGE Project in Hamburg and Amsterdam were selected to enrol in a leadership programme to become CHANGE Champions. Moreover, 48 new CHANGE Agents were selected in Amsterdam (12), Hamburg (12), Lisbon (12), Paris and Berlin (6 each).

Following the training, the CHANGE Agents started their community work. Each CHANGE Agent planned and carried out at least three activities promoting behaviour change within their communities. They met regularly once a month to exchange experiences, seek advice or jointly develop actions. Behaviour change strategies implemented within the CHANGE project were tailored to meet different target communities.

Within CHANGE Plus, the REPLACE's Community Readiness to CHANGE Index (see below section on the Theory of Change and Module 10 - Community Analysis) was applied to assess individual communities for change. Thus, CHANGE Agents are able to implement community interventions tailored to their communities' readiness for change. This increases the impact of the interventions.

CHANGE Champions are mentoring the newly trained CHANGE Agents during the training and supporting their community activities. Furthermore, Champions participate in local roundtables to engage in advocacy and lobbying activities.

This Training Manual is one outcome of the pilot project and has been tested in four European countries under CHANGE and is currently implemented in more countries (France, Portugal) and more cities (now in one more German city: in Berlin)

3. People for CHANGE

The following section introduces the people who are key to promoting CHANGE – the CHANGE Agents and Champions, the CHANGE Facilitators and the key professionals.

People for CHANGE: The CHANGE Agents and Champions

The CHANGE Agents represent a wide range of groups within the target community. Therefore, they are able to reach out to many different stakeholders and involve them in building a strong reservoir of support against FGM.

CHANGE Champions are experienced CHANGE Agents who were enrolled in the first CHANGE Project (2013–2015) and are trained specifically to take over mentoring and support for the newly trained CHANGE Agents and to engage in advocacy and media work.

To ensure a representative mix of participants in the project, CHANGE partners developed the following set of criteria for the selection process.

Advice: It is a good idea to recruit one or two people over the target number as experience shows, some may drop out as the programme goes on.

Call for CHANGE Agents by *(insert name of your organisation)*

Call for Expression of Interest to become a CHANGE Agent

Write some short introduction sentences about your organisation.

(*Your organisation*) is taking part in a co-funded EU project – "Change Plus"– aimed at promoting behavioural changes within Diaspora communities (from FGM prevalent countries) living in Europe. In this two-year project (2016-2018), we are currently recruiting (*number*) CHANGE Agents (female and male) living in (*city*) but originally from FGM prevalence community/country, who will participate in the training and eventually create awareness, and implement at least three behavioural change activities that encourage FGM abandonment within their own community.

If you are interested to promote girls' and women's rights and to stand up against FGM, apply to become a CHANGE Agent. You will participate in a training to strengthen your capacity as multiplier against FGM. You will engage in your communities to create awareness on FGM, and implement at least three behavioural change activities that encourage its abandonment within your community.

Profile of a CHANGE Agent. You

- live in (*city/country*) and are well integrated
- are at least 18 years old
- are an influential member or active within your community
- have roots in a country with high FGM prevalence rate, for example: Egypt, Ethiopia, Eritrea, The Gambia, Sierra Leone, Somalia, Sudan, Burkina Faso, Djibouti, Guinea, Mali
- are reliable, trustworthy and self confident
- have basic knowledge on FGM
- are open minded and reject all forms of FGM
- are willing to facilitate change within your community
- are prepared to face resistance
- Are a woman or a man of any educational and professional background
- have very good communication abilities (written, spoken and reading)
- are fluent in English / French and have a fair knowledge of (*insert language*)
- can dedicate time to participate in the project

Duties of CHANGE Agents

- to participate in the programme from October 2016 – December 2018
- to participate in seven training sessions á 8 hours
- to advocate for the abandonment of FGM
- to encourage behaviour change about FGM
- to participate in 10 monthly meetings of the CHANGE Agents
- to support and motivate other CHANGE Agents
- to engage in a dialogue with key professionals
- to organise at least 3 behaviour change activities
- some CHANGE Agents might also be selected as speakers for training sessions or public conferences
- to participate in project evaluation
- be active in social media campaigns

Allowance
There will be a remuneration tax free fee of (*insert amount*) – to be paid in December 2016 at the end of the trainings – and another (*insert amount*) to be transferred in December 2017 (*in total amount*) after the implementation of the three behavioural change activities and participation in exchange meetings.

Application and Selection of CHANGE Agents
If you are interested in promoting behaviour change to end FGM in your community, please send your:

- Motivational letter
- CV and completed application form, available as a download on our homepage or on request via E-Mail
- One photo

Contact Person:
Insert your contact

Further information about our Change Projects can be found at, www.change-agent.eu
About Your Organisation
Insert Homepage
Insert Facebook
Insert Twitter

Note to the Facilitator

CHANGE Agents play a vital role in the project, and their motivation and dedication are key to its success. You should therefore, on the one hand, clearly communicate responsibilities CHANGE Agents agree to take on, such as participating in the training sessions and regular meetings as well as implementing behaviour change activities. On the other hand, you should highlight the benefits enjoyed by CHANGE Agents themselves and encourage their engagement for the community. You need to accompany them closely and be prepared to support them when they face difficulties or community resistance. Because encouragement and support of CHANGE Agents is so important, you must allow sufficient time for teambuilding activities.

Portrait of CHANGE Agent – Marie Christine (2013–2015), Plan International

Marie Christine HANNE, born 1960 in Mali, Marie moved to Germany over 30 years ago. Marie is very involved with her fellow countrymen and is the president of the women's association "Balimaya Ton Hamburg". She wants to participate in this program because "I want to help my fellow countrymen. We have got to help ourselves. Wrong education and bad cultural beliefs are endangering our children in Africa. I want to help to achieve that behaviour change rather sooner than later." Her Behaviour Change Activities in the CHANGE Project (2013–2015) targeted at community members from Mali. She went out to a restaurant to relax and talked about various issues. Once everyone felt comfortable, Marie brought up the topic of FGM. She mentioned legal consequences and the negative impact FGM could have on the relationship between parents and children. In Germany, children have the right to take their parents to court for having to undergo FGM even years after this has been done to them. She then talked about the health consequences of FGM and used statistics about the mortality rate during birth of women who had been victims. One attendee explained that her mother is working as a circumciser in her home country and will soon be visiting the family in Germany. She hopes that Marie Christine will sit down with her and explain the consequences of FGM. She is not sure about the impact such a talk may have on the larger village but is confident that this will already be a big step within her own family. Another attendee from Mali, in whose family every woman has to undergo FGM, stated that she will oppose cutting her daughters when she returns to Mali for a visit. If things get difficult, to prevent the girls from being mutilated, she will use the argument that she might lose her right of residence and be penalised in Germany.

Marie shared the knowledge she gained during her training as Change Agent and managed to create an environment in which everyone felt comfortable talking about their experiences and concerns. As a result, the women were empowered to support the initiative to protect girls from FGM.

Portrait of CHANGE Agent Landry (2013–2015), Plan International

Born in Togo, Landry ATAKORA moved to Germany in 2003. He coordinates events of the Senegalese Association in Hamburg and, an active organiser at Lessan e.V., he is very keen to engage his community in abandoning FGM. Landry studies Social Politics at the University of Bremen (Germany) and
interned at UNICEF and AQtivus Hamburg. In his free time he volunteers regularly for non-governmental organisations such as PIEK (Pro integration and development cooperation). FGM plays an important role in many of the organisations Landry has previously worked for, so he wanted to contribute with his knowledge to our CHANGE project, to promote behaviour change and push the development and integration of African people in Germany.

"I am supporting the project because I have heard about female genital mutilation and wanted to learn more about it and also about how to end the practice. I see the biggest challenge in overcoming FGM in Africa in the fact that it is so deeply rooted in tradition and also due to centralised political systems in many African countries. Laws made in the capital won't solve the issue. We need to strengthen local-level politics and cooperation between NGOs and politicians so that they can work hand in hand towards the abandonment of FGM.

So far, I have carried out only one awareness-raising activity by inviting three of my friends to talk about female genital mutilation, the legal situation and the negative health consequences. But the activity I am currently organising is going to have a much bigger impact, which will hopefully initiate behaviour change. I am currently debating with three Imams of my community. I hope to convince them to speak out against FGM during Friday prayers and explain that FGM is against Islam. Imams have a lot of authority in my community and I believe people will associate themselves with the position of the religious leaders.

My advice to future CHANGE Agents would be to clearly define your target group and to be diplomatic. You should avoid coming across as judgemental and never use words like 'cruel' or 'horrible' but be respectful and tolerant instead. Practice how to take a clear stance without being disrespectful. People will listen to you then!"

People for CHANGE: Facilitator

Facilitators and trainers in the CHANGE programme played a crucial role in implementing the project. In addition to providing the training, they act as motivators and keep track of the programme and its activities. Read what facilitators of the pilot phase have to say.

Portrait CHANGE Facilitator Gwladys, Plan International / Plan Stiftung, Germany (Facilitator since 2013)

With experience of working with immigrants in Hamburg, **Gwladys AWO** tackles delicate issues of social and professional integration. She has executed project activities and led the training against FGM among the local immigrant communities in Hamburg.

"I have worked with young migrants for many years, providing job application coaching and job finding counselling. Additionally, I have set up an organisation in collaboration with a big Hamburg law firm to offer integration support and mentoring to youngsters with migrant backgrounds. This work prepared me perfectly for the position as CHANGE trainer, in particular because I already had good connections with various African Communities here in Hamburg.

Once the concept of the CHANGE project was established, I began to activate my community network. I started researching individual African communities and singled out those whose members originate from regions with a high FGM prevalence rate. This is really important, because a nation's high prevalence rate for FGM does not mean that FGM is practiced in all regions of the country. CHANGE Agents that originate from areas where FGM is still practiced will most likely already know about the difficulties and might be more motivated. It is really important to be precise in the selection of CHANGE Agents to enable you to effectively and individually support each CHANGE Agent during the activity phase. Additionally, being precise and taking the specific local context into account help to justify our work in the communities. Projects dealing with African communities too often generalise. This is counterproductive in my opinion. Moreover, all our CHANGE Agents are very involved in their communities; some serve as mediators, others as community organisers or counsellors. Selecting CHANGE Agents with a certain standing in their community is crucial to get the message across.

This was a pilot project, so the biggest challenge was – figuratively speaking – jumping in at the deep end without knowing how to swim. It has been a constant learning process but I think we manage well. What it means to be a CHANGE Agent should definitely be discussed right at the beginning of the training. A lot of commitment and work is expected from the CHANGE Agents, so they need to understand what the hard work is for and to be constantly motivated and reminded about the added value of the project for their community. The addendum to the training curriculum which was included after the training sessions is very important and so is having tailored informational material for work in different communities. We also learned about the importance of community organising and engagement strategies and, together with the CHANGE Agents, we developed different sensitisation and behaviour change methods that can be applied during their various activities.

Moreover, CHANGE Agents faced challenges during their community activities due to disappointment with previous projects that promised a lot but never delivered. So some communities are wary of ventures initiated by outside organisations. That is why the CHANGE Agents should be very well integrated in their communities and identify strongly with the project. Responsibilities are important too. CHANGE Agents should play a part in organising trainings (writing protocols or providing lunch, conducting research etc.) so that they feel a certain amount of ownership.

My advice to you, as a future facilitator, would be to learn from others and to apply methods and strategies that worked well before. I am currently visiting FORWARD, one of the partner organisations of the CHANGE project, and I believe that it will be very valuable for my own work to see how they are implementing the project. As a facilitator you need to be able to keep track of the overall project and keep in constant contact with participants. Show presence and interest in the CHANGE Agents, call or email them regularly, provide them with small tasks and show them how important their work is for their communities. Being able to identify individual competencies and to promote ideas will strengthen the group and the commitment of all CHANGE Agents."

People for CHANGE: Key Professionals

Cooperation Between CHANGE Agents and Key Professionals

Key professionals such as doctors, social workers, social service employees dealing with domestic violence and child abuse, medical staff and teachers also play a vital role in preventing FGM and are an important target group supporting behaviour change in communities still in favour of it. Within the first CHANGE project key professionals were trained and exchange meetings between them and the CHANGE Agents were organised to further strengthen and support the community and to promote a dialogue between communities and key professionals on FGM, overcoming possible prejudices and lack of knowledge on both sides.

Key professionals have also be involved as external experts during CHANGE Agents training (for example for the modules on religion (religious leaders), health (gynaecologists) and Self-Care for CHANGE Agent. You can contact local health institutions, religious institutions, or NGOs experienced with the issue or partner organisations/like-minded organisations listed in PART C of this Training Manual for advice, help and support and you could invite them to become part of the training.

Anneke Ruijter, Centre for Domestic Violence in Amsterdam, Key Professional for FSAN

"I believe it is very important that care providers be aware of FGM. They need to know that FGM is a long-standing tradition and that parents and communities are often unaware of the health risks associated with FGM. As a social worker, I have counselled victims of domestic violence for many years.

Currently, I am coordinating a network at the Centre for Domestic Violence in Amsterdam, working with various aid organisations active in the field of domestic violence and fostering cooperation between them. We work in the field of FGM regularly. Also, once a year the Fulcrum Domestic Violence networking event for key professionals and government officials takes place, focussing on FGM. The CHANGE Agents will also participate, which will enable us to sustain the network between community representatives and professionals."

CHANGE Brochure 'Responding to Female Genital Mutilation: A Guide for Key Professionals'

Within the context of CHANGE, a prevention brochure for service providers, educators, and health workers has been developed. It provides information about FGM, the legal situation in respective countries as well as responsibilities and responding strategies for key professionals to protect girls at risk and to support affected girls and women. The brochure has been developed by the partners and is available for download in Dutch, English, German, and Swedish at the CHANGE project website. In the framework of the Change Plus project the brochure was updated and adapted to local context and is now available also in French, Italian and Portuguese (www.change-agent.eu).

Examples of Community Activities

Involving Men in the Abandonment of FGM: An Ice Breaker Activity by Solomon, CHANGE Agent at FORWARD, UK.

"I initiated and led a talk about traditional practices in Ethiopia, asking my participants to share their ideas on various aspects of the topic. Questions for brainstorming were

- What harmful traditional practices do you know in Ethiopia?
- Tell me why you think they are being practiced?
- What explanations can you imagine people might give for these harmful traditional practices?

Almost always FGM is mentioned ('Girzat' – the local term for FGM), demonstrating that people do identify it as a harmful practice. Following a general discussion about harmful traditional practices and reasons why they think they continue, the stage is set for a more focused conversation on my main topic/agenda FGM.

As a second activity, I facilitated another discussion with Ethiopian men and posed the following brainstorming questions.
What is FGM? Tell me what you know about how it is done. What does the community gain by practicing FGM?

It is plainly evident from participants' responses that their knowledge about FGM (what it is, how it is done, and the three major types) is sketchy and leaves a lot to be desired. All of them reported that it is the cutting of the clitoris of girls and that the most serious effect is the pain caused during the cutting. Most believed the effect ends there. The most important reason advanced by participants is controlling girls' sexual feelings based on the belief that, if uncircumcised, they will act sexually wild and will be lustful. A couple of men cited religious and cultural reasons making FGM mandatory for the girl child so that she will be a respected member of the community later in her adult life.

I was hoping to

- Engage the men in FGM conversations;
- Identify their current knowledge and level of awareness of FGM;
- Raise their current levels of knowledge about the types of FGM and their awareness of reasons for practicing it.

I planned to reach a traditionally hard-to-reach group of Ethiopian men. Although initial immediate responses when I first contacted them signalled disinterest, they reacted very positively in the two activities designed and implemented. For most of them this was the first time in their lives to engage in any serious conversations on the topic. They reported that, after the activities, they are now better informed about FGM. I did encounter some problems as I chose to address a group traditionally hard to reach. Manifestly, the first problem is to find participants. In the process I learned some useful lessons by making contact with certain key people and, for future activities, I now have enough networks to allow drawing participants from a wider pool."

Report: A Behaviour Change Activity by Ashwaaq, CHANGE Agent at FSAN

"I organised a lunch with four Somali mothers. In the invitation, I deliberately told them that I want to discuss FGM in order to avoid confusion and misunderstandings and to create a good atmosphere. At the beginning, I briefly informed them about the project, told them how I came into contact with it and explained the purpose of this conversation. Furthermore, I raised questions that had been prepared beforehand. I started the discussion by asking them what they thought about 'female circumsision'. I noticed that they had different opinions about the various types of FGM. The participants felt that parents 'circumcise' their daughters with good intentions and that they do not mean to harm them. In addition, they said that FGM has nothing to do with faith and is mainly considered a tradition. We talked about possible ways to deal with the social and family-related pressure to 'circumcise' girls. Afterwards, I explained the different types of FGM, the health consequences and the law in the Netherlands. Furthermore, we also explored some key aspects in the struggle to end FGM, for example: the role of the government and law enforcement, the role of the CHANGE Agents and of key professionals. At the end of the session I thanked everyone for their participation and input and informed them about our next behaviour change activity. I told them that I would bring some material in the Somali language and asked whether they could pass it on to their families and friends.

At my second awareness rasing activity I met the same group of Somali women in the home of one of the participants. Whilst evaluating the previous meeting activity, some participants immediately reported having talked to their families, friends and neighbors about FGM. Then we discussed the question how mothers can visit their country of origin without endangering their daughters to have FGM performed. I handed out information about the harmful nature of FGM, encouraging taking the documents home and on holiday to their country of origin. This led to considering the effects the leaflet might have in Somalia and what to do if the family still wanted to force girls to undergo FGM. Also, legal consequences awaiting the mother if she returned to the Netherlands with a circumcised daughter were discussed. I had the impression that the women were encouraged to think about various issues around the topic of FGM and to talk about FGM with their family and friends."

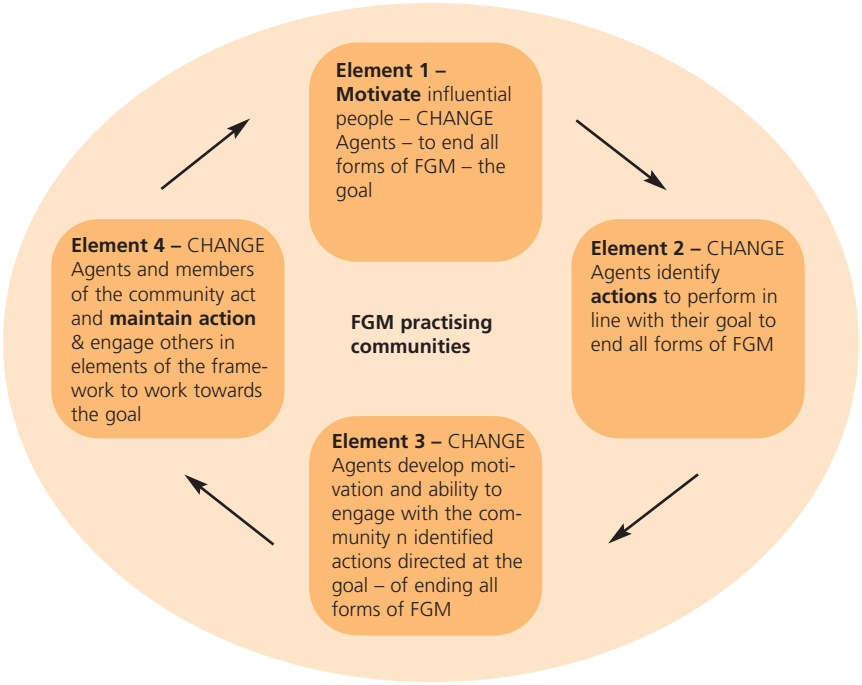
4. Towards a Programme Model of CHANGE

During the CHANGE and CHANGE Plus projects a programme model was developed to give guidance on the theoretical framework and to provide methodological orientation.

4.1 Theory of CHANGE

The starting point of the Theory of CHANGE is the Behaviour Change Approach, which was developed during the Daphne-funded project REPLACE. The REPLACE cyclic model of behavioural change takes into account that FGM is embedded in a complex series of behaviours – related to themes such as terminology, religious beliefs, communication, choice and consent and goes beyond information-, education-, communication- and awareness-raising campaigns. It comprises four elements: motivating influential people, identifying actions to motivate others, implementing the identified actions and engaging others in the change process to ensure sustainability.

The image below illustrates how the Behaviour Change Approach is implemented in the CHANGE project.



The REPLACE Framework: Ending FGM through a Behaviour Change Approach

The Theory of CHANGE encompasses three levels of change: the individual, the community and the institutional level.

Results (Objectives), Outcomes and Strategies on each of the three levels are identified. The overall impact of the projects CHANGE and CHANGE Plus would be the change of the social norm towards "Community ownership to abandon FGM".

On the **individual level** the **result** would be that multipliers actively promote the abandonment of FGM and their communities and the wider society too. The **outcome** is displayed in a matrix on Knowledge, Attitudes and Practices (KAP) focuses on the skills that CHANGE Agents (or Champions) need in order to promote CHANGE in their communities towards the abandonment of FGM. The training is a first step towards building these capacities and preparing CHANGE Agents to engage community members against FGM. An increase in knowledge, attitude and practice of the CHANGE Agents or CHANGE Champions would lead to the desired result of active multipliers who are able to implement community tailored activities against FGM using behavioural change methods.

The **strategies** to reach these **results** would be: (1) the training of CHANGE Agents and Champions and the development of community tailored strategies and tools (2) the selection process based on proximity, gender, intergenerational and diversity approach and peer-to-peer approach will serve the same goal (3) a support structure by the facilitating organisation is provided in terms of mentoring and exchange meetings (peer support).

Peer Mentoring by CHANGE Champions

Based on experience gained during the pilot project, we recommend jointly organising the first activity together with all the CHANGE Agents. Many questions will arise once community activities start, and different needs will require additional attention from you and other members of the CHANGE team. You could also respond to varying needs by offering additional training addressing specific questions, e.g. by approaching other NGOs to support you in this. During CHANGE Plus, experienced peers will play a vital role in mentoring, supporting and training the new CHANGE Agents – at least in Hamburg and Amsterdam.

On the **community level**, the **result** would be that communities show progress in ending the practice of FGM using the REPLACE community readiness index. The outcome would be: (1) inrease in knowledge of FGM (2) Changes in attitude regarding FGM and (3) changes in behaviour regarding FGM. The **strategies** encompass: (1) community mapping of belief systems perpetuating FGM undertaking community readiness for CHANGE (REPLACE 2), (2) the Implementation of **behaviour change strategies** that CHANGE Agents /Champions carried out in their communities according to the community level of readiness and their evaluation and finally (3) the evaluation of social norm changes in the community readiness index.

On the **institutional level**, the **result** would be that institutions and the general public contribute to an enabling environment for the abandonment of FGM. The **outcome** would be taking into account community perspectives and needs in dialogues and policy considerations. Another outcome would be improved child protection systems regarding FGM. **Strategies** encompass participation at (1) lobby and advocacy events and (2) round tables against FGM (in which the Champions take part in CHANGE Plus) as well as (3) media communication on FGM.

Impact: Community Ownership to Abandon Female Genital Mutilation

	Individual Level	Community Level	Institutional Level
Results	Multipliers actively promote the abandonment of FGM in their communities and the wider society.	Communities show progress in ending the practice of FGM using the community readiness assessment	Institutions and the general public contribute to an enabling environment for the abandonment of FGM
Outcomes	Increase in knowledge, attitude and practice (KAP) of the CHANGE Agents / Champions	Increase in knowledge of FGM	Community perspectives and needs taken into account in dialogues and policy considerations
	Implementation of community tailored activities against FGM.	Changes in attitude regarding FGM	
		Changes in behaviour regarding FGM	Improved child protection systems regarding FGM
Strategies	Selection process based on proximity, gender intergenerational, and diversity approach, peer to peer education	Community mapping of belief systems perpetuating FGM Undertaking community readiness assessment	Round tables against FGM
	Training of Change Agents/ Champions and development of community tailored strategies and tools	Development and implementation of community activities according to readiness to end FGM assessment score	Lobby and advocacy events
	Support structure: mentoring, exchange meetings	Evaluation of social norm change using the community readiness assessment	Media communication on FGM

4.2 Training of CHANGE Agents/Champions – Changes in Knowledge, Attitude and Practice

The CHANGE project has identified and developed a set of skills, which you find in the following matrix on Knowledge, Attitudes and Practices (KAP).

The Training Curriculum relates to the KAP and proposes in its modules how CHANGE Agents can acquire the knowledge and develop the attitudes and skills needed in their work with communities. The objectives and content of each module corresponds to the five areas of expertise in the KAP matrix as follows.

Being a CHANGE Agent/Champion

Module 1	Introduction to CHANGE and FGM
Module 4	Communication Skills and Conflict Management
Module 11	Self-Care for CHANGE Agents

Being Gender Aware

Module 2	Gender and Women's Rights

Learning Legal and Medical Aspects

Module 3	Introduction to FGM and Legal Issues
Module 5	Sexual and Reproductive Health and Rights
Module 6	FGM and Health Issues

Understanding Social Norms

Module 7	FGM, Culture, Tradition, Identity
Module 8	Religion

Knowing the Community

Module 9	Standards for Community Work
Module 10	Community Analysis
Module 12	Intervention Strategies to Protect Girls at Risk
Module 13	Action Planning for Behaviour Change Activities

There will be overlaps in the learnings outcomes from the different modules which are shown in the following tables of Knowledge, Attitude and Practice.

The following tables of Knowledge, Attitudes and Practices represents an ideal matrix of CHANGE Agent requirements for success in her/his commitment to abandon FGM.

Being a CHANGE Agent/Champion

(Learning Outcomes from Modules 1, 4 and 11)

	Knowledge	Attitudes and Values	Practices/Skills
Individual	Is familiar with the main facts on FGM, including prevalence rates and the WHO classification. (1) Understands the importance of confidentiality among groups and knows how to build trust. Knows activity planning and communication techniques. (4) Has learnt conflict mediation strategies.(4) Understands that FGM does not define a woman's identity and carries different meanings for different persons. Is clear about the danger of secondary trauma for him-/herself, recognises psychological stress indicators and knows self-care mechanisms to protect him-/herself. (11)	Is a role model for CHANGE. Is acting patiently, respectfully, and with gender sensitivity. Is intrinsically motivated to engage seriously against FGM and is prepared to face resistance. (1) Recognises her/his own limitations.	Constructs safe spaces and an environment of trust to talk about FGM (e.g. in gender-specific groups). (4) Supports and motivates other members of the group of CHANGE Agents in their work. (1) Communicates effectively and confidently with community members. (4) Is using coping strategies and self-care methods to deal a) with secondary trauma and b) with resistance or rejection. (11)
Community/ Family	Knows the dynamics around stigmatisation in the community. Knows how to develop and organise a successful community event. (13)	Is sensitive to non-linear dynamics of change in a community.	Follows the step-by-step approach for community activities (assessment, planning, building partnership, evaluation). (12,13) Develops a monitoring system at community level to protect girls and implements intervention strategies to protect a girl at risk. (12)
Institutional	Knows how to work together with different types of media. Is aware of the important roles different institutions play in supporting communities to abandon FGM.	Understands the important role of media in raising awareness of FGM but avoids exploitation of targeted communities.	Approaches local media to reach out to the community. Works together with institutional stakeholders to prevent FGM and develop strategies to reach out to communities, especially to the concerned girls and women. (13)

Being Gender Aware[x] (Learning Outcomes from Module 2)

	Knowledge	Attitudes and Values	Practices/Skills
Individual	Understands that women and girls' rights are human rights and that they are universal. Recognises the causes of gender inequality: male privilege, discrimination and subordination of women and girls, gender-based violence (like FGM), among others. (2) Comprehends that gender inequality is linked to discriminatory power structures.	Strongly believes in the empowerment of girls and women and the promotion of their rights. (2) Rejects all violence against girls and women, including FGM. Recognises and promotes women and girls' right to exercise power and make the decisions that affect them.	Analyses her/his own ideas about gender and challenges gender prejudices and stereotypes in her-/himself. (2) Steps up against gender-based violence, including FGM. Promotes gender equality and supports girls and women to realise theirs rights and exercise power.
Community/ Family	Understands that gender is a result of socialisation and recognizes the important role the family and the community play in eliminating gender inequality. (2) Is aware that dialogue between genders contributes to the empowerment of girls and women.	Recognises the importance of the responsibility and engagement of boys and men in gender equality.	Identifies and challenges gender discrimination in her/his family and community and inspires other men and women, including family members, to commit themselves to promote girls' and women's rights. Engages in the empowerment of girls and women and their rights. Sparks inter-generational dialogue and effective communication channels at family level on gender and FGM, with a special focus on dialogues between mothers and daughters.
Institutional	Understands the role of institutions in transforming discriminatory power structures.		Has identified particular institutions and their power structures that inhibit gender discrimination.

x This KAP Matrix is based on the KAP in Plan, Girls and Boys Champions of Change: Curriculum for Gender Equality and Girls Rights. ISBN: 978-92-9250-026-9 and ISBN: 978-92-9250-025-2

Learning Legal and Medical Aspects (Learning Outcomes from Modules 3, 5 and 6)

	Knowledge	Attitudes and Values	Practices/Skills
Individual	Knows the medical and psychological consequences of FGM for girls and women and possible implications on sexual relations with partners. (6) Understands when girls/ women need professional health support. Understands that girls and women who are not cut are often stigmatised in their own communities, while in the country of residence it is the girls and women who have undergone the practice who face rejection.	Is convinced that FGM is a universal human rights violation and happens globally. Is convinced that girls have a right to physical integrity and to be protected from violence. Understands her or his responsibility to protect girls and women from FGM. Believes in girls' and women's sexual and reproductive rights and that these contribute to sexual relations based on mutual respect and gender equality. (5)	Engages and supports affected girls and women and if necessary refers them to professional health services. Addresses men and shares information about health consequences. Engages them to support their female relatives to seek medical help when necessary.
Community/ Family	Understands the differences and opposition between customary and national law.	Is convinced that both national and customary law need to respect the rights of girls and women. (3) Believes that practices contradictory to the rights of girls and women need to change.	Informs communities about the legal framework regarding FGM. (3) Raises awareness of the medical and psychological consequences of FGM and introduces relevant health services. (6) Encourages an open dialogue on sexuality in a culturally sensitive manner. (5)
Institutional	Knows the national legal and European context and specific laws against FGM (if applicable), including asylum regulations. (3) Understands the legal consequences when FGM is practiced and different legal dimensions (including immigration laws) in the country of residence. (3) Is familiar with the international framework against FGM (e.g. the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa [The Maputo Protocol], the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women). Is familiar with relevant legal authorities responsible for prevention and prosecution. Knows the relevant local and national health services. (6)	Shares the conviction that women's and girls' rights are human rights and that they are universal.	Informs legal authorities about impending or confirmed cases of FGM Refers girls and women affected by FGM to a network of health staff. (6)

Understanding Social Norms (Culture, Religion, Tradition, Gender Roles)
(Learning Outcomes from Modules 7 and 8)

	Knowledge	Attitudes and Values	Practices/Skills
Individual	Understands the importance and benefits of tradition and culture but realises that harmful traditional practices exist that contradict girls' and women's rights with negative consequences for them. (7) Identifies the myths associated with FGM. Knows that FGM is not required by any religion. (8)	Strongly believes in the empowerment and rights of girls and women. Rejects all gender-based violence.	Has the skills to demystify traditional beliefs associated with FGM. Addresses the stigma associated with FGM and supports girls and women to overcome stigmatisation. (7) Questions individual suppressive behaviour and steps up against FGM. Challenges traditional beliefs associated with FGM and advocates for girls' and women's rights instead. (7) Supports girls and women as well as boys and men to speak out and act against FGM.
Community/ Family	Can identify how traditional and discriminatory power relations and decision-making processes influence the empowerment of girls and women in a family or community.		Supports women to seek peer support (e.g. in women's groups) to promote their rights. Encourages male peer groups to speak out against FGM and gender-based violence.
Institutional	Has identified important cultural and religious institutions interested in developing strategies to protect girls and women from FGM.		Engages religious and other cultural leaders to clarify that FGM is not justified by religion and engages them in the process of change (8)

Knowing the Community **(Learning Outcomes from Modules 9, 10, 12 and 13)**

	Knowledge	Attitudes and Values	Practices/Skills
Individual	Has identified evidence for the need to act against FGM in her/ his community. Analyses her/ his own position and decision-making power in the community. (9)	Reflects critically her/ his own interdependence on community dynamics. Is prepared to accept the impact her/ his engagement for FGM has on her/ his position.	Uses her/ his role and power as accepted and valued community member to promote the abandonment of FGM. Supports other CHANGE Agents to reflect on the influence the community has on their own lives and beliefs.
Community/ Family	Has identified influential community members and can map power relations in her/ his community (e.g. religious leaders, community elders, mothers-in-law). (10) Knows who in the community is open to change and how to engage them. (10) Knows how to address influential community members (role models) and is aware of strategies to overcome resistance. Has identified barriers that affect effective engagement of community members (e.g. women's restricted participation) and means to overcome these. Has evaluated the situation of girls at risk and identified strategies and stakeholders to protect them. (12) Knows the impact FGM may have on the community fabric as a whole. (10) Understands the value of a community healing process regarding FGM.	Believes that her/ his community can change and protect girls from FGM. (12)	Challenges traditional power relations by building a community of support against FGM. Strengthens male and female children and youth to reject FGM. Implements community-specific and tailor-made engagement strategies with the appropriate material to promote change. (9, 13) Engages the community to develop mechanisms / action plans to protect girls from FGM. (12) Promotes the value of community healing processes regarding FGM
Institutional	Knows key institutions in the community and understands their specific influence on community dynamics. (9)		Engages key institutions to get involved in the process of CHANGE. (9)

4.3 Behaviour Change Activities – Social Norm Change in the Community

Besides the individual level and the changes in the KAP, the Programme of CHANGE looks at strategies employed to promote change in their communities.

Before implementing behaviour change activities, community mapping is undertaken by community members to assess the community's readiness for change.

For a practical guidance on how to implement the mapping of the community, we would like to refer to the publications by Coventry University on the CHANGE website: http://www.change-agent.eu/index.php/about-us/publications/change-plus-publications

Depending on the results of the mapping, community-specific behaviour change activities will be implemented by the CHANGE Agents. The REPLACE community readiness to end FGM assessment of the social norm and corresponding strategies for each level of readiness can be found in the REPLACE Community Readiness to End FGM Assessment – Practical Handbook (available on the CHANGE Plus website http://www.change-agent.eu).

4.4 Lobbying and Advocacy – Community Needs are taken into Account in Policy Decision Making

Promoting behaviour change in a context where FGM is a social norm requires CHANGE Agents to create an enabling environment for change: at the individual, the community/ family and the institutional level.

Institutions themselves may contribute to an enabling environment and work to improve child protection systems regarding FGM and community perspectives and needs.

Approaches on these three levels are complementary and strengthen a holistic and sustainable process of CHANGE.

For your notes

PART B
Training Curriculum for CHANGE Agents

Table of Contents

Introduction to the Training Curriculum

This curriculum has been developed in accordance with the research findings by the four project partners in Germany, Sweden, the Netherlands and the United Kingdom on the barriers to ending FGM and draws on their experience in working with the communities. Within the CHANGE Plus Project it was revised and further developed by the new group of partners. It makes use of several approaches established during campaigns in countries where FGM originates. It has been expanded by two new modules for the CHANGE plus project.

Note to the Facilitator

The training programme consists of 13 modules á 4 hours, although some groups might need more time for specific aspects. It is important not to rush through the modules but give participants time to discuss and reflect on the contents. Each session should be concluded with a little homework and start with a short discussion/review session of the previous session in order to motivate CHANGE Agents to think about the information received and to deepen their understanding of the subject matter.

Due to work commitment of the participants, most prefer the trainings to be scheduled on weekends. Therefore, facilitating organisations might need to provide child-care during training on weekends.

You should also consider that some participants might not feel comfortable reading or writing a lot – so try to include practical exercises or use drawings and pictures. In some cases translation of the training materials into native languages might be required. You could involve fellow participants in the process and ask for their support.

PLEASE NOTE: This Training Manual is not a step – by – step resource. Instead it offers general ideas on how to structure the training and what content is important to communicate. Please also refer to the additional material provided in *PART C*, as well as newspaper articles, studies, movies and books. Exercises related to module content are explained in each module. Do not forget to include some fun teambuilding exercises as well, such as icebreakers and energisers between modules.

Some suggestions are listed in *PART C*.

For some modules we recommend that you ask for input from an external expert (compare the section on 'Key Professionals' in *PART A*). Watch for the following icon:

Fundamental principles for training of CHANGE Agents[5]

- Every participant is important
- Allow for everyone's participation
- Encourage quiet participants to share their views by asking them questions
- Use different methods and techniques suitable to the content and individual group
- Use participatory approaches
- Do not rush
- Do not judge
- Be respectful
- Be discrete
- Reflect on your language – make sure it is culturally sensitive and gender inclusive

The 13 modules aim to provide participants with the necessary knowledge and tools to implement behaviour change activities in their communities in 7 days of training. Each module has an information part and suggestions for practical exercises. Most modules are designed to be taught in about 4 hours.

At the end of the training course, your participants will have gained essential knowledge about female genital mutilation and connected topics, such as health, law and gender.

5 African Women's Organization (2005) *Training Kit – Prevention and Elimination of Female Genital Mutilation among Immigrants in Europe* (Vienna: EU Daphne Project), p. 59.

The Curriculum Contains the Following Modules:

Day	Training Day Contents	
1	Module 1 **Introduction to CHANGE and FGM**	**Homework:** a) Interview a woman in your life about her experiences being a woman, about the dreams she had when she was young and how her reality is. b) Find out whether there is a law on FGM in your home country and bring details on this law.
2	Module 2 **Gender and Women´s Rights** Module 3 **Introduction to FGM and Legal Issues**	**Homework:** a) Talk to a friend about FGM and discuss why this is prohibited in the country you are now living in. b) How do you talk about FGM in your family/ your community/ your ethnic group?
3	Module 4 **Communication Skills and Conflict Management**	**Homework:** a) Identify conflicts around FGM and think of how to solve them. b) How do you talk about sexuality in your family? and What health consequences of FGM do I witness in the communities?
4	Module 5 **Sexual and Reproductive Health and Rights** Module 6 **FGM and Health Issues**	**Homework:** a) Exchange your knowledge about sexual and reproductive health and rights with a woman you trust. b) Talk to your religious or traditional authority in your community and find out what they think about FGM and girls' rights."
5	Module 7 **FGM, Culture, Tradition, Identity** Module 8 **Religion**	**Homework:** a) Prepare a power mapping of your community. b) Identify the people who can be your network of support for the work on FGM.
6	Module 9 **Standards for Community Work** Module 10 **Community Analysis** Module 11 **Self-Care for CHANGE Agents**	**Homework:** a) Follow the instructions given to you by the facilitator to conduct an interview with a community member or/and a focus group discussion.
7	Module 12 **Intervention Strategies to Protect Girls at Risk** Module 13 **Action Planning for Behaviour Change Activities**	**Wrap-up and way forward**

Make sure to always discuss the outcomes of the homework in the following sessions.
Additionally, participants receive material packages such as brochures, books, comics, CDs and DVDs to support their activities. You will find material packages in English, German, Swedish, Dutch and French under *PART C* of the Training Manual.

Module 1 – Introduction to CHANGE and FGM

Structure

Objectives of Module 1

- To be familiar with the main facts on FGM, including prevalence rates and the WHO classification
- To be intrinsically motivated to engage seriously against FGM and is prepared to face resistance
- To better understand the role and duties of CHANGE Agents
- To define the scope of action of CHANGE Agents, limits and challenges in terms of gender, age, community affiliation
- To enable participants to collectively develop guidelines for themselves as CHANGE Agents
- To support and motivate other members of the group of CHANGE Agents in their work

1.1 Introduction of Participants

In order for participants to get to know each other better and start building their team, we suggest you start with two icebreaking exercises. The following two games aim at creating a relaxed atmosphere but also at generating trust and team building skills.

1.1.1 Introduction of Participants — 30 minutes

Materials and Equipment: A Small Ball to Throw

You and the CHANGE Agents create a circle either seated or standing. First you introduce yourself to the group by name, adding a personal preference or passion and your personal motivation to be there. Example: "I am Benjamin and I like barbecues. I am here because…" Afterwards you throw a ball to any other person to continue the introduction round.

1.1.2 Getting to Know Each Other — 30 minutes

Materials and Equipment: None

The group should be standing. Ask different questions and the group then has to form a line according to the type of answer (see examples). Then everyone has to state their name and their answer to the question. After the third question, you can ask the participants to always say the name of their neighbour in line.

Here are some examples for questions:

a) What is your country of origin? Please form a line according to the alphabetic order of the countries.

b) Since when have you been living in this country? Please form a line according to the month/ year when you arrived.

c) In which month is your birthday?

Variation:
You can also ask people to form groups with the same answer and then present themselves with their names. Think of questions that would apply to more people in a group:
a) Which of the following do you like best –fish, meat, vegetables, desserts?
b) What is your favourite colour?
c) How many brothers and/or sisters do you have?
d) How many times a month do you do sports?

1.2 Setting Ground Rules: Behaviour during the Training Sessions

The following section recommends that participants agree on basic training rules. Ask everyone to state what they feel is important for working together. Add if you feel something important is missing. Below are some ideas for **ground rules for the training**:

- We will be respectful towards one another: Everybody deserves the same respectful treatment. We will not tolerate discrimination of any kind during training sessions.
- We will listen to each other: We want to be considerate and listen to what others have to say. If something is unclear, we will ask kindly for clarification.
- We will switch off our mobiles or turn them low: During the sessions it is important for us to concentrate. We can call people back during breaks.
- We will keep time: We will make sure that the sessions can begin and finish on time.

Coffee BREAK – 15 minutes – Tea BREAK – 15 minutes – Coffee BREAK

1.3 Introducing the CHANGE Project & CHANGE Agents

What Do the CHANGE Agents Expect?

Before you start explaining what CHANGE is about, ask participants about their expectations for the project and the training. Give everyone the opportunity to share her or his thoughts and opinions. Collect ideas on a flipchart. In your presentation you can refer to these expectations.

Sample questions include
What do you expect from the training sessions?
What would you like activities in your communities to achieve?
Where do you see potential challenges?

The CHANGE Plus Project

Here you should present the past CHANGE project and the subsequent CHANGE Plus project. Prepare a handout before the session with all information so that participants have the opportunity to refer to this at a later point. While you explain CHANGE, make the information visible to all participants, e.g. through a PowerPoint or Prezi presentation or on flipcharts.

What Information Should You Communicate in Your Presentation?

Duration of the Project from (month/year) to (month/year)

Project Partners Introduction of the partner organisation(s)/institution(s)

The CHANGE Plus Project

The CHANGE Plus project will help prevent violence against children and women linked to harmful traditional practices CHANGE works with multipliers from communities that continue in favour of FGM and aims to promote attitude and behaviour change leading to the abandonment of FGM in these communities across the EU. The CHANGE training programme combined several approaches approved during campaigns in countries where FGM originates. This curriculum builds further upon the lessons learned during the pilot project implemented in Germany, the Netherlands, Sweden, and the United Kingdom.

Objectives of the CHANGE Project

- Raising awareness
- Changing attitudes
- Promoting behaviour change

regarding FGM in Diaspora Communities in the EU

Introduce the timeline and contents of the 7 Training Sessions and ask if they have any questions.

What is Expected of the CHANGE Agents:

- Actively contribute to the training programme (7 days)
- Advocate for the abandonment of FGM
- Encourage behaviour change towards protecting girls and women from FGM
- Participate in at least 10 group meetings
- Support and motivate other CHANGE Agents
- Exchange experience and ideas in a dialogue session with key professionals
- Organise at least three behaviour change activities

Lunch BREAK – 1 hour – Lunch BREAK – 1 hour – Lunch BREAK – 1 hour

Energizing Exercises in Team Building

The CHANGE Agents will now surely need an energiser. The following exercises focuses on team- and trust building.

Team Building Game: Paper Tower .....20 minutes

Material and Equipment: Newspaper (at least for or five stacks), Scissors, Masking Tape

Divide the group in teams of three to four people. The goal is to build the highest tower out of newspaper and sticky tape while no additional materials are allowed. It is forbidden to lean the tower against walls; instead, the tower must be able to stand freely. Groups work in a team and can use their creativity and imagination. Stop the time (about 15 minutes). The group with the highest tower wins!

Trust Building: "On One Foot" .....5 minutes

Material and Equipment: none

All participants stand in a circle at arm's length from one another. While holding each other's hands, every person tries to stay on one foot as long as possible without breaking the "chain." This game can be played several times in future training sessions. It helps to see how a group's trust in one another has developed throughout the session.

1.4 Introduction to FGM

The first part of this module gives a general overview of the origins of FGM, why communities continue to practice it, the prevalence rates, the different types as well as the long-term consequences and complications.

Prepare a Presentation With the Main Facts:

For more information, fact sheets and research studies see Part C. These can serve as a basis for your presentation.

What is FGM?

The term female genital mutilation (FGM) describes the different types of mutilation performed on the female genital organs. It is defined as an act of violence against the female body and a violation of girls' and women's fundamental rights.

FGM is a very complex and sensitive subject which, among other things, concerns the role of genital organs, marriage, health, sexuality, women's and children's rights.

Different Types of Female Genital Mutilation – The WHO Classification

I. Excision of the prepuce and part or all of the visible clitoris
II. Excision of the prepuce and clitoris together with partial or total excision of the labia minora
III. Infibulation: excision of part or all of the external genitalia and stitching/ narrowing of the vaginal opening
IV. Pricking, piercing, incision, stretching, scraping or other harming procedure on clitoris and/or labia

The Origins of FGM

More than 3000 years old, FGM is a practice widely spread in Africa but also found in other countries worldwide.[6] It is strongly rooted in custom and can be traced back to even before the advent of Christianity and Islam. Nowadays it is found in many countries all over the world, performed by indigenous peoples as well as by certain ethnicities or migrants from communities in favour of the practice (see exercise on prevalence rates below).

How is Female Genital Mutilation Performed?

The circumciser is usually a traditional practitioner like a midwife. However, a significant trend towards medicalisation of 'circumcision' exists and in some countries, such as Egypt, it is mainly medical personnel performing the operation.

Yet, most cases occur at home under the following conditions:

- The instrument may be a stone, a knife or a piece of glass;
- The tool is usually not sterilised and may be used repeatedly without being properly cleaned;
- The girl receives no anaesthesia though sometimes natural drinks or herbs are given to ease the pain.

An increase of HIV/AIDS infections may occur when instruments cut several girls without sterilisation.[7]

Complications Following Female Genital Mutilation

It should be clear from your presentation that various health risks are associated with FGM. These include short-term and long-term health risks and include physical as well as psychological and emotional consequences. Long-term complications in particular often tend not to be directly associated with FGM.

- Excessive bleeding (which can result in death)
- Difficulties with urinary continence or inability to urinate at all (infection of the genital area, especially the development of fistulas)
- Difficulties during menstruation (infections, blockage of blood discharge)
- Immense pain, damaged nerves
- Difficulties during intercourse: e.g. infibulated women need to be defibulated to enable penetration during sexual intercourse by cutting open the scarred vaginal tissue with sharp objects[8]
- Difficulties during pregnancy: delivery complications, fissures due to scars that reduce the elasticity of the skin, fistulas, and cysts

In your presentation, also refer briefly to the social dynamics of FGM – even though this will also be dealt with more in detail in later modules:

"In communities where it is practiced, FGM/C is an important part of girls' and women's cultural gender identity. The procedure imparts a sense of pride, of coming of age and a feeling of community membership. Moreover, not conforming to the practice stigmatizes and isolates girls and their families, resulting in the loss of their social status. This deeply entrenched social convention is so powerful that parents are willing to have their daughters cut because they want the best for their children and because of social pressure within their

6 For prevalence rates see: UNICEF (2013) "Female Genital Mutilation/ Cutting: A Statistical Overview and Exploration of the Dynamics of Change".
7 Deutsche Gesellschaft für technische Zusammenarbeit (GTZ) (2011) Female Genital Mutilation and HIV, Eschborn.
8 World Health Organisations (WHO) (2016) "Health Risks of Female Genital Mutilation".

community. The social expectations surrounding FGM/C represent a major obstacle to families who might otherwise wish to abandon the practice."[9]

FGM is a Social Norm that is Believed to Guarantee...

- Status and acceptance
- Approval, pride
- Rewards and benefits
- Public recognition

Non-Conformity Means...

- Isolation/exclusion
- Shame/ridicule
- Ostracism/rejection
- Stigma

Exercise on Prevalence Rates .....20 minutes

Before the session, print enough copies for each participant of the Prevalence Table of available data on FGM rates on page 2–3 of the UNICEF Report. *(Please see "Recommended Exercises for Module 2" in PART C)*

Start the exercise by explaining that two sources provide numbers based on representative surveys:

- The Demographic and Health Surveys (DHS) (conducted by each country in a five year rhythm): www.measuredhs.com
- The Multiple Indicator Cluster Survey (MICS) conducted with support from UNICEF to collect child relevant data: http://www.unicef.org/statistics/index_24302.html

Then ask the participants to form groups of two or three and give each group slips of paper with the names of countries where FGM is still practiced (two to three different countries per group). Give them 10 minutes to estimate the official FGM prevalence rate for those two or three countries. Afterwards compare the estimations of the different groups with the official data. Discuss with the whole group how they would account for differences among the nations (e.g. dependent on ethnicity) regarding FGM prevalence rates.

1.5 Role and Guidelines for CHANGE Agents/Champions

Group Exercise on Expectations and Ideas on 'How to Work Most Efficiently as CHANGE Agents'

.....45 minutes

CHANGE Agents are divided into three smaller groups to discuss the concept of 'good practice' outlined in chapter 4 of the 'Multi-Agency Practice Guidelines:

Female Genital Mutilation', published by the UK government and based on research conducted by FORWARD. *You'll find the source in Additional Material for Module 1 in PART C.*

Group I reads and discusses chapter 4.1 on 'Duty to safeguard children and protect women at risk'.

Group II reads and discusses chapter 4.2 on 'Talking about FGM'.

Group III reads and discusses chapter 4.3 to 4.8 dealing with other important aspects to consider in the role of CHANGE Agent.

9 United Nations Children´s Fund (UNICEF) (2005) "Changing a Harmful Social Convention: Female Genital Mutilation/ Cutting," p. vii.

Presentations of Group Results

Explain to each group that they have 10 minutes to present the content of the chapter followed by a 10-minute discussion with the whole group.

Discussion of 'Draft Guidelines for CHANGE Agents'

Participants should then develop their own 'Guidelines for CHANGE Agents' based on the readings and results of discussion of the previous sessions.

Homework:

a) Interview a woman in your life about her experience being a woman, about the dreams she had when she was young and how her reality is.

b) Find out whether there is a law on FGM in your home country and bring details on this law.

For your notes

Module 2 – Gender and Women's Rights[10]

Structure

2.1 Introduction to Gender Equality and Girls'/ Women's Rights ..... 30 minutes
2.2 Sex and Gender ..... 60 minutes
Coffee/Tea Break .....10 minutes
2.3 Socialisation and Gender Stereotypes .....10 minutes
2.4 Gender and Power.....10 minutes
2.5 Dominant Masculinity versus Gender Equality: Benefits and Costs .....30 minutes

Objectives of Module 2

- To recognise the link between gender inequality and discriminatory power structures
- To strongly believe in the empowerment of girls and women and the promotion of their rights
- To reject all violence against girls and women, including FGM
- To analyse her/his ideas about gender and challenges gender prejudices and stereotypes in her-/himself
- To understand that gender is a result of socialisation

2.1 Introduction to Gender Equality and Girls'/Women's Rights

A world of gender equality is a world where everyone independent of their sex can fully enjoy their rights. The state and its institutions have the duty to make sure that this becomes a reality.

Gender equality means that women and men, girls and boys

- enjoy the same status and power in society
- realise all human rights fully and without discrimination
- receive the same level of respect and are valued equally in the community

2.1.1 Exercise Based on the Homework from the Previous Session

A World of Gender Equality .....20 minutes
Material and Equipment: none

What You Do:

Ask the participants to exchange in groups of three for 15 minutes, what they learned from interviewing a woman in their life: Are there specific experiences which they would like to highlight? What did they feel when listening to the experiences? What impression did they have on the life of the women they interviewed? What happened to the dreams the women had as a girl? Which differences in their lives did the women highlight in comparison to the lives of the men around them?

2.2 Sex and Gender

When we talk about our identity as a man or a women or want to understand the expectations regarding our roles, it is important to differentiate between the two concepts of "Sex" and "Gender".

- **Sex** describes the biological and genetic differences between men and women.

10 Based on Plan's training modules: Planting Equality- Getting it Right for Girls and Boys as well as Girls and Boys Champions of Change: Curriculum for Gender Equality and Girls Rights. ISBN: 978-92-9250-026-9 and ISBN: 978-92-9250-025-2

• **Gender** refers to the roles, behaviours and attributes around what is considered to be appropriate for girls and boys, women and men. These expectations are learnt by everyone and are shaped by society. They are dependent on a specific social context and they change over time. Gender differences often lead to discrimination, violence and differences in value, status or power for women and men. An example: It is the duty of a man to earn the money while the women should look after the children.

To understand these gender norms is important because they influence the way we perceive the world, think and how we relate to others. When women and men don't behave according to the roles assigned to them by society, they often face rejection, disapproval and even persecution.

2.2.1 Practical Exercise on the Definition of Gender + Discussion

What is Gender?.....45 minutes

Material and equipment: 4 flipcharts, thick markers, large cards, four per person, masking tape

Preparation: Prepare 4 flipcharts with the following titles: 'SEX-Women', 'GENDER-Women', 'SEX-Men and 'GENDER-Men' and keep them covered so as not to influence participants' answers.

What You Do:

Hand out four cards and one marker to each participant. Explain that you will ask four questions which they have to answer as sincerely as possible. Tell them that there are two sets of questions and they should write one idea per card.

- First set of questions: What do you like most about being a woman or a man? What do you like least about being a woman or a man?
- Second set of questions: If you were a man/ a woman (choose opposite sex), what would you like most? If you were a man / a woman (choose opposite sex), what would you like least?

Then make a brief presentation about the differences between 'sex' and 'gender'.

Ask the participants to separate their cards according to which are sexual and which are gender characteristics and ask them to stick them on the respective flipcharts you prepared.

Discussion:

Discuss with the group the following aspects: Which characteristics were most and least common? Why? Why are social characteristics so important for our definition of being a 'woman' or 'man'? Does society value female gender characteristics as much as male ones? Why is it important to distinguish between 'sex' and 'gender'?

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

2.3 Socialisation and Gender Stereotypes

We are not born with a set of inherent gender roles but learn these during our life. Through this gender socialisation we adopt certain attitudes, behaviours and belief systems around what it means to be a girl or boy, women or man. Our environment – e.g. parents, teachers, friends, media, education, religion and the community influences what we become to believe and accept as appropriate behaviour for women and men. The result is e.g. that community members accept the idea that girls have to be cut to become a proper woman without questioning it.

When these beliefs about gender are considered true and unchangeable they are called gender stereotypes. Women and men are judged by how well they adhere to the existing gender stereotypes. This can lead to the social exclusion of those who do not fit the stereotype. Girls e.g. who do not want to be cut, are often excluded from the community.

- Gender stereotypes are sustained and reproduced through education, exposure to media, community life and upbringing, among other social processes.
- They shape people's attitudes, behaviours and decisions.

- Gender stereotypes can lock girls and boys into behaviours that keep them from developing to their full potential and realising their rights. We can challenge gender stereotypes by becoming aware of how they affect us and by rejecting them.

For a practical exercise on gender socialisation, see explanations on *"The River of Life" in PART C*.

2.4 Gender and Power

In a patriarchal system of domination and discrimination of women, it is important to understand that men and boys are generally valued more than women and girls and have greater decision making power. Men for example are usually paid higher salaries for the same work and can move around more freely than women. The result is that girls and women are not allowed to act on their own behalf and take decisions on issues that concern them. Most girls for example do not have the power to decide against being cut.

To address this, it is important to differentiate three types of power:

a) "power over" as the ability to control others and make decisions for them, often implying a benefit only for the one who controls,

b) "power within" as a feeling of self-esteem and being equipped with the skills and assets to claim one's right,

c) "power with" referring to the collective action to work together to achieve collective aims.

2.5 Dominant Masculinity versus Gender Equality: Benefits and Costs

To understand why gender discrimination persists in our patriarchal societies it is not only important to look at the underlying power structures but also understand who the beneficiaries of this system are.

Divide the participants into the following groups: one group of only women, one group of women and men, one group of only men. Ask them to write down on a flipchart

a) as many benefits they can think of that boys/ men have in the existing patriarchal system

b) as many costs they can think of that boys/ men have in the existing patriarchal system

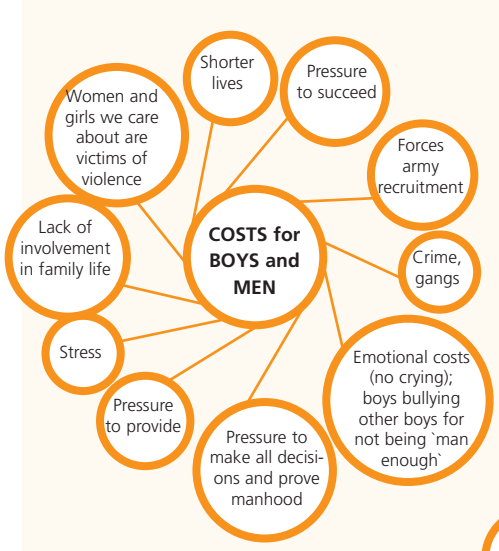
c) as many costs they can think of that girls/ women have in the existing patriarchal system

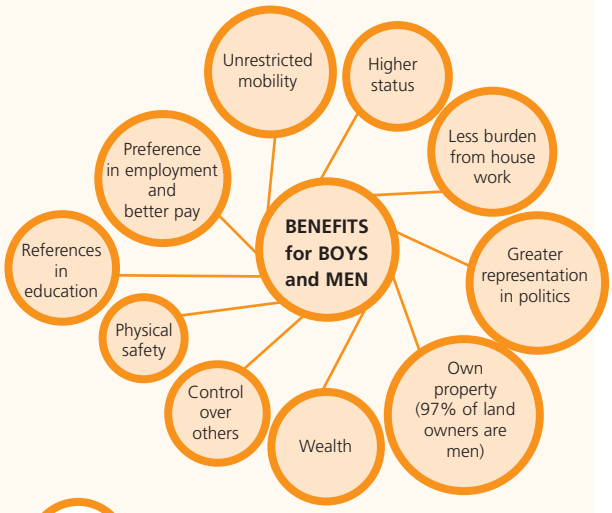
After 15 minutes ask them to present their results. Discuss whether there are differences in the points listed for the different areas. Ask the participants whether they can give examples of these costs/benefits in their own communities.

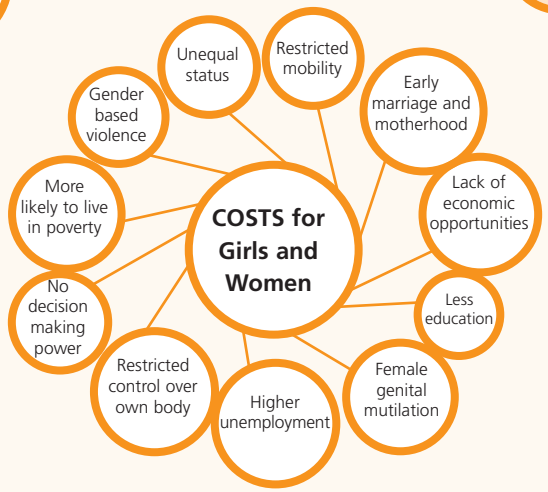
Afterwards ask the group in plenary to think of examples of benefits for girls/ women and boys/men in a society that respects gender equality and note these on two separate flipcharts.

11 UN Women (2014) *Sources of International Human Rights Law on Female Genital Mutilation.*

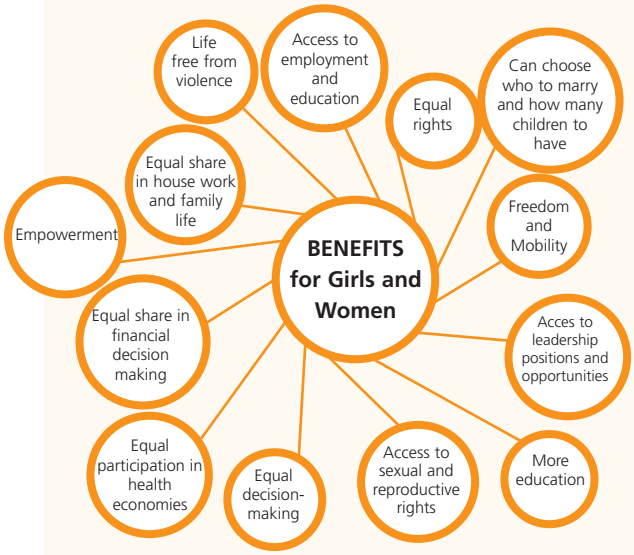
a) Examples of benefits and costs for boys and men and costs for girls and women in a patriarchal system

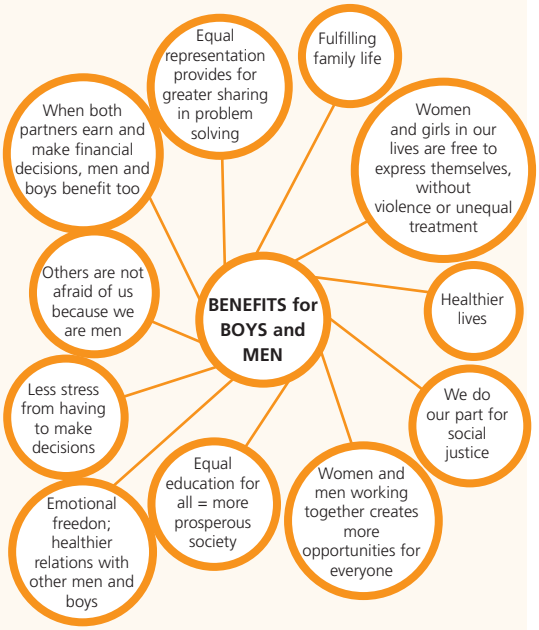






b) Examples of how women and men/ boys and girls benefit from a system promoting gender equality





Lunch BREAK – 1 hour – Lunch BREAK – 1 hour – Lunch BREAK – 1 hour

For your notes

Module 3 – Introduction to FGM and Legal Issues

Structure

Objectives of Module 3

- To ensure that CHANGE Agents understand FGM as a global issue and a violation of human rights
- To know the national legal and European context and specific laws against FGM (if applicable), including asyulum regulations
- To be convinced that both national and customary law need to respect the rights of girls and women
- To understand legal consequences when FGM is practiced and different legal dimensions (including immigration laws) in the country of residence
- To introduce relevant national legal authorities responsible for the prevention and/ or prosecution of FGM

3.1 Introduction to Legal Issues and the National Law

In this session you should introduce the CHANGE Agents to the legal situation in Europe (focusing on the legal situation of the country in which the project takes place) and in Africa as well as to the laws and agreements in place on the international level. It is further recommended that you cover relevant European and national asylum regulations as well.

For a general overview, refer to EIGE's report on female genital mutilation in the European Union and Croatia. (*See additional material for Module 3 in PART C*)
Present the laws relevant to FGM and explain their meanings as well as the legal consequences when FGM is practiced despite the laws in place. The relevant national legal authorities responsible for the prevention and persecution of FGM should then be introduced to the CHANGE Agents.

Make sure that you explain to them that with or without specific legislation, FGM is condemned in most European countries at least as bodily injury or grievous bodily harm or aggravated assault.

Following the presentation, the CHANGE Agents should have the opportunity to ask questions.

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

3.2 The International Legal Framework

FGM is a violation of the human rights of women and girls as recognised in numerous international and regional human rights instruments.[12]

- According to the Universal Declaration of Human Rights, FGM violates the following human rights principles, norms and standards:
- Everyone has the right to be free of discrimination on any basis, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. (Art. 2)
- Everyone has the right to life, liberty and security of person. (Art. 3)
- No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. (Art. 5)

Note to the facilitator:
A compilation of regional and international human rights conventions on female genital mutilation and their explanations can be found in the Virtual Knowledge Centre to End Violence against Women and Girls established by the United Nations Entity for Gender Equality and the Empowerment of Women. *(See additional information for Module 3 in PART C)*

3.3 Exercise on FGM Legislation

Before the session, prepare enough copies for all participants of the chart highlighting various countries with specific legislation on FGM on page 9 of the UNICEF Report. *(See "Recommended Exercises for Module 3" in PART C)*

During the session hand out copies of the map and explain that even when there are laws, these are often not enacted.

The UNICEF Report states that 'Twenty-four of the 29 countries where FGM/C is concentrated have enacted decrees or legislation related to FGM/C':
You can also discuss the following questions with the CHANGE Agents:

a) Why are laws important?
b) What might be the reasons that some countries do not have specific laws against FGM?
c) What might be the reasons why the law is often not applied or very few people are sentenced for committing FGM?
d) Why has France managed to bring several cases to court? What can we learn from the French and from these cases?

For additional information and possible answers to these questions, please see GIZ 'Female Genital Mutilation' in *"Recommended Exercises for Module 3" in PART C*.

Homework:

a) Talk to a friend about FGM and discus why this is prohibited in the country you are living in.
b) How do you talk about FGM in your family/your community/your ethnic group?

12 UN Women, "Sources of International Human Rights Law on Female Genital Mutilation".

Module 4 – Communication Skills and Conflict Management

Structure

4.1 Introduction to Verbal and Non-verbal Communication .....15 minutes
4.2 Exercise on Personal Communication Skills .....2 h 45 minutes
Lunch Break .....60 minutes
4.3 Group Work: How to Talk about FGM .....45 minutes
Coffee/Tea Break .....10 minutes
4.4 Constructive Conflict Communication .....60 minutes

Objectives of Module 4

- To be familiar with moderation and communication techniques
- To know conflict mediation strategies
- To be able to construct safe spaces and an environment of trust to talk about FGM (e.g. in gender-specific groups)
- To communicate effectively and confidently with community members
- To introduce the concepts of verbal and non-verbal communication
- To eliminate 'gender' as a barrier for communication and increase interaction between women and men regarding FGM
- To break the taboo against discussing FGM in families and within communities

4.1 Introduction to Verbal and Non-verbal Communication

The session should start with an introduction to verbal and non-verbal communication by showing examples of facial expressions and body language. Short clips of politicians speaking or talk shows and pictures of celebrities could be used as examples. Ask the CHANGE Agents to provide their impressions of facial and body languages of each person. In this way the differences between verbal and non-verbal communication techniques become clearer.

4.2 Exercise on Practice Personal Communication Skills

.....2 h 45 minutes

Material and Equipment: video camera (optional)

Before the session: Prepare sufficient copies of the evaluation sheet.

This session aims at strengthening the communication skills of CHANGE Agents. Ask each participant to answer the same question and present his or her answer to the audience while being recorded (optional). For each presentation the other CHANGE Agents fill out an evaluation sheet (see example below) on presenters' verbal and non-verbal communication skills.

4.2.1 Preparation: .....15 minutes

Explain that through the following exercise the CHANGE Agents will learn more about their presentation skills, how they are perceived when talking about FGM, what kinds of strengths and weaknesses they have and how they can improve their communication on FGM.
You should provide half of the participants with a slip of paper with question 1; the other half should receive a slip of paper with question 2. All will reply to the question they received:

- **Question 1: What is your opinion on FGM?**
- **Question 2: What can we do to stop FGM?**

Ask the participants to take 5 minutes to write notes on what they plan to say in front of the group

4.2.2 Presentation, Evaluation and Recording: .....45 minutes

Then explain that each CHANGE Agent has two minutes to answer his/her question. Make each feel reassured to speak in front of the others.

Ask the audience to watch the short speech while filling out an evaluation questionnaire on verbal and non-verbal communication skills for each participant.

There should be a score of at least 50% for verbal communication and 50% for non-verbal communication skills.

Note: you could record the presentation to show the participant afterwards and explain how they can improve – consider, though, that this will take a lot more time.

Anonymous Evaluation Questionnaire: Each group member should evaluate the communication skills of the one speaking by writing down adjectives related to the list below. Each questionnaire should evaluate at least three non-verbal skills and three verbal skills.

Non-verbal skills

- Body movements (e.g. too nervous, walking/calm)
- Body language (e.g. not too closed/formal or open/informal)
- Appearance (e.g. reliable/confident)
- Gestures (e.g. emphasising speech)
- Facial expression (e.g. artificial/reliable)
- Use of eye contact (e.g. avoiding/seeking contact with audience

Verbal Skills

- Convincing (e.g. structures his/her arguments well)
- Clear voice (does not mumble)
- Speaking volume (not too soft, not too loud)
- Speaking fluency (pauses, silences, "uh's")
- Speaking rate (neither too slow nor too fast)
- Vocal confidence (fragile voice/strong voice)

4.2.3 Reviewing Personal Communication Skills: .....60 minutes

If you have done a recording, ask the CHANGE Agents to look at their little speech and have them complete a self-assessment of their own presentation.

At the end all participants receive the evaluation sheets from the others and can compare them to their self-assessment.

In a closing discussion participants give general feedback on this task and suggest ways to improve communication on FGM.

Lunch BREAK – 1 hour – Lunch BREAK – 1 hour – Lunch BREAK

4.3 Group Work: How to Talk About FGM

Ask the group to work in two smaller groups with about six participants in each. Each group should answer the following questions and present the results afterwards:

Group A: Internal Communication

- Who communicates with whom about FGM?
- What are the differences between male and female usage of language in relation to FGM (if any)?
- Which terms do you use when talking about FGM?
- What kind of communication channels could/should be chosen?

Group B: External Communication

- What are the taboos when talking about FGM?
- What efforts should be made to overcome them?
- What are the external communication channels?
- What should be kept in mind when making use of various media channels for communication about FGM? What are advantages, what are the disadvantages?

Each group has 15 minutes to present their answers and main discussion points. Thank the CHANGE Agents for the presentations and provide additional comments if needed.

Then draw a conclusion: External and internal communication requires different communication channels and terminology. Ask them to start thinking about how to organise private meetings to provide the best conditions for communication on FGM and how to address gender-specific patterns.

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

4.4 Constructive Conflict Communication

This session focussed on constructive conflict communication strategies and had been taught by an external expert at one of the partner organisations. The first part of the programme consisted of several exercises followed by theoretical input during the second part.

Responding to Resistance[13]

Type of Resistance	Response Strategies
Denial: • E.g. Denying the existence of discrimination on the grounds of ethnicity/age/gender/etc.	**Denial:** • Provide qualitative and quantitative evidence about specific examples of social inequality.
Blame the victim: • E.g. blaming the people discriminated against for existing inequality.	**Blame the victim:** • Provide specific examples of how social structures constrain some people's choices due to their race/gender/etc.
Side-lining: • Acknowledging that there are gender/racial/etc. inequalities, but denying that these affect all social relations and presenting systemic discrimination as individual issues. • Claiming that there are more immediate priorities, such as fighting poverty.	**Side-lining**: • Provide examples of how poverty affects people differently because of their gender/ethnicity/etc. • Provide training on the links between social inequality and human rights.
Lip Service: • Publicly announcing that social equality needs to be achieved but not actually making any real progress.	**Lip Service:** • Focus on the outcomes instead of the rhetoric and ask about the specific measures that are undertaken to achieve social equality.
Tokenism: • Inviting very few 'tokens', e.g. 'empowered' women, to join conferences and claim that women's issues are represented.	**Tokenism:** • Shift attention to the outcome of participation: ask how the project will result in greater power for all girls and women.

Exercises:

1) Different types of resistance were discussed and how to deal with them. Participants practiced how it feels to: a) fight back against resistance, b) give in to resistance, and c) redirect resistance in a physical exercise with a partner.

2) 'De-escalating Communication and the Power of Body Language': A role-play in teams of three practicing challenging conversations (e.g. about FGM with stubborn community members) to learn how body language influences the outcome of the conversation. The entire group then discussed the outcomes of this exercise.

Theoretical Input:

The theoretical section focussed on key models of communication such as the Iceberg Model of Communication, Active listening and the Four-sides model by F. Schulz von Thun.[14]

Homework:

a) Identify conflicts around FGM and think of how to solve them.
b) How do you talk about sexuality in your family? What health consequences of FGM do you witness in the community?

13 Plan (2012) Planting Equality. Getting it Right for Girls and Boys. Component 10c, Page 22/3. ISBN 978-92-9250-014-6.

14 Academy for Conflict Transformation, "The Communication Model by Schulz von Thun"; Kwintessential, "Intercultural Training and the Iceberg Model"; Conflict Research Consortium, "Active Listening"; Schulz von Thun Institut für Kommunikation, "Das Kommunikationsquadrat".

Module 5 – Sexual and Reproductive Health and Rights

Structure

5.1 Presentation on Sexual and Reproductive Health and Rights .....1 h 50 minutes
Coffee/Tea Break .....10 minutes
5.2 Practical Exercise on Sexual and Reproductive Health and Rights
+ Discussion..... 80 minutes

Objectives of Module 5

We recommend that you invite an external health expert to this session. You may want to contact your local health institutions, gynaecologists or other health specialists, hospitals or women's counselling.

- **To believe in girls´ and women´s sexual and reproductive rights and that these contribute to sexual relations based on mutual respect and gender equality**
- **To encourage an open dialogue on sexuality in a culturally sensitive manner**
- **To explore issues of sexual and reproductive health and rights**
- **To address FGM's social context and its health consequences**
- **To introduce relevant national/local health services and contact persons**
- **To outline implications FGM could have on sexual relations**

5.1 Presentation on Sexual and Reproductive Health and Rights

After this session CHANGE Agents should be aware that FGM is closely linked to issues surrounding female and male sexuality. Society sets out clear rules and norms for what is accepted and how men and women should experience their sexuality.

Talking about FGM therefore also means realising that women's sexual and reproductive rights are a fundamental part of the human rights framework worldwide. In 1994, 179 States adopted the Programme of Action at the International Conference on Population and Development.[15] *(Additional information for Module 5 in PART C)*

Start this session by presenting the following information and hereafter moderate a discussion.

You can start by reading out the following quote:

"You have the feeling that you have not been allowed to have something you should have by nature. It has something to do with pleasure… you hear about this pleasure, but you have never felt it, you don't know what it is, how would you know?" (Woman in London)

5.1.1 What is Sexual Health?

- Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.
- It requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.
- The sexual rights of all persons must be respected, protected and fulfilled to attain and maintain sexual health.

5.1.2 Sexual and Reproductive Health and Rights

Sexual rights are basic human rights that are already recognised in national laws, international human rights documents and other consensus statements.

15 ICPD, "ICPD Beyond 2014".

They should be implemented to the highest attainable standard. This includes the right to:

- Access sexual and reproductive services
- Decide to be sexually active
- Choose one's partner and engage in consensual sexual relations
- Engage in consensual marriage
- Seek, receive and impart information related to sexuality
- Benefit from sexuality education
- Receive respect for bodily integrity
- Decide if and when to have children
- Pursue a satisfying, safe and pleasurable sexual life

5.1.3 Sexual Health Responsibilities

Individual

- Understanding and being aware of one's sexuality and sexual development
- Respecting oneself and one's partner
- Avoiding emotional, psychosocial and physical harm to either oneself or one's partner
- Ensuring that pregnancy occurs only when desired
- Recognising and tolerating the diversity of sexual values and orientations
- Being aware of gender roles and stereotypes in different cultures and associated sexual health issues
- Being aware of the difference between sex and gender

Societal

- Accessing sex education appropriate to culture and level of human development
- Accessing sexual and reproductive health care and counselling services
- Enjoying freedom to make appropriate sexual and reproductive choices
- Respecting diversity
- Enjoying freedom from stigmatisation and violence on the basis of gender, race, ethnicity, religion or sexual orientation

5.1.4 Sexuality

Sexuality is a key aspect of human nature and comprises an individual's:

- sex
- gender identity
- sexual orientation
- eroticism, pleasure and intimacy
- reproductive capacities
- sexual behaviours and tendencies
- quality of having sexual functions

Sexuality can be experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. However, only some of these will be openly shared.

5.1.5 Factors Influencing Sexuality

- Socio-economic, psychological, biological, historical, legal, ethical, religious, spiritual, cultural and political influences
- Gender roles and stereotypes are culturally very different and influence the sex life, behaviours and relationships.

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

5.2 Practical Exercise[16] on Sexual and Reproductive Health and Rights

.....1 h 20 minutes

Material and Equipment: Self-made Cards

Preparation: Develop a list of characters who vary in terms of advantages or disadvantages they are likely to face. Then, write down statements referring to human rights and gender equality issues.

The "Power Walk" .....20 minutes

Give each participant a card with one character. Participants are asked to take up the role of the character they are assigned. Invite participants to form a line, shoulder to shoulder, facing the same direction. Read out different statements which will be true for some, and false for others.

- If the statement is true for their character, they take one step forward.
- If the statement is false for their character, they take a step backwards.
- If the statement is not relevant to them, or they are not sure if it is true or false, they stay in the same place.

Ask participants to remember the issues that are making them move forward or move back

Character Example:

1) Ethnic minority girl from a poor family, age 12
2) Male party leader, age 47

Statement Example:

1) I expect to finish secondary school or I did finish secondary school.

Discussion .....60 minutes

When all statements are read, everyone analyses the position of the characters to draw lessons about how people's power and access to rights vary according to the social groups to which they belong. Ask some questions which the participants answer from the perspective of their character, e.g. Why did you end up in this position? Who was left behind? Did gender/race/age/ethnicity/disability/immigration status make a difference among those who were marginalised? If you would switch the sex/race, etc. of your character: How would their position change?

Explain the connection between power and position:

- Social position affects a person's power in relation to others; all social relations are power relations. Gender/age/race etc. affect people's access to rights.

NOW discuss with the participants:

Promoting gender equality is not just a 'women's issue' but concerns everyone. How can men contribute to the promotion of gender equality and women's rights?

Participants should further deepen their understanding through a practical exercise or a short video on the issues presented.

Please find the exercise "What is Sexuality?" *"Recommended Exercises and Handouts for Module 5" in Part C.*

LUNCH BREAK – 1 hour – LUNCH BREAK – 1 hour – LUNCH BREAK – 1 hour

16 Plan International (2012) Exercise "Powerwalk" taken from: Planting Equality. Getting it Right for Girls and Boys. Component 3a, Page 5–14. ISBN 978-92-9250-014-6.

For your notes

Module 6 – FGM and Health Issues

Structure

6.1 Exercise 'Burning Questions' about Health Issues Part 1 .....15 minutes
6.2 Health Consequences .....45 minutes
6.3 Secondary Trauma and Potential Re-Traumatisation .....60 minutes
Coffee/Tea Break .....15 minutes
6.4 Reconstructive Surgery .....30 minutes
6.5 Advice and Support - Relevant National and Local Health Services .....30 minutes
6.6 Exercise 'Burning Questions' about Health Issues Part 2 .....20 minutes

Objectives of Module 6

- To know the physical and psychological consequences of FGM and possible implications on sexual relations with partners
- To raise awareness of the physical and psychological consequences of FGM
- To give information on the relevant local and national health services
- To refer girls and women affected by FGM to a network of health staff
- To be clear about the danger of secondary trauma for him-/herself, recognises psychological stress indicators and knows self-care mechanisms to protect him-/herself

6.1 Exercise ‚Burning Questions' about Health Issues Part 1:

This exercise gives each person the opportunity to ask key questions they wish to cover in this session. You can use this opportunity to discuss and clarify key terminology and scope.
Everyone can write down his or her questions about FGM and Health Issues at the beginning of the session. Collect the questions, place them in themes and read them out loud. But do not answer them. Be sure to keep the questions and refer back to them as the session progresses and concludes.

6.2 Health Consequences

In order to make this part more interactive, you might use some participative exercises or methods to cover the content (e.g.,moderation methods such as brainstorming ideas and writing them on cards, which are then clustered along major topics on a flipchart/ pin board).
It should be clear from your presentation that various health risks are associated with FGM depending on the type performed. It should be emphasized that all types of FGM, have several health risks. Therefore also type I, which is often believed to have no health consequences. These include short-term and long-term health risks as well as psychological and emotional consequences. Long-term complications in particular often tend not to be directly associated with FGM. It is important to reinforce that there are no positive health benefits associated with FGM.

The Immediate/Short-Term Consequences of FGM Can Include:

- Death
- Shock
- Severe pain
- Haemorrhage
- Wound infections
- Urinary retention
- Injury to adjacent tissues
- Genital swelling
- Depression
- Trauma
- Loss of trust in parents

The Long-Term Consequences of FGM Can Include:

- Genital scarring
- Genital cysts and keloid scar formation
- Recurrent urinary tract infections and difficulties in passing urine
- Recurrent vaginal infections
- Possible increased risk of blood infections such as hepatitis B and HIV
- Pain during sex, lack of pleasurable sensation and impaired sexual function
- Psychological concerns such as anxiety, flashbacks and post traumatic stress disorder anxiety and depression
- Difficulties with menstrual period
- Complications in pregnancy or childbirth
- Difficulties with minor gynaecological procedures, e.g. Pap smear

The identification of women who have undergone FGM is an essential part of antenatal care. Identification enables appropriate counselling and, if needed, antenatal deinfibulation can be offered.

FGM and Pregnancy

Potential pregnancy associated consequences of FGM include:

- Difficulties with vaginal examination in pregnancy and labour
- Difficulties with intrapartum procedures (e.g. amniotomy, placement of a fetal scalp electrode)
- Difficulties with urethral catheterisation if required
- Obstructive labour
- Scarring
- Fear of giving birth
- Increased risk of severe perineal trauma and vaginal laceration
- Increased risk of episiotomy
- Increased risk of caesarean section
- Increased risk of stillbirth and death of child during or just after birth

Inform the participants about the further resources in *PART C* and the United to End FGM webbased platform (www.uefgm.org) which offers e-learning about different topics related to FGM, including a health module. It can be used as a complementary tool.

6.3 Secondary Trauma and Potential Re-Traumatisation

Characteristics of posttraumatic stress disorder (PTSD) may be influenced by newly experienced traumata or confrontation with trauma-associated stimuli. Terms like reactivation or re-traumatisation are used either to describe slightly, temporary or severe and permanent increase in PTSD symptoms. It is important to be aware of this possibility and to prepare adequate strategies for dealing with re-traumatisation or secondary traumatisation.

6.3.1 Secondary Trauma

Secondary trauma occurs to people whose jobs/professions (be it voluntary or not) expose them to listening to and providing support to people who have suffered from traumatic events. CHANGE Agents might have extensive conversations with persons that have experienced FGM and are traumatised by this experience. The emotions arising in the survivor during the conversation could lead to distress in the listener.

Peer-to-Peer Support Groups:

It is useful to set up teams of two to three CHANGE Agents to support each other during the activity phase. Support could come in forms such as regular meetings or phone conversations to provide a space for reflection about experiences and ideas and, when necessary, to find solutions to specific problems in a joint effort. The module 11 on Self-Care will deal with stress coping strategies and prepare CHANGE Agents for their community work.

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

Let male participants know that their break will be 30 minutes longer since 6.3.2 will be for women only but also that they need to be back for 6.4.

6.3.2 Potential Re-Traumatisation (Women Only)

This part with female CHANGE Agents only will discuss the topic of feeling mentally affected and re-traumatised through the CHANGE approach and behaviour change activities, ideally with an external trauma expert.

The facilitators may also choose to work on this part with the female CHANGE agents at the end of the Module 6 session, so male participant are free to go home (after 6.6 and 'Homework').

A CHANGE Agent who has experienced FGM herself can be re-traumatised through working with or listening to another woman or girl who has experienced a similar traumatic event.

Depending on the group and the situation of the individual woman, one-to-one discussion might be preferable. Not all women may want to share their personal feelings in front of the group (or in front of you or anybody else), and this preference should be respected at all times. Provide contacts to counselling services for psychological trauma and encourage the women to seek support if they feel the need for it.

Since it would go beyond the facilitator's function and expertise to offer counselling to women who experience re-traumatisation, inviting an external trauma expert is recommended to facilitate discussion of re-traumatisation, prevention and coping strategies. If, however, this option is unavailable, general discussion of re-traumatisation and its main symptoms can enable individual CHANGE Agents to recognise their own need for counselling. Lists of experts to approach on their own can then be provided.

For someone who is affected by FGM herself, working with survivors of FGM can cause unexpected emotional reactions. In this case, secondary trauma and re-traumatisation can trigger reactions, which can be just as severe as the initial trauma itself.[17]

Emotinal	Behavioural	Spiritual
Feeling of vulnerability	Hyperactivity	Difficulty in understanding how God could let this happen
Anxiety	Inefficiency	Losing trust in God
Fear	Inability to rest	Losing meaning in life (this can act as a precursor to many of the behavioural and emotional reactions mentioned above)
Anger	Short temper	
Identification with the victims	Outbursts of anger or tears	
Irritability		
Guilt		
Apathy		
Feeling of isolation or abandonment		
Disassociation – a feeling that 'this isn't really happening'		
Nightmares		
Inability to stop thinking about events		

17 Act Alliance (2014) Secondary (Vicarious) Trauma Reactions.

6.4 Reconstructive Surgery

The term "reconstructive surgery" might be misleading, as it is not possible to fully restore parts of the genital organs that have been cut off. However, genital surgery could significantly reduce the health consequences that FGM might have caused. In some rare cases it might even be possible to regain the sexual sensitivity of a woman, that is comparable to a woman who did not undergo FGM. However, the results of this operation depend on the type of FGM performed and the physical realities of the woman.

Deinfibulation (for FGM type III) is a surgical procedure undertaken to separate the fused midline structures and restore a vaginal introitus that is adequate for sexual function, normal voiding and menstruation, and to facilitate vaginal examinations, pap smears and intrapartum care. The procedure can usually be performed under local anaesthetic. However, the psychological needs of the woman need to be considered. The incision should extend anteriorly enough to allow visualisation of the external urethral meatus but not far enough to injure the buried clitoris or clitoral stump (potential for heavy bleeding). The skin edges should be approximated with a fine absorbable suture.

Reconstructive clitoral surgery (for FGM type II) aims at removing pain, restoring clitoral sensation and improving sexual pleasure. It is done by first removing scar tissue and exposing the shaft remaining underneath, followed by reconstruction of the labia. Women need to be aware that the operations are physically and mentally stressful. However some women could benefit from a surgery conducted after counselling with a multidisciplinary approach and also followed by comprehensive post-operative counselling to support a survivor in coping with the effects and changes that the surgery will bring about in her life.

These surgeries are possibly covered by National Health Insurance (e.g. in France and Germany).

6.5 Advice and Support – Relevant National and Local Health Services

You or the external expert will introduce relevant national and local health services (e.g. specialised women's clinics, experienced gynaecologists) and write the addresses down on a flip chart. This enables CHANGE Agents to refer girls and women affected by FGM to a network of health staff in case referral is required.

The END FGM European Network can be consulted in order to get country-specific advice on help and counselling services (http://www.endfgm.eu/).

For a list of helplines and shelters you can check the website of the WAVE Network (https://www.wave-network.org/find-help/women-s-helplines-list).

6.6 Exercise 'Burning Questions' about Health Issues Part 2:

Get back to the questions you collected in the beginning. Check with the group whether all questions have been answered successfully. If not, answer them now. Reflect with the group what answers to their questions have been surprising, interesting or unexpected.

Homework:

a) Exchange your knowledge about sexual and reproductive health and rights with a woman you trust.

b) Talk to your religious or traditional authority in your community and find out what they think about FGM and girls´ rights.

Module 7 – FGM, Culture, Tradition, Identity

Structure

7.1 Exercise 1: Brainstorming on Culture and Cultural Practices .....30 minutes
7.2 Exercise 2: Types of Tradition and Culture .....50 minutes
Coffee/Tea Break .....10 minutes
7.3 Continuation of the Presentation .....30 minutes
7.4 Lyrics to Reflect on Harmful Culture .....60 minutes
Coffee/Tea Break .....10 minutes
7.5 Choice and Consent .....90 minutes

Objectives of Module 7

- To reflect on specific cultural practices, especially in relation to the differing cultural roles of men and women
- To promote behaviour change to alter harmful cultural/traditional practices
- To address the stigma associated with FGM and support girls and women to overcome stigmatisation
- To challenge traditional beliefs associated with FGM and advocates for girls´ and women´s rights instead
- To explore the concepts of consent and choice in relation to FGM
- To consider the limitations placed on a woman's ability to make fully informed choices and provide relevant support
- To understand the importance and benefits of tradition and culture but realises that harmful traditional practices exist that contradict girls´ and women´s rights with negative consequences for them

7.1 Brainstorming on Culture and Cultural Practices

You should start by explaining the social context of FGM and that this module will focus especially on culture and tradition which are often used to legitimise FGM.

Exercise 1 .....30 minutes

The session starts with brainstorming on the role of culture. Ask participants about key words that come to mind when responding to the following question:

What is Culture?

Write key words on a flipchart. It is important to emphasise that there are no right or wrong answers. Then you ask a second question:

What are Examples of Traditional/Cultural Practices?

This time participants write the answers on cards, which you can paste on the wall or onto another flipchart.

7.2 Types of Tradition and Culture

Explain to the group that certain practices within a culture might be considered as beneficial cultural/traditional practices while others are harmful cultural/traditional practices. It is important to stress that harmful traditional practices often refer to those which violate international human rights while 'beneficial tradition' is the kind that promotes the physical, mental, spiritual, and general well-being of the individual in the community and often contributes to building individual and group identity.

Exercise 2 .....50 minutess

Attach two cards to the pin board; they read:
Beneficial Practices <—> Harmful practices
Ask the participants to allocate the "practices" (previously identified and written on cards) either on the "beneficial" or "harmful" side of culture. If the allocation is not very simple, he/she asks the group for their opinion, why they consider a particular practice as beneficial or harmful. Try to always make reference to the international human rights framework when in doubt. Different terms related to FGM (mutilation, circumcision, sunna etc.) should be added to the board as well in order to identify FGM as a practice violating girls' and women's rights. The group might offer new examples of cultural behaviour to enlarge the picture.

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

7.3 Continuation of the Presentation

After the coffee break, you should ask the CHANGE Agents to identify the factors reinforcing harmful traditional practises (HTP) and female genital mutilation (FGM).
Answers could e.g. include:

- Cultural identity
- Tradition – 'that is what we do'
- Religion – viewed as religious obligation
- Marriage – control of sexuality
- Family honour
- Purity, chastity
- Aesthetics and hygiene
- Gender identity

Evaluate together with the participants the implications these factors have for the lives of girls and women.

Then invite the group to think about general characteristics of culture and particularly about the fact that because culture is dynamic, it is always in transition, and cultural behaviour can "change". Ask the CHANGE Agents to provide examples for characteristics of culture and for specific changes in culture.

- Characteristics of Culture
- Dynamism of Culture

In the closing remark you should emphasise that culture is an evolving process determined by geography, the economic and political environment and many other factors. Generally, cultural diversity is something positive; traditions and culture can contribute to building a person's identity and strengthening social cohesion. If traditions or customs violate a person's human rights, however, such practices cannot be tolerated. Internationally, FGM is condemned as a harmful practice as it violates basic human rights which are granted to every human being.

7.4 Lyrics to Reflect on Harmful Culture

Exercise 3 .....60 minutes

Provide at least 3 poems referring to FGM *(Please find poems in "Module 7 – Additional Information" in Part C)*. The CHANGE Agents are divided into three groups and each group selects one poem to analyse for 10 minutes. Afterwards each group should either:

a) Recite/present/read the poem in an emotionally expressive way OR
b) Interpret the poem: What happens? Who talks? Which feelings are expressed? What do you think? Why did the author choose to write this poem?

Example: "Feminine Pain" presents the life of a woman with three sorrows connected to womanhood: the day of circumcision, her wedding day and the birth of a child. The woman describes the pain as a continuum; the bleeding does not stop …. Probably she decided to write the poem to express the consequence of FGM she experienced personally.

The abandonment of those practises requires behaviour change in various communities and will in the long-term lead to a change in cultural practice.
CHANGE Agents are invited to take the poems home and to read them to their families, friends or neighbours.

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

7.5 Choice and Consent

Brainstorming Exercise .....20 minutes

Ask the group to come up with a definition of the two terms. How would you define choice? How would you define consent? The answers should be written down on a flip chart.

Choice

- Involves decisions based on the individual's own rules and on clear information and options.

Consent

- A voluntary agreement free of coercion by a person of sufficient mental capacity to accept or reject a proposed action.

Is FGM Consent or Choice?

Ask the participants about their experiences regarding FGM and how much the girls/women were involved in the decision making process. Did they have the power to say 'NO'? Discuss with participants the reasons why it is so difficult for individuals to say 'NO' to FGM:

- Mothers are under huge pressure from older female relatives in their country of origin and from some older women in Europe.
- Women fear female relatives in their country of origin will circumcise their daughters against the will of the parent(s). Daughters require close supervision.
- Mothers have to be highly motivated and assertive to resist ongoing social pressure.
- FGM is seen as 'women's business'. The father escapes the pressure to 'circumcise' his daughter.
- Women who decide not to 'circumcise' their daughters face ongoing doubts – especially on return to their home region.
- Families may 'fake' daughter's 'circumcision' to avoid pressure.
- A man might not want to marry an uncircumcised woman, as it is a social norm and could lead to conflict/stigmatisation.
- Depending on the community, due to unequal power relations between women and men, women might not be allowed to act against the men's will.

7.5.1 Exercise on Choice and Consent Based on the Presented Case StudieS .....60 minutes

Divide the CHANGE Agents into 3 groups; each group discusses one of the following case studies and answers the questions below. 60 minutes are scheduled: 5 min for explanation and group division; 10 min for group work; 45 min for presentation of the final results (subsequent to each 10-minute presentation there is a 5 minute discussion). Flipcharts are good materials to visualise the answers.

Questions for Group Discussion

1. What facilitates or constrains a person's choice/consent related to FGM?
2. What influences a person's ability to have a choice or give consent in Africa as compared to Europe?

Case Study I

Saynab attended one of the FORWARD youth programme sessions three times where she also learned about health consequences caused by FGM. She left the programme after those three sessions. A year later she approached the community outreach worker asking for advice because she suspects that her physical problems could be related to FGM. She was referred to the FGM specialist clinic which recommended surgery to remove a cyst she had had for over 10 years. Saynab's actual concern was how to talk to her family since she knew they would not accept her decision to get 'opened'.

Case Study II

Fatou's mother-in-law is coming for a visit from Africa. Fatou knows the visitor will criticise the way the children are brought up, her young girl in particular.

Case Study III

Aisha lives in Germany. She is pregnant and wants to deliver her child naturally despite her excision. She is looking for a nurse who has experience with this.

7.5.2 Food For Thought

- Ask the CHANGE Agents to consider the limitations placed on a woman by socio-economic, cultural or religious inequalities in her ability to make fully informed choices, as well as her ability to protect herself against sexual exploitation, abuse or infection.
- Then ask them to spare a thought for the millions of women forced into coercive or unhealthy relationships due to their fear of persecution.

LUNCH BREAK – 1 hour – LUNCH BREAK – 1 hour – LUNCH BREAK – 1 hour

For your notes

Module 8 – Religion

Structure

8.1 Indroduction to FGM in a Religious Context .....10 minutes
8.2 Input by Two External Experts (Islamic and Christian) .....60 minutes
8.3 Discussion .....50 minutes
Coffee/Tea Break .....10 minutes
8.4 Continuation of Discussion .....30 minutes
8.5 Presentation and Discussion of Fatwa .....50 minutes

Objectives of Module 8

We recommend that you invite external experts to this session, preferably from different religious institutions, e.g. Islamic and Christian.
(Please see section 'Key Professionals' in PART A)

- To know that FGM is not required by any religion
- To explore why FGM is associated with religious beliefs
- To sensitise about differing gender roles in the context of religion
- To deepen understanding of the meaning of religious texts
- To define the term "Sunna" in the context of FGM
- To engage religious and other cultural leaders to clarify that FGM is not justified by religion and engage them in the process of change

8.1 Introduction to FGM in a Religious Context

You should introduce the theme and the invited speakers to the group. It should be stated at the beginning of this session that FGM is practiced by followers of both Christianity and Islam and also by various other religions. While the practice precedes both religions it is often falsely identified with Islam. However, FGM is not practiced in all Muslim countries and not required by the Qur'an. FGM should be understood as the result of culture and traditions. This session will provide CHANGE Agents with an understanding of FGM in the context of religion and supports them to develop arguments to address false assumptions about FGM and religion.

8.2 Input by Two External Experts (Islamic and Christian)

Two external experts in the field of religion are invited to talk to the CHANGE Agents about:

- FGM in the context of religion (Islam and Christianity)
- Why and how FGM is associated with religion
- Clarifying terms such as Sunna, Hadith and Fatwa

8.3 Discussion with the Experts

All participants may ask questions and discuss any question relevant to the topic.

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

8.4 Continuation of Discussion

8.5 Presentation and Discussion of Fatwa

Provide an example of how religion can be used to promote the abandonment of FGM: Give general information on Fatwa as a recommended opinion by Muslim scholars. According to Islamic law Fatwas are equal to legal judgments and Muslim believers are expected to follow them.

In 2006 Professor Ali Gomaa, eighteenth Grand Mufti of Egypt, ruled that female genital mutilation should not be applied. This ruling came about after an international conference in Cairo organised by a human rights group where many Muslim scholars agreed that FGM is contrary to Islam.[18] In June 2007, after an 11-year-old died under the knife, the Mufti decreed that 'female circumcision' was not just "un-Islamic" but forbidden.

Also in the Netherlands, Islamic leaders discussed the Fatwa of Egypt together with the Islamic University Rotterdam, Pharos and FSAN. Dutch Islamic scholars signed a declaration to confirm that the Fatwa in Egypt is correct and has to be complied with.

The following recommendations were issued:

1. Allah gave people dignity. In the Qur'an Allah says: "We have dignified the sons of Adam." Therefore, Allah forbids any harm inflicted on people, irrespective of social status or gender.
2. Female genital mutilation is a deplorable, inherited custom, which is practiced in some societies and is copied by some Muslims in several countries. There are no written grounds for this custom in the Qur'an with regard to an authentic tradition of the Prophet.
3. Female genital 'circumcision' practiced today harms women psychologically and physically. Therefore, the practice must be stopped in support of one of the highest values of Islam, namely to do no harm to another – in accordance with the commandment of the Prophet Mohammed "Accept no harm and do no harm to another." Moreover, this is seen as punishable aggression against humankind.
4. The conference calls on Muslims to end this deplorable custom in accordance with the teachings of Islam, which forbid injuring another in any form.
5. The participants of the conference also called on international and religious institutions and establishments to concentrate their efforts on educating and instructing the population, particularly with regard to female (sexual) health and medical consequences of female genital 'circumcision' so that this deplorable custom is no longer practised.
6. The conference reminds the educational establishments and the media that they have an implicit duty to educate about the harm this custom brings and its devastating consequences for society. This will contribute to stopping the custom of mutilating the female body.
7. The conference calls on the legislative organs to pass a law, banning this gruesome custom and declares it a crime, irrespective of whether this concerns the perpetrator or the initiator.
8. Furthermore, the conference calls on international institutions and organisations to provide help in all regions where this gruesome custom is practiced, which will contribute to its elimination.

The material is available in English, French, Dutch and German.

Homework:

a) Prepare a power mapping of your community.

b) Identify the people who can be your network of support for the work on FGM.

18 TARGET e.V. (2006) "Fatwa of Al Azhar/ Cairo – November 24, 2006".

Module 9 – Standards for Community Work

Structure

9.1 The Importance of Standards for Community Engagement .....20 minutes
9.2 Core Standards for Engaging Communities Supporting FGM .....50 minutes
Coffee/Tea Break .....10 minutes
9.3 Practical Exercise .....60 minutes

Objectives of Module 9

- To highlight the importance of a coherent strategy for community engagement
- To present standards and a code of conduct for community engagement about FGM
- To enable CHANGE Agents to approach communities with great sensitivity and in a gender-sensitive manner
- To analyse her/his own position and decision-making power in the community
- To implement community-specific and tailor-made engagement strategies with the appropriate material to promote change
- To know key institutions in the community and understand their specific influence on community dynamics
- To engage key institutions to get involved in the process of CHANGE

9.1 The Importance of Standards for Community Engagement

As discussed in previous Modules, FGM remains a taboo topic in many communities and can be linked to unequal power relations between men and women. Hence, not only does the topic require great sensitivity but also a thorough situation assessment prior to any behaviour change activity.

Moreover, standards and guidelines should ensure that women targeted in any activity are not re-traumatised. The information provided in this module is based on a publication by FORWARD in collaboration with FSAN, AIDOS and AKIDWA – 2014:

"Standards for Engaging Communities affected by FGM in Europe – END FGM European Campaign Supported Initiative."

9.2 Core Standards for Engaging Communities Supporting FGM

Prepare a presentation with the following information followed by a discussion:

9.2.1 Assessment and Planning

Aim to understand the context of the community you are working with. Find out more about the social norms which underlie the practice of FGM; decision-making processes and power relations; addressees' knowledge and stage of readiness to deal with FGM. It is important to identify existing resources and capacities within the community together with barriers and challenges for different groups within the community. Use a range of methods including participatory tools and secondary data from local sources. Gather evidence of community needs and agree on the aims, scope and timescale of the intervention and the actions to be taken. Information sources include focus group discussions, consultations and local governments. (One tool could be a 'Power Map'. For further information, *see "Module 9 – Additional Information" in PART C.*)

9.2.2 Methods of Engagement

Effective community engagement requires methods that are fit for the purpose acceptable to participants, suitable for their needs and circumstances, and appropriate for the purposes of the engagement. Methods used should also aim to identify, involve and support excluded groups such as affected women and girls, men and marginalised ethnic communities. Common methods used to engage communities include workshops, the use of community champions or ambassadors, outreach, and events. The form of community engagement and the methods to be used will depend on the context of the community and the initial assessment. This should focus on integrating a holistic approach. Methods of engagement should also utilise experiential learning which is based on lived experience and knowledge of community members.

9.2.3 Participation and Representation

Acknowledge the diverse needs, interests and roles of community stakeholders and ensure representation from essential groups. Make sure that the community is well informed and consulted and that the voices of different groups are reflected throughout the assessment, design, implementation, monitoring and evaluation. What processes are used for recruitment of the different stakeholders?

9.2.4 Access

In many community engagement activities, access becomes a major barrier to participation. It is important to identify and address barriers that affect effective engagement of communities and plan to ensure that these barriers are addressed as often as possible. Common access issues include lack of transport, inaccessible venues, failure to provide childcare or reimburse costs, timing of meetings that do not take into account women's gender roles and childcare responsibilities and language barriers. As much as possible it is best to organise events closer to the communities instead of calling community members to come out to meet you.

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

9.2.5 Communication Tools

Identify the best means to communicate messages, information and ideas. Ensure that the medium is effective by planning this at the beginning of engagement. Think about the content and audience, e.g. outreach: visuals, posters, fliers, or word of mouth. Because FGM remains a sensitive issue, visuals if not chosen with care can sensationalise and potentially alienate communities.

9.2.6 Empowerment and Leadership Development

Aim to facilitate or create an enabling environment to support women's empowerment and leadership development. It is important to motivate communities to lead change at both the individual and community levels through capacity building and skills development, spaces for reflection and discussion, knowledge creation and networking with other women. Ensure protection for those who speak out to establish a safe environment for community engagement.

9.2.7 Do No Harm

This focuses on ethical issues that may arise during community engagement which can potentially harm or further re-victimise affected women and girls. It is therefore important to know what support services are available in the local area and be able to provide support, signposting or referrals for those who need them. Because FGM is a sensitive matter and communities may be affected in diverse ways, tact and training are required when listening to concerns, needs and experiences of women and girls. It is also possible that discussion sessions may trigger flashbacks or recall in some women and young girls their own experience of FGM. Moreover, girls or women who have chosen to work on FGM may experience fear and insecurity resulting from community backlash.

It is important to inform participants of this risk and discuss ways in which people can be protected and supported. In addition, many women who conduct outreach work on FGM have found it emotionally draining and will need exercises or activities to bring emotional closure to the issues that have been raised through the session.

9.2.8 Accountability and Transparency

To remain accountable and responsive to the community and to ensure that community concerns and aspirations are understood and considered, CHANGE Agents should always be transparent with regard to their work and the project's mission and standards. Despite the fact that most community work is under-funded and/or projects are only funded over a short period, transparency and accountability should remain a top priority in community work. Community members may have expectations about the engagement process that cannot be met; organisations need to be clear on their legal and ethical, safeguarding obligations in relation to information given, consent and confidentiality standards etc.

9.2.9 Collaboration and Partnership

Aim to develop cooperation and effective partnership with the community and other organisations and actors to ensure collaborative engagement. Providing a comprehensive approach also requires addressing support and related needs of community women and girls. This can only be achieved through collaboration, linking and partnerships with other stakeholders and services. Work as much as possible through community-based organisations, local and national authorities, specialist health services, police and statutory agencies to build bridges.

9.2.10 Monitoring and Evaluation

This should form a key part of the programme and helps to assess the methods used, processes, challenges and opportunities to gather feedback. Aim to use participatory methods where possible and include community members for monitoring and evaluation of community engagement programmes.

9.3 Practical Exercise: Developing Community Engagement Strategies

.....60 minutes

The CHANGE Agent group should be divided into teams of three people. Each group is given a fictive community to which they should apply the newly learned standards. The groups have 30 minutes to conduct a situation assessment and to draft an intervention strategy. The second 30 minutes will be used for presentations and discussion among the larger group of CHANGE Agents.

The designing of the fictive groups is left to your imagination and experiences and those of the CHANGE Agents. To best prepare CHANGE Agents for their activities, remember that age and gender dynamics as well as language and cultural barriers should always play a role in scenarios.

For your notes

Module 10 – Community Analysis

Structure

10.1 Community-based Participatory Action Research .....45 minutes
10.2 Introduction to the REPLACE Community Readiness to End FGM Assessment 45 minutes
Lunch Break .....60 minutes
10.3 Applying the REPLACE Community Readiness to End FGM Assessment .....45 minutes
Coffee/Tea Break .....10 minutes
10.4 Linking the REPLACE Community Readiness to End FGM
Assessment with Intervention Activities .....45 minutes

Objectives of Module 10

- To have knowledge of community-based participatory action research methods
- To have an understanding of the REPLACE Community Readiness to End FGM Assessment
- To have the skills to implement the REPLACE Community Readiness to End FGM Assessment
- To be able to demonstrate the link between social norms, community readiness to end FGM and effective intervention activities
- To be able to identify influential community members and to map power relations in her/his community (e.g. religious leaders, community elders, mother-in-law)
- To know who in the community is open to change and how to engage them
- To know the impact FGM may have on the community fabric as a whole

10.1 Community-based Participatory Action Methods (CPAR)

Each community has different knowledge, attitudes and practices concerning FGM. They will therefore be at different stages of readiness to challenge and overturn the social norm supporting the continuation of FGM. Community-based Participatory Action Research (CPAR) helps us to understand the reasons why individuals perform FGM on their daughters and the social pressures put on families to conform to the social norm that supports the continuation of FGM. In this session we will explore how CPAR can be used by CHANGE Agents to analyse the belief systems and social norms that support the continuation of FGM in a community.

CPAR can use a large range of methods such as:

- Focus group discussions
- Narrative interviews
- Storytelling/drama
- Visual methods such as photographic diaries
- Mental mapping

When selecting a method the research aim (in this case learning about the beliefs that support the practice of FGM) and the acceptability of the method to the community must be considered. We recommend the use of focus group discussions and narrative interviews with influential people within the community. But other methods could also be used.

In groups, participants should discuss the different methods that can be used and how they could be implemented with their own communities to understand the social norms and sanctions used to enforce the continuation of FGM. Ask the groups to identify influential people within their communities who should be included in the narrative interviews and focus group discussions.[19]

19 Barrett, H., Alhassan, Y. (2016) 'The Community Mapping: Practical Handbook' pages 22–39 (available on the CHANGE Plus website). Information on how to conduct focus group discussions and narrative interviews.

10.2 Introduction to the REPLACE Community Readiness to End FGM Assessment

Facilitators should introduce the REPLACE Community Readiness to End FGM Assessment. Participants should be provided with a copy of the 'The REPLACE Community Readiness to End FGM Assessment: Practical Handbook' (available on CHANGE Plus website).

The aim of the REPLACE Community Readiness to End FGM Assessment is to determine how ready a community is to challenge the social norm perpetuating FGM and thus inform the type of behaviour change activity/intervention that is required to move the community towards ending FGM.

The REPLACE Community Readiness to end FGM Assessment is multi-dimensional assessing six dimensions of change which are scored and then equated to one of nine stages of readiness to change. These are shown in Figure 1.

Dimensions of Community Readiness	
A	Community Knowlegde concerning FGM
B	Community belief systems and attitudes towards FGM
C	Community efforts to ending FGM
D	Community knowlegde of the efforts to end FGM
E	Community leaders and influential peoples attitudes to ending FGM
F	Community resources available to support efforts to end FGM

stages	Community Readiness to End FGM
1	No Community Awareness FGM/C practice is social norm
2	Community Denial/Resistance: some Community Members recognise FGM is on issue.
3	Vague Community Awareness: Many have concerns about FGM but no Community Motivation to change
4	Preplanning: Community Recognition that something must be done about FGM, but efforts lack focus
5	Preparation: Community Leaders begin planning in earnest to end FGM in the Community
6	Initiation: Community activities & Interventions underway to end FGM
7	Stabilisation: Community Leaders support ending FGM in their Community
8	Expansion: Community Members feel comfortable with ending FGM
9	Community ownership: high level of Community buy-in to end FGM which becomes the social norm

Figure 1: Dimensions of Change and Stages of Readiness to Change

Lunch BREAK – 1 hour – Lunch BREAK – 1 hour – Lunch BREAK – 1 hour

10.3 Applying the REPLACE Community Readiness to End FGM Assessment

Facilitators should take participants through the 5 Steps to undertake the REPLACE Community Readiness to End FGM Assessment.[20]

Step 1: Representatives of the FGM affected community have to be identified. These influential people should represent different segments of the community including: men and women (all should be over 18 years old); different generations (unmarried, newly married but with no children, parents with young children, grandparents); people with different roles within the community (such as religious and community leaders); and length of time the person has been living in the community (such as established members of the community and those recently arrived). The REPLACE Community Readiness to End FGM Assessment should be explained to them, a Participant Information Sheet should be handed out and informed consent to participate should be sought as well as permission to audio record the session. It is suggested that 5–10 people are identified and give their consent to take part. These may well be people who took part in the Community Mapping exercise, or could be other members of the community.

20 Barrett, H., Alhassan, Y. (2016) 'The REPLACE Community Readiness to End FGM Assessment: Practical Handbook', pages 9–18.

Step 2: CHANGE Agents should decide if they will undertake individual Community Readiness to End FGM Assessment interviews or a number of Community Readiness to End FGM focus groups. This decision will be informed by time and resource constraints. If undertaking focus groups it is advisable to have separate focus groups for different genders and/or age groups. Both methods produce valid results, but focus group discussions are less time and resource intensive than undertaking narrative interviews.

Step 3: Undertaking the Community Readiness to End FGM interviews or focus group discussions. The interview/focus group schedule of the Community Readiness to End FGM Assessment comprises of 18 questions, organised by the six dimensions and should take about 30–60 minutes to complete. Responses should be audio recorded if possible. Those undertaking the interviews or facilitating the focus group discussions should transcribe the responses to the questions from the audio recording as accurately as possible.

Step 4: CHANGE Agents from different communities who have not been involved in undertaking the narrative interviews or facilitating focus groups should be identified as independent scorers and be familiar with the REPLACE Community Readiness to End FGM Assessment, the interview/focus group schedule, the anchor ratings for scoring the schedule (*PART C*) and the scoring sheet (*PART C*). It is recommended that two scorers are used for each community and undertake their scoring independently of each other.

Step 5: Independent scorers assess the interview/focus group schedules on the scoring sheet (*PART C*) using the anchor ratings (*PART C*). Once scorers have completed their independent scoring then these should be discussed and averaged using the scoring sheet (*PART C*). This will produce an overall Stage of Community Readiness to End FGM for each community.

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

10.4 Linking the REPLACE Community Readiness to End FGM Assessment with Intervention Activities

The strategies and interventions associated with ending FGM will be different for each of the 'community readiness to change stages' (Figure 2). In addition whilst communities may be placed in the same stage of readiness to change, their scores may differ across the dimensions of change. This provides a good guide to the dimensions of change that require attention and intervention, and can ensure that a behaviour change activity/intervention with appropriate input is implemented and matched to the dimension needs and stages of readiness of the community. In general the application of the REPLACE Community Readiness to End FGM Assessment suggests that if a community was placed in:

Stages 1–3: Interventions need to focus on building community cohesion, increase awareness and knowledge of the health implications of FGM and that it is an illegal practice in the EU as well as beginning to challenge the beliefs supporting the continuation of FGM.

Stages 4–6: Interventions need to challenge the beliefs underpinning the social norm perpetuating FGM within the community and initiate behaviour change through identifying and supporting community leaders, developing appropriate activities/interventions and harnessing community resources to end FGM. These are crucial stages in social norm change, as during these stages the tipping point in social norm change will occur and individual self efficacy and empowerment will begin to challenge the social norm supporting FGM.

Stages 7–9: Activities/interventions need to support and sustain behavioural change as well as embed and strengthen social norm change in abandoning FGM.

Participants are asked to work in small groups to identify an activity that would be appropriate for FGM affected communities assessed to be in each of these three readiness to end FGM categories. They should discuss their role as CHANGE Agents in developing and facilitating these activities.

Dimensions of CHANGE	LOW (1–3), Medium (4–6), High (7–9)								
A Community knowlegde concerning FGM	L	M	M	M	H	H	H	H	H
B Community belief systems and attitudes towards FGM	L	L	M	M	M	H	H	H	H
C Community efforts to ending FGM	L	L	L	M	M	M	M	H	H
D Community knowlegde of the efforts to end FGM	L	L	L	L	L	M	H	H	H
E Community leaders and influential people`s attitudes to ending FGM	L	L	L	M	M	H	H	H	H
F Community resources available to support efforts to end FGM	L	L	L	L	L	M	M	M	H
	1	2	3	4	5	6	7	8	9
Stages of community Readiness to end FGM	No community awareness	Community Denial/ Resistance	Vague community awareness	Preplanning	Preparation	Initiation	Stabilisation	Expansion	Community ownership
Focus of Intervention	**Increasing knowlegde of FGM**			**Changing attitudes and Initiating behaviour change concerning FGM**			**Supporting behaviour change not to perform FGM**		
	– Building community cohesion			– Identity and support community leaders/Peer Group Champions to end FGM			– Reinforce community efforts to end FGM		
	– Increase knowledge of health impacts and illegality of FGM			– Support efforts to end FGM by developing appropriate interventions			– Ensure community and other resources to ensure the abandonment of FGM		
	– Challenge belief systems supporting FGM			– Begin to harness community resources to end FGM					
Community/Individual Empowerment Balance	**Community Empowerment**			**Individual Empowerment**			**Community Empowerment**		
Social Norm Change	**Social Norm Supporting FGM**			**Social Norm Tipping Point**			**Social Norm Supporting FGM**		

Figure 2: REPLACE: Community Readiness to End FGM Assessment

The REPLACE Community Readiness to End FGM Assessment is easy and affordable to use, and it provides a nuanced tool to inform behaviour change activity/intervention development, especially when combined with the results of the Community Mapping exercise. It is a tool that can easily be used by communities to determine the stage of readiness to end FGM and help inform the development of appropriate activities designed to end FGM. Also when used at regular intervals it can monitor a community's progress towards social norm transformation where FGM is abandoned.

CHANGE Agent groups that have not undertaken the Community Analysis with their community are still encouraged to study the REPLACE Community Readiness to End FGM Assessment, and reflect on the stages of change and appropriate interventions.

For your notes

Module 11 – Self-Care for CHANGE Agents

Structure

11.1 Introduction to Self-Care .....30 minutes
11.2 What is 'Self-Care'? .....50 minutes
Coffee/Tea Break .....10 minutes
11.3 Dealing with Stressful Situations as a CHANGE Agent .....50 minutes

Objectives of Module 11

- To introduce the importance of self-care when working with FGM affected women and dealing with communities still adhering to the practice
- To enable CHANGE Agents to reflect on their personal role and position in the community and the interdependency between her/him and the community
- To practice various challenging scenarios and thereby strengthen CHANGE Agents' self-confidence but also highlight personal limits
- To discuss and develop coping strategies and self-care methods
- To introduce the concept of psychological stress

11.1 Introduction to Self-Care

The well-being and safety of the CHANGE Agents is a top priority. Working with communities in which FGM is still upheld is not only challenging but can also put an unexpected amount of stress on the CHANGE Agents. This module focuses on teaching CHANGE Agents to understand some of the stressors related to their community work and to help them avoid the impact of potential stress factors through different coping strategies.

The work of the CHANGE Agents is valuable and important. You as the facilitator should thus always emphasise appreciation for the efforts and work of the CHANGE Agents. Moreover, stress and difficulties related to the work should be understood and provided for. Should a CHANGE Agent suffer from problems related to their community work (e.g. re-traumatisation) that exceed her/his ability to handle, it is crucial to be in contact with people or institutions at hand that can be approached for further help, such as professional psychological support.

11.2 What is 'Self-Care'?

Basic principle: In order to support others, CHANGE Agents need to take good care of themselves and her/his own needs particularly during behaviour change activities.

11.2.1 What Does 'Caring for Yourself' Mean? .....30 minutes

Divide the CHANGE Agents group into teams of three and give them time to come up with a definition of 'Self-Care'. What does self-care comprise?

When the time is up, one person in each group should read out the definition while you write the answers on a flip chart. From these answers, the whole group will then provide a definition.

11.2.2 Assessing your Motivation

A CHANGE Agent's engagement for the abandonment of FGM could have ramifications in her/his personal life and her/his role in the community. It is thus important to remind CHANGE Agents what motivated them to participate in the project in the first place and to highlight their specific role in the community. Keeping this in mind will help them to overcome difficulties and also encourage them to continue even though it might get hard sometimes (e.g. when they experience resistance from community members).

11.2.3 Motivation Exercise: What Keeps You Going? .....10 minutes

Hand out index cards, one per CHANGE Agent. Each CHANGE Agent then writes down her/his personal answers to the following questions:

1. Why did you become a CHANGE Agent?
2. Why is your community important to you? And how does your engagement in the abandonment of FGM relate to this?
3. What is your goal?

The CHANGE Agents should keep the 'Motivation Card' in her/his wallet and read it again from time to time, particularly when feeling discouraged during their activities.

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

11.3 Dealing with Stressful Situations as a CHANGE Agent

11.3.1 What is Stress?

First of all, stress is normal. It is a natural reaction of a person's body in response to a physical and/or mental challenge. Stress is a motivator and can be something positive by activating your body and mind. Stress can optimise the body's resources, enabling quick and adequate reactions to any given challenge. Yet, if one experiences stress over a long period of time or if too much stress is experienced at once, all physical and mental resources will be exhausted quickly and, as a consequence, one might develop harmful or negative stress reactions.

Common Effects of Stress[21]

... On the Body ...	... On Mood	... On Behaviour
• Headache	• Anxiety	• Overreacting or under-rating
• Muscle tension or pain	• Restlessness	• Angry outbursts
• Chest pain	• Lack of motivation or focus	• Drug or alcohol abuse
• Fatigue	• Irritability or anger	• Tobacco use
• Change in sex drive	• Sadness or depression	• Social withdrawal
• Stomach upset		
• Sleep problems		

11.3.2 Brainstorming Exercise: Stressful Scenarios .....10 minutes

Ask the CHANGE Agents to brainstorm with their neighbour about the following question (five minutes): What might a stressful situation look like for you during your activities in the community?

The five minutes brainstorming should be followed by a quick group discussion of five minutes.

11.3.3 Stress Coping Strategies

Explain that to protect themselves from negative stress reactions CHANGE Agents need to:

- Realise that feelings of distress are legitimate and not a sign of weakness
- Take responsibility for noticing signs and symptoms of distress
- Seek support from others to identify the source and reduce the amount of stress

21 Source Mayo Clinic (2014) Stress Symtoms: effects on your Boday and Behaviour.

Prepare a Presentation with the Following Information for the CHANGE Agents:

It is useful for CHANGE Agents to prepare their activities and all their encounters with communities on FGM thoroughly beforehand. Solid preparation is the best way to avoid unnecessary stress. The Standards for Community Work (Module 9) will help CHANGE Agents to stay in control and to prepare the best possible strategy. This will hopefully prevent negative or stressful experiences during community activities.

Know Your Resources, Your Limits, Your Stress Reactions and Ensure You Set Boundaries:

Only the CHANGE Agents themselves know how much they can carry. Listening to another person's traumatic experiences can be extremely burdensome. That is why it is important for mental health to know how much you can take. It is not the CHANGE Agent's responsibility or in her/his capacity to provide counselling. If, however, a CHANGE Agent thinks counselling might be useful, they may refer the client to professional help.

Given that FGM remains a taboo topic in many families and communities, CHANGE Agents are likely to encounter women who have never spoken to anyone about their personal experiences with FGM. This can be overwhelming for both parties to the exchange, and CHANGE Agents may find it difficult to distance themselves from the emotion of what they are hearing. In order to take care of themselves, they need to set healthy personal limits. They should always be respectful and keep a professional distance while making use of the communication skills that they have learned in Module 7.

Seek Support and Talk about It:

An important stress-coping strategy for the CHANGE Agents is to talk about their experiences and feelings. You as a facilitator are there to support the CHANGE Agents at any time but they can be encouraged to seek help from other CHANGE Agents as well, as they might have had similar experiences.

11.3.4 Exercise: Setting Limits .....30 minutes

Divide the Group of CHANGE Agents into smaller teams and, in a role-play, let them exercise ways to set limits in a polite and respectful manner. They could use scenarios based on their own personal experience. After 20 minutes, ask the groups to present results and challenges encountered during the role-plays.

Homework:

a) Follow the instructions given to you by the facilitator to conduct an interview with a community member or/and a focus group discussion.

For your notes

Module 12 – Intervention Strategies to Protect Girls at Risk

Structure

12.1 Warming-Up Exercise .....20 minutes
12.2 Country-Specific Approach for Developing Intervention Strategies .....30 minutes
12.3 Situation-Specific Approach to Intervention: What is the Personal Situation of a Girl at Risk? .....30 minutes
Coffee/Tea Break .....10 minutes
12.4 Practical Guidance on How to Deal with the Suspicion that a Girl is at Risk .....50 minutes
12.5 Practical Exercise .....50 minutes

Objectives of Module 12

- To enable participants to evaluate whether a girl is at risk of being cut
- To identify girls and women in need of professional health support
- To increase awareness when speaking to authorities about FGM, whom to address, timing of speech and consequences of action or non-action
- To be familiar with relevant legal authorities and aware of cooperation partners, people/organisations to ask for support
- To develop a (country-specific) strategy for protection/intervention depending on the situation
- To believe that her/his community can change and protect firls from FGM
- To evaluate the situation of girls at risk and identified strategies and stakeholders to protect them
- To engage the community to develop mechanisms/action planst o protect girls from FGM

12.1 Warming-Up Exercise .....20 minutes

You give an example in which a girl seems to be at risk of FGM.

Different choices of action are proposed (such as: I would speak to the girl first/ I would call a social worker/ I would speak to the family of the girl first/ I would call the police station).

Then you invite all participants to stand up. A long line is drawn or marked with adhesive tape on the floor. The left side of the line is marked with a "No," the right side is market with a "yes." Read out different actions and the participants move along the line, positioning themselves according to the answer they assume to be correct.

The purpose of the exercise is to encourage the participants to think through different options for intervention.

Following the warming-up exercise, you can introduce today's programme and explain the objective, to train CHANGE Agents to develop a practical approach to dealing with a situation similar to the one in the warming-up exercise.

12.2 Country-Specific Approach for Developing Intervention Strategies

Depending on national/local conditions, intervention strategies will vary significantly.

Therefore each partner organisation will need to develop an individual country-specific approach.

- Institutional setting in your country: public authorities, local cooperation partners, NGOs with protection strategies and help lines
- Potential first contacts: contact person at youth welfare office, medical staff, teachers, suspicion telephone hotline, helpdesk at NGO/authorities

- Legal situation (children's rights and parents' rights; relevant national criminal laws, family court decisions; is it a foreign criminal offence, if FGM is done abroad?)
- Protection concept or intervention guidelines already in place by national/local authorities

12.3 Situation-Specific Approach to Intervention: What is the Personal Situation of a Girl at Risk?

Make clear to the CHANGE Agents that in addition to your country-specific conditions, intervention strategies will always depend on the individual situation of a girl at risk. Therefore, it is necessary for the CHANGE Agents to undertake a thorough assessment of the girl's situation before taking any action. Explain the following aspects:

- What makes you feel suspicious? Be clear about it and explain your feeling.
- Speak to somebody about it. Be aware of how and with whom you speak about this sensitive issue.
- Assess the family situation of the girl at risk, asking for instance
  - Has the family migrated from a country with high acceptance of FGM?
  - Is the family rather uninvolved with or isolated from the host society?
  - Has the family planned a trip to one of the parents' or grandparents' home countries? Have they mentioned festivities or ceremonies?
  - Do the parents and/or the girl believe in the traditional division of gender roles and do they value their traditions and customs generally?
  - Does the family trivialise or justify FGM?
  - Are there any cases of FGM known within the family?
  - What is the situation for the girl at risk outside of her family? (Social contacts, teachers, other friends who could be involved)

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

12.4 Practical Guidance on How to Deal with the Suspicion that a Girl is at Risk

CHANGE Agents should discuss their suspicion with somebody, e.g. fellow community members they trust. They should be aware of how they speak about this sensitive issue in an emergency case. Also, they should be mindful about how to address the girl and her family.

They should start by looking at country-specific conditions and the situation of the girl at risk.

They should develop a step-by-step plan of activities for themselves:

- At what time shall I initiate any specific action?
- What kind of action can I take depending on national/ local conditions? Have I done a risk assessment? Is the situation urgent enough to demand quick action?
- Decide whom to address first, depending on the girl's situation.
- How will the contacted person/authority/organisation react to my action? What will be their follow-up steps?
- What consequences will my actions have for the girl, her family, for myself?

12.5 Practical Exercise.....50 minutes

Group work: Ask the CHANGE Agents to undertake a practical exercise to apply the intervention strategy to a real life situation where a girl in their community is at risk.

Describe another example and let groups come up with a plan. Compare the results and discuss the approaches taken, pros and cons. Let participants compare the systematic approach taken at the end of the module with the intuitive answers at the beginning of the session. Realise the difference in approaches.

Lunch BREAK – 1 hour – Lunch BREAK – 1 hour – Lunch BREAK – 1 hour

For your notes

Module 13 – Action Planning for Behaviour Change Activities

Structure

13.1 Framework Conditions for Behaviour Change Activities .....30 minutes
13.2 Practical Exercise .....60 minutes
Coffee/Tea Break .....10 minutes
13.3 Action Planning – Implementing Behaviour Change Activities .....90 minutes

Objectives of Module 13

- To learn about target groups, methods and tools (group work, poster development, etc)
- To plan concrete activities by using the implementation planning template
- To be aware of differences between awareness-raising, behaviour change and steps to evaluate the action
- To raise awareness of the gender dimension and equal opportunity principle important for planning behaviour change activities
- To know how to develop and organise a successful community event.
- To follow step-by step approach for community activities (assessment, planning, building, partnership, evaluation)
- To be able to work together with institutional stakeholders to prevent FGM and develop strategies to reach out to communities, especially to the concerned girls and women

13.1 Framework Conditions for Behaviour Change Activities

Principal: From awareness raising to behaviour change

While one single awareness raising activity provides important information that might get people to think about the issue, the final goal is to have the target group speak out against and to actively participate in the process of ending FGM. Therefore, a series of awareness raising activities should be conducted within the same group of people informing about FGM and eventually enabling the group to develop their own arguments and actions against the practice. This builds on the Community Assessment from Module 10. The results from the Mapping should be the basis for tailored activities for the CHANGE Agents specific community.

- Each CHANGE Agent should organise at least three activities for promoting behaviour change within the same target group in her/his community.
- During the pilot project, CHANGE Agents had 10 months to complete their three activities.

13.2 Practical Exercise .....60 minutes

Brainstorm and discuss a series of possible awareness raising activities, such as

- Inviting mothers for dinner and talking about FGM
- Watching a movie like Moolaadé and discussing the content regarding FGM
- Enjoying artistic/creative activities to express associations with FGM such as drawing etc.
- Arranging a cultural evening for youth – preparing food/wearing clothes from one's culture and discussing the role of culture and why harmful traditional practices should not be tolerated
- Authoring a short play about FGM
- Using dates like November 25th „International day for the elimination of violence against women" or February 6th "International day against FGM" to engage communities against FGM

Each group should agree on a serious of awareness raising activities to continue working on under the Action Planning exercise.

Discuss the outcomes of group work in the plenary and continue working with three concrete ideas.

Substantial Equality: Equal Treatment Does not Mean the Same Treatment!

The Story of the Fox and the Stork[18]

The fox invited the stork for dinner. He served the food on a large flat dish. The Stork with its long narrow beak could not eat. The Stork invited the fox for dinner and served the food in a very deep pot. The fox with its short wide face could not eat.

Both friends had an equal opportunity for food and yet always one of the two could not access the food.

When CHANGE Agents plan their behaviour change activities they should keep this story in mind. The challenge for every activity is to identify barriers to specific groups in their community to participate in and/or benefit from their activities.

Examples:

- If they want to organise an event at a bar, they should think about who might not be able to attend due to the fact that alcohol is served.
- Women might not be able to attend their event in the evening because they cannot bring their children.
- Women from some communities might not be allowed to attend an event that takes place outside of their familiar community environments.

Coffee BREAK – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

13.3 Action Planning – Implementing Behaviour Change Activities

Behaviour Change Activity – Implementation Template

Introduce **the implementation template** below and let the groups complete the template for their activity. The result of the group work will be discussed. The template and discussion should help the CHANGE Agents to start implementing behaviour change activities developed during the training.

Behaviour Change Activity Template

Behaviour Change Activity	Target group (age, gender, profession)	Method	Tools/ Material (within the budget of 50 €)	Date	Location	To-Dos within a certain timeframe
Playground for youth: Poster development	Youth	Design of different posters for community rooms about FGM. Leaving room for discussion, creativeness	Creative work environment: Poster panel, colours for painting, etc.	9th of March	Seminar room, outdoors	- prepare invitation (1 Feb) - organise seminar-room (5 Feb) - etc.
Kitchen talk …	Young Women	Starting with input by CHANGE Agents (information sheet), discussion during cooking	Information sheet about FGM	21st of March	Home of CHANGE Agent	

Closing Session

You can use the last minutes of the closing session to reinforce key messages of your training. You can use these exercises to create the closing that will define the CHANGE Agent's attitude towards the behaviour change activities.

Practical Exercise: .....15 minutes

Material and Equipment: Flipcharts, Tape

Four flipcharts are taped to the wall (more flipcharts may be added, depending on the number of participants at your training). At the end of the session, ask the CHANGE Agents to draw one element they have learned during the training, which they found specifically important. Ask the other participants to interpret the drawing.

Or:

Practical Exercise: .....15 minutes

Material and Equipment: None

Ask the CHANGE Agents to thank someone else in the group. Some people might thank others for having helped her/him to better understand an aspect, others might have appreciated other CHANGE Agent's questions and comments as they have given them a more multi-facetted insight into an issue. Some might simply end the session with a "Thank you!" which should then be answered with "You're welcome!"

For your notes

PART C: Further Information

CHANGE Website: www.change-agent.eu

ADDITIONAL MATERIALS AND EXERCISES FOR MODULES

Module 1 – Introduction to CHANGE and FGM

Project website: www.change-agent.eu

Role and Guidelines for Change Agents

- **UK Government. Department of Health** (2016) *"Multi-agency statutory guideance on female genital mutilation"* Accessed 17.06.2016. https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation

Ice Breaker and Energiser Exercises

- **Hogan, Deirdre** (2014) *Icebreakers and Energisers – 35 Ways to Improve Your work-shop, class, etc.* Accessed 17.06.2016. http://www.zakelijk.net/media/Extra_trainersmateriaal/Ice.pdf
- **Mind Tools** (2016) *Ice Breakers – Easy Group Contribution, Accessed 14.06.2016. https://www.mindtools.com/pages/article/newLDR_76.htm*
- **Trainer Bubble** (2016) *All Change.* Accessed 17.06.2016. https://www.trainerbubble.com/downloads/all-change/
- **Trainer Bubble** (2016) *My Name Is.* Accessed 17.06.2016. https://www.trainerbubble.com/downloads/my-name-is/
- **Trainer Bubble** (2016) *Fold Up.* Accessed 17.06.2016. https://www.trainerbubble.com/downloads/fold-up/

Introduction to FGM

- ***T*he Medicalisation of FGM: Robertson, L., Szaraz, M.** (2016) 28 too many. Accessed 16.06.2016. http://28toomany.org/media/uploads/report_final_version.pdf
- **Exercise on Prevalence Rate**
  UNICEF Report (2013) *Female Genital Mutilation/ Cutting: A Statistical Overview and Exploration of the Dynamics of Change*. Print page 2 and 3. Accessed 16.06.2016. http://www.unicef.org/publications/index_69875.html

Module 2 – Gender and Women`s Rights

- **Oxfam** (2014) *Transformative Leadership for Women's Rights: An Oxfam Guide.* Accessed 16.06.2016. https://www.oxfam.org/sites/www.oxfam.org/files/file_attachments/transformative-leadership-womens-rights-oxfam-guide.pdf
- **Save the Children** (2014) *Engendering transformational change. Save the Children Gender Equality Program Guidance & Toolkit.* Accessed 16.06.2016. http://resourcecentre.savethechildren.se/sites/default/files/documents/gender_equality_program_toolkit_2014.pdf
- **UN Women** (2016) *Typology on training for gender equality.* Accessed 16.06.2016. http://www.unwomen.org/en/digital-library/publications/2016/5/typology-on-training-for-gender-equality

Recommended Exercises for Module 2

- **River of Life –** *Knowledge Sharing Toolkit, Practical Exercise on the reflection of the own biography.* Accessed 13.07.2016. http://www.kstoolkit.org/River+of+Life

Module 3 – Introduction to FGM and Legal Issues

- **African Union** (2003) *Maputo Protocol.* Accessed 17.06.2016. http://pages.au.int/sites/default/files/Protocole%20FRENCH.pdf
- **Deutsche Gesellschaft für Internationale Zusammenarbeit** (GIZ) GmbH (2014) *Expertise – Background*. Accessed 17.06.2016. http://www.giz.de/expertise/html/6194.html
- **European Institute for Gender Equality (EIGE)** (2013) *Female Genital Mutilation in the European Union and Croatia*. Pp. 33. Accessed 10.06.2016. http://eige.europa.eu/sites/default/files/documents/eige-report-fgm-in-the-eu-and-croatia.pdf
- Search for numbers in individual countries: **The DHS Program** (2014) *Survey Search*. Accessed 10.06.2016. http://dhsprogram.com/What-We-Do/Survey-Search.cfm
- **The Donors Working Group on Female Genital Mutilation/Cutting** (2010) *Platform for Action Towards the Abandonment of Female Genital Mutilation/Cutting (FGM/C).* Accessed 16.06.2016. http://www.fgm-cdonor.org/publications/index.html
- **United Nations Children's Fund (UNICEF)** (2013) *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change.* New York: UNICEF, Accessed 17.06.2016. www.unicef.org/media/files/FGCM_Lo_res.pdf
- **United Nations Children's Fund (UNICEF)** (2014) *Female Genital Mutilation and Cutting.* Accessed 16.06.2016. http://data.unicef.org/child-protection/fgmc
- **United Nations Population Fund (UNFPA)** (2014) *Gender Issues – FGM.* Accessed 16.06.2016. http://www.unfpa.org/topics/genderissues/fgm
- **UN Women** (2012) *Sources of International Human Rights Law on Female Genital Mutilation.* Accessed 10.06.2016. http://www.endvawnow.org/en/articles/645-sources-of-international-human-rights-law-on-female-genital-mutilation.html

Recommended Exercises for Module 3

- **Exercise on FGM Legislation**
  UNICEF Report (2013) *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change.* Print page 9. See link above.
- **Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH** (2011) *Female Genital Mutilation and Legislation.* Country Department Africa – Western Africa II, Angola and Pan-African Organisations and Programmes. P. 17. Accessed 16.06.2016. http://www.giz.de/fachexpertise/downloads/giz2011-en-fgm-gesetzgebung.pdf

Module 4 – Communication Skills and Conflict Management

- **Agrawal, Praween K., Kumudha Aruldas and M.E. Khan.** (2014) *Training Manual on Basic Monitoring and Evaluation of Social and Behaviour Change Communication Health Programs.* New Delhi: Population Council. Accessed 10.06.2016. http://www.popcouncil.org/uploads/pdfs/2014RH_BCCTrainingManual.pdf
- **Barnes-Ceeney, Kevin, and Amanda Naylor** (2005) Bad Communication Role Play; Anger Exercises; Dos and Don'ts Checklist In: Barnes-Ceeney and Naylor, *Communication Skills for Social Workers – A Trainers Manual.* UNICEF Social Work Summer School. Accessed 10.06.2016. http://www.unicef.org/tdad/vsounicefkazocialworkcommunicationskills.doc
- **Robinson, L., Segal, J., Segal** R. (2014) *Effective Communication – Improving Communication Skills in Business and Relationships.* Accessed 10.06.2016. http://www.helpguide.org/articles/relationships/effective-communication.htm

Communication and Terminology

- **United Nations Population Fund** (2015) *Frequently Asked Questions on Female Genital Mutilation / Cutting.* Accessed 16.06.2016. http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions

Module 5 – Sexual and Reproductive Health and Rights

- **Human Rights Health Workers** (2014) *An introduction to Sexual and Reproductive Rights.* Accessed 10.06.2016. http://www.ifhhro-training-manual.org/index.php?r=training/view&id=34&sid=8
- **International Conference on Population and Development - ICPD - Programme of Action** *International Conference on Population and Development Programme of Action.* Accessed 09.06.2016. http://www.unfpa.org/publications/international-conference-population-and-development-programme-action
- **International Planned Parenthood Federation** (2013) *The IPPF Charter on Sexual and Reproductive Rights.* Accessed 10.06.2016. http://www.ippf.org/resource/IPPF-Charter-Sexual-and-Reproductive-Rights
- **IPPF's Sexual Rights Declaration** *Very good 20 minute movie about sexual health and human rights.* Accessed 10.06.2016. http://www.ippf.org/resource/IPPFs-Sexual-Rights-Declaration
- **United Nations Population Fund (UNFPA)** (2010) *Engaging Men and Boys in Gender Equality and Health – A Global Toolkit for Action.* Brazil: UNFPA and Promundo. Accessed 16.06.2016. http://www.unfpa.org/publications/engaging-men-and-boys-gender-equality-and-health
- **World Health Organisation (WHO)** (2001) *Transformer les systèmes de santé: genre et droits dans la santé de la reproduction.* Accessed 10.06.2016. http://whqlibdoc.who.int/hq/2001/WHO_RHR_01.29_fr.pdf
- **World Health Organisation (WHO)** (2016) *Female Genital Mutilation.* Accessed 10.06.2016. http://www.who.int/topics/female_genital_mutilation/en/
- **World Health Organisation (WHO)** (2001) *Transforming Health Systems: Gender and Rights in Reproductive Health – A Training Manual for Health Managers.* Accessed 10.06.2016. http://www.who.int/reproductivehealth/publications/gender_rights/RHR_01_29/en/
- **World Health Organisation (WHO)** (2014) *Sexual Health.* Accessed 10.06.2016. http://www.who.int/topics/sexual_health/en/

Recommended Exercises for Module 5

- More detailed versions of the recommended exercises and many more can be found in: **Plan** (2012) *Planting Equality. Getting it Right for Girls and Boys.* ISBN 978-92-9250-014-6: Hand-out *Responding to Resistance* Component 10c, Page 22/3. Exercise *Powerwalk* Component 3a, Page 5–14.
- **Exercise "What is Sexuality?"**
  Hunter-Geboy, Carol (1995) *What is Sexuality?* Life Planning Education: A Youth Development Program. Washington, DVC: dvocates for Youth. Accessed 05.06.2016. http://www.advocatesforyouth.org/storage/advfy/documents/chapter5.pdf

Module 6 – FGM and Health Issues

- **World Health Organisation** (2016) *WHO guidelines on the management on health complications from female genital mutilation.* Accessed 10.06.2016. http://apps.who.int/iris/bitstream/10665/206437/1/9789241549646_eng.pdf?ua=1
- **Berg RC, Underland V, Odgaard-Jensen J, Fretheim A, Vist G.** (2014) *Effects of female genital cutting on physical health outcomes: a systematic review and meta-analysis.* BMJ Open.
- **Berg RC, Denison E.** (2012) *Does female genital mutilation/cutting (FGM/C) affect women's sexual functioning? A systematic review of the sexual consequences of FGM/C.* Sex Res Social Policy.

- **Berg RC, Odgaard-Jensen J, Fretheim A, Underland V, Vist G.** (2014) *An updated systematic review and meta-analysis of the obstetric consequences of female genital mutilation/ cutting.* Obstet Gynecol Int.
- **Royal College of Obstetricians & Gynaecologists** (2015) *Female Genital Mutilation and its Management.* Accessed 10.06.2016. https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-53-fgm.pdf
- **De Schrijver L, Leye E, Merckx M.** (2016) *A multidisciplinary approach to clitoral reconstruction after female genital mutilation: the crucial role of counselling. Eur J Contracept Reprod Health Care.*
- *United to end FGM – Webbased e-learning for key professionals.* www.uefgm.org

Module 7 – FGM, Culture, Tradition, Identity

- **Dahabo Ali Muse** (2014) *Feminine Pain. Female Integrity.* Accessed 10.06.2014. http://www.femaleintegrity.se/poem.htm
- **Inter-African Committee on Traditional Practices (IAC)** (2009) *About IAC.* Accessed 15.06.2016. http://www.iac-ciaf.net/index.php?option=com_content&view=article&id=10&Itemid=3
- **Plan International** (2005) *Tradition and Rights: Female Genital Cutting in West Africa.* Accessed 10.06.2016. http://www.crin.org/docs/femalecutting.pdf
- **Theunen, El Hadji Sidy Ndiaye** (2005) *Diariatou Face à la Tradition.* (2ème édition), Ed. GAMS. Belgique, Bruxelles: GAMS.
- **Warsan Shire** (2012) *Tribe of Wood.* Accessed 10.06.2016. http://www.trueafricanoriginal.com/2012/04/in-honor-of-national-poetry-month-tribe.html#.VBgvh-edGUc

Module 8 – Religion

- **Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)** (2013) *Female Genital Mutilation in Mauritania: Strengthening the Competence of Religious Leaders to Bring the Practice to an End. Summary of Experiences.* GIZ report on the supra-regional project *Ending Female Genital Mutilation.* GIZ Eschborn, Germany.
- **Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)** (2013) *Renforcer les capacités des leaders religieux pour promouvoir l'abandon des mutilations génitales féminines.* GIZ Eschborn, Germany. Accessed 12.06.2016. http://www.giz.de/expertise/downloads/Fachexpertise/giz2013-fr-fgm-islam.pdf
- **FORWARD UK** (2014) *FGM and Islam Leaflet.* Accessed 13.06.2016. http://www.better-health.org.uk/resources/toolkits/female-genital-mutilation-and-islam
- **Pharos, FSAN and Islamische Universität Rotterdam** (2006) *Fatwa.* Accessed 16.06.2016. http://www.pharos.nl/documents/doc/fatwa_meisjesbesnijdenis_arab-fr.pdf

Module 9 – Standards for Community Work

- **Democracy for America Campaign Academy** (2009) *Power Mapping*, Grassroots Campaign Training Manual, pp. 103–107.
- **Whelan, James (The Change Agency)** (2014) *Power Mapping.* Accessed 24.06.2016. http://www.thechangeagency.org/?s=power+mapping

Module 10 – Community Analysis

- **Barrett, H. & Alhassan, Y.** (2016) *The Community Mapping: Practical Handbook'.* Accessed 01.07.2016. http://www.change-agent.eu/index.php/about-us/publications/change-plus-publications

• **Barrett, H. & Alhassan, Y.** (2016) *The REPLACE Community Readiness to End FGM Assessment: Practical Handbook'.* Accessed 01.07.2016. http://www.change-agent.eu/index.php/about-us/publications/change-plus-publications

Module 11 – Self-Care for CHANGE Agents

• **National Center on Family Homelessmess – Volk,K., Grandin, M. Clervil, R.** (2008) *What about you? A workbook for Those who Work with Others.* Accessed 16.06.2016. http://homelesshub.ca/resource/what-about-you-workbook-those-who-work-others

• **Mayo Clinic** (2014) *Stress Symptoms: Effects on Your Body and Behaviour.* Accessed 10.06.2016. http://www.mayoclinic.org/healthy-living/stress-management/in-depth/stress-symptoms/art-20050987

Module 12 – Intervention Strategies to Protect Girls at Risk

• **Fachveröffentlichung des überbehördlichen „Hamburger Runden Tisches gegen Genitalverstümmelung"** (2015) *Intervention und Unterstützung bei Weiblicher Genitalverstümmelung: Möglichkeiten interdisziplinärer Fallzusammenarbeit.* Accessed 16.06.2016. http://www.hamburg.de/opferschutz/3091566/weibliche-genitalverstuemmelung/

• **Une publication de la "Table ronde de Hambourg contre les Mutilations Génitales Féminines"** (2015) *Intervention et soutien en cas de Mutilations Génitales Féminines. Pour une coopération interdisciplinaire.* Accessed 16.06.2016. http://www.hamburg.de/opferschutz/3091566/weibliche-genitalverstuemmelung/

• **GAMS/ Intact** (2015): *Decision Tree, FGM Prevention Kit.* Accessed 14.07.2016. http://www.strategiesconcertees-mgf.be/wp-content/uploads/MGF-tryptique_final_RTP.pdf

Module 13 – Action Planning for Behaviour Change Activities

• **United Nations Development Programme (UNDP)** (2001) *Gender in Development Programme, Learning and Information Pack, Gender Analysis*, p. 109.

MATERIAL FOR CHANGE AGENTS:

Movies and Short Clips:

• **Ousmane, S.** (2004) *Moolaadé* (Language: Bambara and French with English subtitles).

• **Hormann, S., Bhide, S., Dirie, W.** (2009) *Desert Flower*.

In the UK:

• **FORWARD** (2010) *The Bristol PEER Study, Women's Experiences, Perceptions and Attitudes of Female Genital Mutilation.*

• **London Safeguarding Children Board** (2009) *London Female Genital Mutilation Resource Pack.*

In the Netherlands:

• **Exterkate, M.** (2013). *Female Genital Mutilation in the Netherlands. Prevalence, incidence and determinants.* Utrecht: Pharos.

• Information brochures about FGM in Amharic, Oromia, Tigriniya, Arabic, Somali, English, French & Dutch available via FSAN.

In Germany:

• **Behrendt, A** (2001) *Listening to African Voices: Female Genital Mutilation/Cutting among Immigrants in Hamburg: Knowledge, Attitudes and Practice.* Plan International, Germany. Available at: http://www.change-agent.eu/index.php/information-about-fgm/downloads Available in English and French.

- **TERRE DES FEMMES** (2016) *Wir schützen unsere Töchter.*
  Available at: www.frauenrechte.de
  Available in: German, French, English, Arabic, Kiswahili, Tigrinya and Somali
- **TERRE DES FEMMES** (forthcoming) *Unterrichtsmappe Weibliche Genitalverstümmelung*
  Please check: www.frauenrechte.de

In France:

- **Combattre L'Excision, „Stop violences femmes"**
  Available at:
  http://www.stop-violences-femmes.gouv.fr/IMG/pdf/16_PAGES_EXCISION_02-04_DEF.pdf
- **Les mutilations sexuelles féminines – un crime puni par la loi,**
  „Stop violences femmes", Ministère de la santé et des sports Available at:
  http://stop-violences-femmes.gouv.fr/IMG/pdf/25-11-2014_depliant-MSF-2.pdf
- **Le praticien face aux mutilations sexuelles féminines**
  Available at: http://social-sante.gouv.fr/IMG/pdf/MSF.pdf
- **Research Paper: Les mutilations sexuelles féminines en France**
  Available at: https://www.ined.fr/fr/tout-savoir-population/memos-demo/analyses/mutilations-sexuelles-france/

In Italy:

- **AIDOS – The Center for Reproductive Rights** (CRR) (2005) *Mainstreaming the Fight against FGM/C: A Training Manual*
- **AIDOS-Research, Action and Information Network for the Bodily Integrity of Women (RAINBO)** (2006) *FGM/C as a Development Issue: A Training Manual to Mainstream Actions for the Abandonment of FGM/C into Development Programs and Projects*

In Portugal:

- **APF** (2008) *Eliminação da Mutilação genital feminina: Declaração conjunta*
  Available at: http://www.apf.pt/loja/eliminacao-da-mutilacao-genital-feminina
- **APF** (2011–2013) *Programa de Accao Mutilacao*. Available at:
  https://www.cig.gov.pt/wp-content/uploads/2013/12/II_Programa_Accao_Mutilacao_Genital_Feminina.pdf

MATERIAL FOR KEY PROFESSIONALS:

EU-wide

- **United to END FGM – Web based e-learning for key professionals** www.uefgm.org
- **END FGM European Network** – Information sources on www.endfgm.eu
- **Change Plus partnership** (2016) *Responding to Female Genital Mutilation – A guide for key professionals.* Available at: http://www.change-agent.eu/index.php/about-us/publications/change-plus-publications

DUTCH

- **FSAN** (2014) *In gesprek gaan over vrouwelijke genitale verminking: Een handleiding voor professionals.*
- **SPF Santé publique, Sécurité de la Chaîne alimentaire et Environnement et GAMS Belgique** (2011) *Vrouwelijke Genitale Verminking. Handleiding voor de betrokken beroepssectoren* Available at:
  http://eige.europa.eu/content/vrouwelijke-genitale-verminking-handleiding-voor-de-betrokken-beroepssectoren-mutilations-g%C3%A9

- **The State Secretary of Health, Welfare and Sport and The Minister of Security and Justice** (2011) *Statement Opposing Female Circumcision.*

ENGLISH

- **British Medical Association** (2011) *FGM: Caring for patients and safeguarding children.* Available at: https://www.bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Ethics/femalegenitalmutilation.pdf
- **FORWARD** (2014) *Responding to Female Genital Mutilation: A Guide for Key Professionals.* Available at: http://www.change-agent.eu/index.php/about-us/news-and-press-release/93-the-change-brochure-responding-to-female-genital-mutilation-a-guide-for-key-professionals-is-now-available-for-download-in-four-languages
- **London Safeguarding Children Board** (2009) *London Female Genital Mutilation Resource Pack.* Available at: http://www.change-agent.eu/index.php/information-about-fgm/downloads/english?download=9:london-female-genital-mutilation-resource-pack

FRENCH

- **SPF Santé publique, Sécurité de la Chaîne alimentaire et Environnement et GAMS Belgique** (2011) *Mutilations Génitales Féminines: Guide à l'Usage des Professions Concernées.* Available at: http://eige.europa.eu/content/vrouwelijke-genitale-verminking-handleiding-voor-de-betrokken-beroepssectoren-mutilations-g%C3%A9
- **WHO** (2010) *Stratégie Mondiale Visant à Empêcher le Personnel de Santé de Pratiquer des Mutilations Sexuelles Féminines.* Available at: http://www.who.int/reproductivehealth/publications/fgm/rhr_10_9/fr/

GERMAN

- **Bundesärztekammer** (2005/2013) *Empfehlungen zum Umgang mit Patientinnen nach Weiblicher Genitalverstümmelung (Female Genital Mutilation).* Available at: http://www.aerztekammer-bw.de/news/2013/2013_03/buaek_genitalverst/index.html
- **Bundesärztekammer** (2013) *Handlungsempfehlung der Hamburger Jugendämter* Available at: www.frauenrechte.de/online/images/downloads/fgm/hh-intervention-bei-weiblicher-genitalverstuemmelung.pdf
- **Deutsche Gesellschaft für Gynäkologie und Geburtshilfe (DGGG)** (2012) *Recommendations on the Management of the Patients With a History of a Female Genital Mutilation. AG Frauengesundheit in der Entwicklungszusammenarbeit und INTEGRA Netzwerk.* Available at: www.frauenrechte.de/online/images/downloads/fgm/fgm-recommendations-medical_doctors.pdf
- **TERRE DES FEMMES** (forthcoming) *Unterrichtsmappe Weibliche Genitalverstümmelung.* Available: www.frauenrechte.de
- **TERRE DES FEMMES** (2014) *Weiblicher Genitalverstümmelung begegnen: Ein Leitfaden für Fachkräfte in sozialen, pädagogischen und medizinischen Berufen.* Available at: https://www.frauenrechte.de/
- **Zerm, Chr. Dr.** (2007) *Weibliche Genitale Beschneidung – Umgang mit Betroffenen und Prävention – Empfehlungen für Angehörige des Gesundheitswesens und weitere potentiell involvierte Berufsgruppen.* Available at: http://www.frauenrechte.de/online/images/downloads/fgm/EmpfehlungenFGM-2007.pdf

SWEDISH

- **RISK** (2014) *Att möta kvinnlig könsstympning: Information till berörda yrkesgrupper.* Available at: http://www.f-risk.org
- **Socialstyrelsen** (2005) *Kvinnlig könsstympning. Ett utbildningsmaterial för skola, socialtjänstoch hälso och sjukvård.* Available at: http://www.change-agent.eu/index.php/information-about-fgm/downloads/swedish

RECOMMENDED TRAINING MANUALS:

- **African Women Organization** (2005) *Training Kit: Prevention and Elimination of Female Genital Mutilation among Immigrants in Europe. EU Daphne Project: Vienna* Available at: http://www.african-women.org/resources/training_kit.php
- **Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)** (2013) *How to facilitate Generation Dialogues about Female Genital Cutting. A manual for facilitators of men's Dialogues.* Available at: www.giz.de/fachexpertise/downloads/Fachexpertise/giz2013-en-fgm-GenDia-man-t4b.pdf

ABOUT US – CHANGE Partner Organisations

TERRE DES FEMMES is a non-profit human rights organisation for girls and women that supports girls and women affected by violence through campaigns, outreach work, individual counselling, support of projects and international networks. TDF clarifies myths and traditions that negatively affect the lives of women, protests when rights are violated and demands a world worth living in for all girls and women – with equal rights, self-determined and free! The key issues are domestic violence, forced marriage and honour crimes, female genital mutilation, trafficking of women, forced prostitution and social rights for female workers. The organisation was founded in 1981 and headquarters are in Berlin.
http://www.frauenrechte.de Contact Email: info@frauenrechte.de

The **Plan Foundation Centre** (Stiftung Hilfe mit Plan) offers you the possibility of ensuring continuing child support worldwide – by creating your own foundation, by making an external donation or by supporting a project directly. In 2014, the Foundation was awarded the Federal Association of Foundations' Quality Award. Our Cooperation partner is Plan International Germany. With its yields and donations, the Foundation supports the projects implemented by Plan International Germany in Africa, Asia and Latin America. Since 2009, the Foundation "Hilfe mit Plan" has also been supporting projects in Germany. Thanks to the support of the Foundation, it has been possible to ensure the implementation of the project in Hamburg in the gap year between CHANGE and CHANGE Plus.
http://www.plan-stiftungszentrum.de/ Contact Email: Stiftungszentrum@plan.de

The Federation of Somali Associations in the Netherlands (FSAN) is a non-profit, non-political organization founded in the Netherlands in 1994. 56 regional and district organizations in the Netherlands are working with FSAN. Its purpose is to support and advise local Somali refugee organizations as well as Dutch institutions that work closely with the Somali community in the Netherlands. One of the main focuses of FSAN'S work is FGM. Our first project in 1996 aimed at breaking the taboo around FGM and at informing our community about the law in the Netherlands. Our work regarding FGM is NOW based on behavioural change activities and providing support for women living with FGM. We are working together with Pharos, Municipals Youth health care providers, facilitators from the community and community based organizations.
http://www.fsan.nl Contact Email: info@fsan.nl

Family Planning Association (APF), founded in 1967 and located in Portugal, promotes health, choices and rights for equality of opportunities. Their aim is to "help people make free and responsible choices in their sexual and reproductive lives." AFP is a volunteer organisation composed of individual and collective members. The organisation's work on FGM started in 2000 and is structured in three sections: advocating for women's and children's rights, sexual and reproductive health and cooperation and development with the United Nations Fund for Population, other UN agencies, research institutes and NGOs from several countries.
http://www.apf.pt Contact Email: apfsede@apf.pt

The **Italian Association for Women in Development (AIDOS)** is an NGO working to build, promote and protect the rights, dignity, well-being, freedom of choice and empowerment of women and girls. AIDOS has been engaged in programs and projects for the abandonment of female genital mutilation (FGM) for almost 30 years in several African countries, giving financial, technical and organizational support to local NGOs working on this issue. AIDOS programs aim to build a social environment in which the individual choice may be possible, addressing gender relations and particularly the power imbalances that influence the sexual and reproductive rights of women. In Italy and in Europe the Association implements advocacy activities and provides training on FGM addressed to different professionals, including the ones who are dealing with women asylum seekers. AIDOS is a founding member of the End FGM European Network.
http://www.aidos.it Contact Email: segretaria@aidos.it

Equilibres & Populations (Equipop) was created by a team of doctors and journalists in 1993, in the context of the then upcoming International Cairo Conference on Population and Development. EquiPop works towards the improvement of women's social status and living conditions, which are a crucial lever for a fair and sustainable development. In French-speaking Sub-Saharan Africa, part of their action has progressively shifted to focus on girls, and more specifically on girls and young women whom existing policies and programmes do not manage to reach. In order to carry out their mission, Equipop works with a number of actors, including: NGOs, CSOs, health professionals, experts, researchers, journalists, parliamentarians in Africa, Europe and North America.
http://equipop.org/en/home/ Contact Email: info@equipop.org

Coventry University is a forward-looking modern University with a proud tradition as a provider of high quality education and a focus on multidisciplinary research. The University has established a robust academic presence regionally, nationally and across the world and has recently been ranked 15th in the Guardian University Guide 2016. Voted 'Modern University of the Year' by The Times and Sunday Times Good University Guide for three consecutive years, Coventry University is an ambitious and innovative University. Known for delivering research that makes a significant contribution to a number of global challenges, the University is investing to ensure its research centres focus on a range of real world issues. Through fresh and original approaches to key research challenges by world-leading experts, the aim of Coventry University is to make a tangible difference to the way we live.
http://www.coventry.ac.uk/ Contact Email: gex037@coventry.ac.uk

The **End FGM European network (End FGM)** is a European umbrella organisation set up by 15 national NGOs in 10 European countries to ensure sustainable European action to end FGM.The network creates an enabling environment for coordinated and comprehensive action by European decision-makers to end FGM and other forms of violence against women and girls. The network facilitates the synergy of diverse organisations and the active participation of rights holders and affected communities. The network provides space where member organisations can share their experience and diverse skills.
http://www.endfgm.eu Telephone: +32 (0) 2 893 0907

CHANGE Partners (2013–2015)

The Foundation for Women's Health, Research and Development (FORWARD) is an African Diaspora women's campaign and support charity and was established in 1983 in the UK, in response to the emerging problems caused by female genital mutilation being seen by health professionals. Since this time FORWARD has been working to eliminate the practice and provides support to women affected by FGM. FORWARD works with individuals, communities and organisations to transform harmful practices and improve the quality of life of vulnerable girls and women.
http://www.forwarduk.org.uk Contact email: forward@forwarduk.org.uk

RISK is the Swedish acronym for the National Association for Ending Female Genital Mutilation (FGM). The objective of RISK is to campaign against the practice of FGM by spreading information about the health problems it involves and the human rights it violates. Therefore RISK trains African women and men as information officers to serve as instructors in their native tongues and within their communities in Sweden talking about the nature and negative effects of FGM. At the present time, RISK has trained 40 persons.
http://www.f-risk.org Contact email: femaleintegrity@telia.com

Founded over 75 years ago, **Plan International** is one of the oldest and largest children's development organisations in the world. Branches work in over 50 developing countries across Africa, Asia and the Americas to promote child rights and lift millions of children out of poverty. Plan is independent, with no religious, political or governmental affiliations. http://www.plan-deutschland.de Contact Email: info@plan-deutschland.de

The general objective of **Euronet-FGM**, founded in 2002, is to improve the health of female immigrants in Europe and to fight harmful traditional practices affecting the health of women and children, in particular FGM. The goals of the network are to fight FGM in Europe by finding a global solution and establishing a lobby aimed at eradicating the practice on all continents and in all regions, to promote information exchange, sharing knowledge and experience, and to establish and maintain links among the Inter-African Committee (IAC), and European-based associations and organisations.

REFERENCE LIST:

Academy for Conflict Transformation (2014) *The Communication Model by Schulz von Thun.* Accessed 10.06.2016. https://laofutze.files.wordpress.com/2010/04/schulzvonthun.pdf

African Women's Organization (2005) *Training Kit: Prevention and Elimination of Female Genital Mutilation among Immigrants in Europe.* EU Daphne Project: Vienna. Available at: http://www.african-women.org/resources/training_kit.php

Barrett, H. et. al. (2011) *REPLACE. Pilot Toolkit for Replacing Approaches to Ending FGM in the EU: Implementing Behaviour Change with Practicing Communities.* Coventry: Coventry University.

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TERRE DES FEMMES

TERRE DES FEMMES is a non-profit human rights organisation for girls and women that supports girls and women affected by violence through campaigns, outreach work, individual counselling, support of projects and international networks. TDF clarifies myths and traditions that negatively affect the lives of women, protests when rights are violated and demands a world worth living in for all girls and women - with equal rights, self-determined and free!

The key issues are domestic violence, forced marriage and honour crimes, female genital mutilation, trafficking in women, forced prostitution and social rights for female workers. The organisation was founded in 1981 and the head quarters are in Brunnenstraße 128, 13355 Berlin, www.frauenrechte.de.

CHANGE and CHANGE Plus

The projects CHANGE and CHANGE Plus contribute to the prevention of violence against children and women linked to harmful practices across European countries. They aim at:

- Raising awareness
- Changing attitudes
- Promoting behaviour change on Female Genital Mutilation in practising African communities in the EU.

What we do:

- Empowerment of community members to advocate for behaviour change at both community and political level
- Community assessment
- Capacity development/Mutual learning
- Exchange of good practices

For further information on the project please visit: www.change-agent.eu

The CHANGE Plus project is co-funded by the Rights, Equality and Citizenship Programme of the European Union