CHANGE

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 prepared under the auspices of the CHANGE Project. CHANGE is co-funded by the European Union under the Daphne Programme and coordinated by TERRE DES FEMMES. It aims to promote attitude and behaviour change for members of communities in the European Union who continue to favour FGM. Partners within the CHANGE project are FORWARD (UK), FSAN (Netherlands), Plan International (Germany), RISK (Sweden) and EuroNet-FGM (EU-wide).

EuroNet-FGM

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CHANGE

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Authors

TERRE DES FEMMES – Germany

CHANGE Project Coordinators:

Linda Ederberg

Katharina Kuss

Jonna-Lena Seemann

Plan International Deutschland – Germany

Dr. Anja Stuckert (Senior Advisor for Gender)

Gwladys Awo (CHANGE Project Manager and Trainer)

FORWARD – UK

Naana Otoo-Oyortey (Executive Director)
Yvette Robbin-Coker (Training and Development Coordinator)
Toks Okeniyi (Head of UK Programmes and Operations)

FSAN – Netherlands

Zahra Naleie (Senior FGM Project Manager)
Olga Abdulkadir (CHANGE Project Assistant)

RISK – Sweden

Fana Habteab (Founding Member and Member of the Administrative Board)
Leena Marandi (CHANGE Project Assistant)

Review

Prof. Tobe Levin, EuroNet-FGM

Design and Layout by

styleabyte – Tina Dähn

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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 125 million women and children affected by FGM worldwide.[2] 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.

At EU level, the European Commission (EC) under its Daphne Programme supports cooperation among European Members States in the fight against FGM.

The CHANGE project, which is funded under the Daphne Programme by the European Union, is 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). Together we work towards promoting behaviour change and the abandonment of FGM in affected communities across the EU.

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

CHANGE aims at:

- Enabling communities across the EU who still favour FGM to advocate for its abandonment
- Diverting social pressure from continuation to abandonment of FGM in affected communities
- Promoting behaviour change in these communities
- Addressing stigmatisation

To achieve these goals, project partners selected over 50 CHANGE Agents who are now acting as multipliers to promote behaviour change within their communities. Based on Participatory Action Research on barriers to ending FGM (see REPLACE project) we have developed a pilot training programme for the four CHANGE Agent groups in Germany, the United Kingdom, the Netherlands, and Sweden. The training programme seeks to empower CHANGE Agents to develop strategies and carry out activities that promote behavioural change in their communities.

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, elderly, 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.

1 United Nations Children's Fund (UNICEF) (2013) *Overwhelming Opposition to Female Genital Mutilation/Cutting, Yet Millions of Girls Still at Risk*. Press Release, WASHINGTON, D.C., 22 July.
2 United Nations Children's Fund (UNICEF) (2013) *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change*, p. 22
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).
4 United Nations Children's Fund (UNICEF) (2005) *Changing a Harmful Social Convention: Female Genital Mutilation/ Cutting, Alexia Lewnes (ed.)*, p.12.

- 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.

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

This Training Manual is the result of many peoples' contribution and we would like to thank them for their engagement.
In particular the CHANGE Agents:

Plan
Fata Kanamoko; Addoul Rahim Omar Ouedraogo; Ndeye Rohaya Fall; Mouniratou Touré; Alimantou Djallow-Demba; Tchilabalo Atakora-Kpelou; Adele Napegemsom Tougri; Zouhedou Morou; Fatoumata Traoré; Aminata Tambadou; Marie Christine Hanne; Aminata Doumbouya; Diouf Mamadou; Armand Awo

FORWARD
Hussein Hassan; Krishna Pujara; Abdirahman Jabril; Sulaiman Hassan; Joyce Mulera Habaasa; Huda Al Amin; Mahasin El-Hasan; Hodan Abdi; Marso Abdi; Boi-Neneh Charles; Sarian Kamara; Solomon Zewolde; Amran Mohammed Ahmed

FSAN
Hawa Bashir; Ashwaaq Abdi; Aladin Hamad; Aster Ghirmai; Maha Ibrahim Hamad; Maryan Mohamed Mohamud Mohamed; Osman Asad; Hodan Othman; Haimanot Belay; Habon Mohammed; Ibtisam Tagelsir; Sumaia El Shafei

RISK
Mehari Gebre-Medhin; Rebecka Goldschmidt; Saba Tecle; Andargachew Meshesha; Michel Kimpele; Nebiat Tzeghe; Saba Haile; Nega Tigabe Asres; Zenebech Yibrah; Dieudonné Mparara Ruchogeza; Fadomo Mohammud Mimmi

Berlin, September 2014

Icons Legende

Group Exercise

External Experts

Rules

Coffee Break

Lunch Break

Acronyms

BCA .... **Behaviour Change Activities**
CA .... **CHANGE Agents**
EC .... **European Commission**
EU .... **European Union**
EURO-NET FGM .... **European Network for the Eradication of Female Genital Mutilation**
FGM .... **Female Genital Mutilation**
FORWARD .... **Foundation for Women's Health Research and Development**
FSAN .... **Federatie van Somalische Associaties Nederland**
KAP .... **Knowledge, Attitude, Practice**
NGO .... **Non-Governmental Organisation**
RISK .... **Riksförening Stoppa Kvinnlig Könsstympning**
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 CHANGE project, is based on the experience of its partner organisations and draws on materials developed within the CHANGE project. It includes experiences, lessons learned and best practices from trainings for CHANGE Agents and the first 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 guideline 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.

Audience

This Training Manual was designed for NGOs, governments and other relevant stakeholders across the EU who are interested in setting up a training programme based on the Behaviour Change Approach. It was developed for you as a facilitator who is experienced in giving trainings to immigrant communities, preferably from similar community backgrounds.

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 you 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 against 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 initial CHANGE Agents during the pilot training programme,
- presenting experiences and lessons learned by those in the pilot training programme,
- providing CHANGE Agents with material to increase their knowledge and skills and to use for their own community interventions.

Structure of the Training Manual

The Manual is divided into three main parts:

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 "Theory of CHANGE."

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 the CHANGE Project

Module 2 Introduction to FGM & Legal Issues

Module 3 Sexual and Reproductive Health and Rights

Module 4 Culture and Tradition

Module 5 Religion

Module 6 Choice and Consent

Module 7 Communication Skills

Module 8 Role and Guidelines for CHANGE Agents

Module 9 Flexible Part – Subject Choice Left to Partner Organisation

Module 10 Intervention Strategies to Protect Girls at Risk

Module 11 Standards for Community Engagement

Module 12 Self-Care for CHANGE Agents

Module 13 Action Planning for Behaviour Change Activities

We introduce the Training Curriculum with a short overview of module structure and selected content. We also include lessons learned from training sessions implemented within the CHANGE project and present first findings from community activities for behaviour change, which were carried out by the CHANGE Agents.

Modules 11 and 12 – on Standards for Community Engagement and Self-Care for CHANGE Agents – were added after completing the first training units because CHANGE Agents and other facilitators felt the need for these two topics to fully prepare CHANGE Agents for their community activities. They have been taught during extra sessions or during the Exchange Meetings for CHANGE Agents that followed the training phase.

Part three provides useful resources and information, such as contact details of partner organisations of CHANGE, other European Organisations working to end FGM, 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. Quotes from Facilitators

Fana Habteab, CHANGE Training Facilitator at Riksförening Stoppa Kvinnlig Könsstympning (RISK)

"I consider the Training Manual to be well prepared, systematic and, in relation to the scope of the subject it treats, quite exhaustive.

It can be used to engage with the sensitive topic of FGM in a cautious but progressive way, acknowledging that FGM is embedded within a traditional framework that has been established over thousands of years and has assigned women an unequal status to men in society in order to ensure male dominance over women.

I am convinced that traditional values, which clash with values currently upheld by a significant part of the world, will eventually be destabilised and the practice of FGM will be abandoned. In this respect the Training Manual is a good contribution toward the definite advancement of the campaign to eradicate FGM."

Marthine Bos, CHANGE Training Facilitator at the Federatie van Somalische Associaties Nederland (FSAN)

"The Training Manual focuses on knowledge, attitude and skills surrounding FGM. Many professionals hesitate to actively speak on this topic because it can stimulate strong emotions. In practice, however, if properly prepared and alert to reactions and passions it can evoke, specialists can generate discussions of great value. The manual, an important tool to enhance exchange and education about FGM, gives professionals and CHANGE Agents handles to integrate within their regular calls and provides knowledge about FGM and its consequences.

Make sure the information is known to you before you start the conversation!

I wish you great success with the use of this manual!"

3. Introduction to CHANGE

This Training Manual was developed as part of the EU co-funded project CHANGE, coordinated by TERRE DES FEMMES and implemented by project partners in four European countries: FSAN in the Netherlands, Plan International in Germany, RISK in Sweden and FORWARD in the United Kingdom. The project was launched in March 2013 and ran over a period of 24 months.

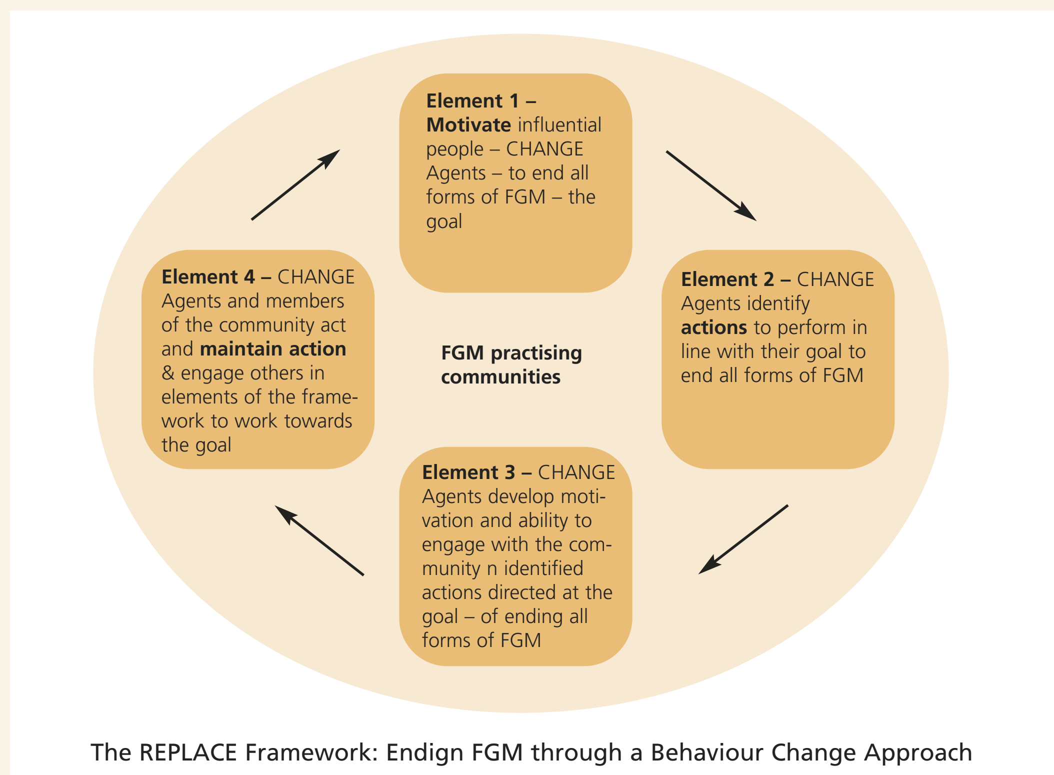
Most project partners have worked with African communities in their respective EU country prior to participating in CHANGE and conducted research on barriers to ending FGM. All work closely with key professionals, such as medical staff, teachers and social workers, and are capable of and experienced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

The Behaviour Change Approach

CHANGE is a pilot-project based on the Behaviour Change Approach which was developed during the Daphne-funded project REPLACE FGM I.

The Behaviour Change Approach goes beyond information-, education-, communication- and awareness-raising campaigns. 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. 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: Endign FGM through a Behaviour Change Approach

Implementing CHANGE

As Participatory Action Research on the barriers to ending FGM had already been carried out in the communities within the REPLACE I project by some of our partners, CHANGE 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.

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 community needs. This Training Manual is one outcome of the pilot project and has been tried in four European countries.

Findings and experiences have been incorporated and, 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.

4. People for CHANGE

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

People for CHANGE: The CHANGE Agents

CHANGE Agents in the pilot project represented a wide range of groups within the target communities. Therefore, they were able to reach out to many different stakeholders and involve them in building a strong reservoir of support against FGM.

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

Advice: It is a good idea to recruit one or two more persons at the start, because, as experience shows, some may drop out as the programme goes on.

Call for CHANGE Agents by FSAN

Call for Expression of Interest to become a CHANGE Agent
Federation of the Somali Associations (FSAN) is a partner in the CHANGE project, co-funded by the European Union and co-ordinated by TERRE DES FEMMES in Germany. In this project we are looking for 12 CHANGE Agents working with their communities to protect girls and women from female genital mutilation. The goal of the 2-year project is to promote behaviour change towards the abandonment of this human rights violation in communities across Europe.

Profile of a CHANGE Agent. She or He
· is an influential member within African communities
· is living in Amsterdam/ the Netherlands
· is at least 18 years old
· has roots in a country with a high FGM prevalence rate
· is willing to facilitate change within her or his community
· could be female or male and of any educational and professional background
· has a fair knowledge of Dutch

Duties of CHANGE Agents
· to participate in the programme from October 2013 – December 2014
· to participate in six training sessions (3 weekends and 2 extra days)
· to advocate for the abandonment of FGM
· to encourage behaviour change about FGM
· to participate in 10 monthly meetings of the CHANGE Agents, one meeting per month
· 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.

Application and Selection of CHANGE Agents
If you are interested in promoting behaviour change on FGM in your community, please send:
· a motivational letter
· your CV or a filled-in application form, available as a download on our homepage and or requested via E-mail
· one letter of recommendation
· one photo

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 resistance. Because encouragement and support of CHANGE Agents is so important, you must allow sufficient time for teambuilding activities.

Portrait of CHANGE Agent 'Landry'

Born in Togo, Tchilabalo Landry ATAKORA-KPELOU moved to Germany in 2003. 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!"

Portrait of CHANGE Agent Touré Mouniratou

Mouniratou TOURE, born 1970 in the North of Benin, has lived in Germany since 2008. Active within her community through the association DENDI MERFO e.V., she helps women to solve various problems in their everyday lives. As FGM is still a major issue in her home country, Mouniratou wants to raise community awareness of FGM and act as a CHANGE Agent for Plan International in Germany, Hamburg.

"I am against FGM: it has many bad consequences, and affected women generally suffer a lot from it throughout their lives. The biggest challenge in overcoming FGM in my view is to change the mentality of the people living in African villages and coming from the villages to EU countries. They have no knowledge whatsoever about negative consequences and don't even speak about FGM. That is why it is not questioned. Within the CHANGE project, I have organised an activity with Dendi Merfeo, an organisation for the Dendi speaking people in Hamburg, together with two other CHANGE Agents. We attracted around 45 participants, both women and men, who listened to our input on FGM.

I discussed the social consequences of FGM, as well as FGM-related problems in relationships, such as sexual problems. Women who are cut often experience a lot of pain during intercourse. Relationship problems and even divorce can result. The reaction of the target group was mixed: In particular the male participants expressed reluctance to listen to 'female concerns' over such a long time and stressed that other topics are far more important for Dendi people, such as integration. Women were more open and seemed to be interested. We will follow up with more information in future gatherings.

My experience with the behaviour change activities is that you shouldn't expect too much in the beginning. Be patient and don't be disappointed if you cannot see any quick results. It is helpful to address other issues of concern first, especially when you hope to get the attention of men, too."

Portrait of CHANGE Agent Adéle Tougri

Born in 1977 in Burkina Faso, Adele Napegemsom TOUGRI came to Germany in 2002 and, a very active member within her community, she organises regular meetings of the "Association des Femmes Africaines." Resident in Hamburg, she is a CHANGE Agent for Plan.

"I am supporting the CHANGE project to raise awareness about FGM and its negative health consequences. I would like to protect children and fight for a better future for them. The biggest challenge to overcoming FGM is to spread information about the negative consequences, to get people to listen carefully and to understand.

Within the CHANGE project I organised an activity at the Association des Femmes Africaines on March 8th, 2014, International Women's Day, and supplied festivity participants with information materials and brochures about FGM. I also included a quiz game about FGM to get everybody involved in the topic.

On a regular basis, I meet with members of the Association des Femmes Africaines and will take up the issue again with them to find out if and how their views on FGM might have changed. My intention is to convince everybody to stop this practice and to share what I have learnt about the serious health consequences.

My advice to future CHANGE Agents concerns the helpfulness I have encountered in cooperation with other CHANGE Agents to prepare and implement community activities. What I would improve is how the trainings and meetings at our partner organisation Plan were organised: they held trainings on weekends and started very early in the morning. The timing requires a very high level of motivation and commitment to spend so many weekends without family for almost no remuneration whilst working hard during the week to earn money. It is very demanding."

People for CHANGE: Facilitators

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: Yvette Robbin-Coker, Training and Community Development Coordinator at FORWARD, United Kingdom.

"As the Training and Development Coordinator at FORWARD, I am also responsible for coordination of the CHANGE Agent trainings.

Not all trainings are implemented alone. I identify others with the expertise to teach a certain module, whether in-house trainers or external speakers. Working with the Training and Community Development team for two years has given me a good understanding of some specific community needs as well as the needs of the CHANGE Agents. Over time, I have also developed good relations with key professionals which is very helpful for bridging the gap and connecting with community members.

The CHANGE Agents were found following a mixed strategy. Some were recruited from community organisations FORWARD has worked with, others through the FORWARD website and through direct contact. All CHANGE Agents, however, were required to fill out the application material and answer the same questions prior to final recruitment.

Generally, the curriculum comprises quite a good variety of modules. What we realised, however, was that a module on 'Self-Care' was missing, so it has been included as addendum to the Training Manual.

When implementing their activities, CHANGE Agents meet people with different ideologies and cultural perspectives, but not all community members respond positively to this kind of intervention. The CHANGE Agent's role is very demanding; hence communication and advocacy skills are vital to avoid antagonising or being judgemental, a challenge that makes the communication module very valuable.

Each CHANGE Agent has to organise and implement three activities. This involves a lot of planning before implementing. We should not forget that each of them has her/his own personal commitments.

Good preparation skills and strategies are important to keep CHANGE Agents motivated but also to convince community members to attend the organised activities. Since no one will be present at every single activity, CHANGE agents should provide documentation and, incidentally, derive benefit from engaging in the reflection needed to report.

In my opinion, a good facilitator has to have great communication skills and be a good listener but most important, they should be able to lead and motivate people. Keep in mind that everyone comes with her/his own personal concerns, everyone should feel encouraged and should be taken seriously. The 'one-size-fits-all' approach doesn't work here, so you have to pick people up where they stand.

My advice to you as a future CHANGE facilitator is to be professional and organised. Plan ahead and know your topic well. But most important, be respectful and never talk down to people!"

Portrait CHANGE Facilitator Gwladys Awo, Plan International, Germany

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 protocol or providing lunch, conducting research etc.) so that they feel a certain amount of ownership.

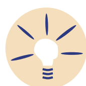
My advice to you, as a future facilitator, would be to learn from others and to apply methods and strategies that worked well before. I am currently visiting FORWARD, one of the partner organisations of the CHANGE project, and I believe that it will be very valuable for my own work to see how they are 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 or 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.

The purpose of training key professionals within the CHANGE project and organising exchange meetings between them and the CHANGE Agents is 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 should also be involved as external experts during CHANGE Agents training (particularly for Module 3 [Sexual and Reproductive Health and Rights], Module 5 [Religion] and Module 12 [Self-Care] of the Training Curriculum). You can contact local health institutions, religious institutions, or NGOs experienced with the issue or partner organisations/other European Organisations working to end FGM listed in PART C of this Training Manual for advice on whom to invite.

Statements from Key Professionals Trained Within the CHANGE Project

Sosena Leyikun, Medical Doctor, Sweden, Key Professional for RISK

"I am a medical doctor from Sweden who has followed the FGM campaign for a long time. On some occasions I have had the opportunity to talk to women and girls from Ethiopia residing in Sweden about FGM. Almost all of them had undergone the practice before coming. At first, they did not seem to question it, viewing FGM as normal. If they remembered having suffered any kind of pain, they had taken it for granted as part of everyday life.

However, once we had raised the subject, discussed its purpose and explained harmful effects it can have, their interest became quite visible. In my opinion, women do not question the practice because, besides the immediate pain, they are unaware of various other aspects involved. They asked interesting questions and learned and talked more and more. Then, often, they came to realise that FGM is unnecessary. For many women this is the first mental preparation for taking a stand against the practice.

Those who learned more about FGM have usually gone on to discuss the topic with their friends. In this way, knowledge about the practice is slowly passed around. Due to lack of awareness of various consequences of FGM, not many people are willing to campaign actively for its eradication. Whilst they might have various reasons for lack of involvement, they cannot forget that they themselves had been subjected to an unnecessary act that has taken away a part of their body, and, as a result of increased knowledge, many are less likely to have the practice repeated on their own daughters if they return to their countries of origin."

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 (www.change-agent.eu).

5. Towards a Theory of CHANGE

Throughout the project a theoretical framework was developed in order to provide CHANGE Agents with a methodological orientation toward the knowledge, skills and practices required as well as suitable strategies that encourage communities to abandon FGM. This Theory of CHANGE encompasses two levels:
On the individual level a matrix on Knowledge, Attitudes and Practices (KAP) focuses on the skills that CHANGE Agents need in order to promote CHANGE. The Training Manual is a first step toward building these capacities and preparing CHANGE Agents to engage community members against FGM.

On the community level, the framework looks at various behaviour change strategies that CHANGE Agents carried out in their communities and assesses the impact of activities on community members. It concerns questions such as: Which of the different approaches implemented within the CHANGE project have proven successful in one or the other community, for the individual target group? What type of activity was suitable for a specific target group in a particular community, and which target groups were hard to reach out to/difficult to engage with? What are the conditions for successful behaviour change activities? Which barriers that had been identified and known prior to the CHANGE project (such as social norms, religious beliefs, etc.) and that had been addressed throughout the training programme were particularly relevant in one or the other community?

The Theory of CHANGE compiles approaches to behaviour change strategies taken within the CHANGE project and records results of implementation in different African communities across the EU.

The theory awaits further verification and testing with empirical data from community intervention projects beyond the current pilot project CHANGE.

A) Changes in Knowledge, Attitudes and Practices

The CHANGE project has identified and developed a set of skills, which you find in the following table on Knowledge, Attitudes and Practices (KAP). Divided into four major areas of expertise, the matrix conveys what CHANGE Agents need to know and act upon to promote the abandonment of FGM, including

a) Legal and medical aspects of the issue,

b) Social norms (culture, religion, tradition, gender roles) pertaining to the issue,

c) Community knowledge and

d) CHANGE Agent activities.

The KAP further differentiates among individual, community and institutional levels.
The Training Curriculum relates to KAP and proposes in its modules how CHANGE Agents can acquire the knowledge and develop the attitudes and skills needed in their work with the communities. The objectives and content of each module correspond to the four areas of expertise in the KAP matrix as follows.

1) **Learning Legal and Medical Aspects**
   Module 2 Introduction to FGM & Legal Issues
   Module 3 Sexual and Reproductive Health and Rights

2) **Understanding Social Norms**
   Module 6 Choice and Consent
   Module 4 Culture and Tradition
   Module 5 Religion

3) **Knowing the Community**
   Module 10 Intervention Strategies to Protect Girls at Risk
   Module 11 Standards for Community Engagement
   Module 13 Action Planning for Behaviour Change Activities

4) **Being a CHANGE Agent**
   Module 7 Communication Skills
   Module 8 Role and Guidelines for CHANGE Agents
   Module 12 Self-Care for CHANGE Agents

As the KAP was developed throughout the project and its content is based on findings that emerged during training sessions, the manual should be complemented in the future with additional exercises and an improved strategic approach to enhance CHANGE Agents' various competencies. We hope that you as a facilitator and other activists and CHANGE Agents will continue to contribute your experience, ideas and knowledge to strengthen work against FGM in Europe and elsewhere.

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

Learning Legal and Medical Aspects

	Knowledge	Attitudes and Values	Practices/Skills
Individual	Is familiar with the main facts on FGM, including prevalence rates and the WHO classification. Knows the medical and psychological consequences of FGM for girls and women and possible implications on sexual relations with partners. 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.	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. Addresses the stigma associated with FGM and supports girls and women to overcome stigmatisation.
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. Believes that practices contradictory to the rights of girls and women need to change.	Informs communities about the legal framework regarding FGM. Raises awareness of the medical and psychological consequences of FGM and introduces relevant health services. Encourages an open dialogue on sexuality in a culturally sensitive manner.
Institutional	Knows the national legal and European context and specific laws against FGM (if applicable), including asylum regulations. Understands the legal consequences when FGM is practiced and different legal dimensions (including immigration laws) in the country of residence. 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.	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.

Understanding Social Norms (Culture, Religion, Tradition, Gender Roles)

	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. Identifies the myths associated with FGM. Knows that FGM is not required by any religion. Realises that FGM is often part of a patriarchal system of domination and recognises it as a form of gender- based violence.	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. Questions individual suppressive behaviour and steps up against gender-based violence. Challenges traditional beliefs associated with FGM and advocates for girls' and women's rights instead. 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.	Believes that gender inequality in social relations is the major cause for gender-based violence and discrimination.	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. Engages religious and other cultural leaders to clarify that FGM is not justified by religion and engages them in the process of change.
Institutional	Has identified important cultural and religious institutions interested in developing strategies to protect girls and women from FGM.		

Knowing the Community

	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.	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). Knows who in the community is open to change and how to engage them. 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. Knows the impact FGM may have on the community fabric as a whole. Understands the value of a community healing process regarding FGM.	Believes that her/ his community can change and protect girls from FGM.	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. Engages the community to develop mechanisms / action plans to protect girls from FGM. Promotes the value of community healing processes regarding FGM
Institutional	Knows key institutions in the community and understands their specific influence on community dynamics.		Engages key institutions to get involved in the process of CHANGE.

Being a CHANGE Agent

	Knowledge	Attitudes and Values	Practices/Skills
Individual	Understands the importance of confidentiality among groups and knows how to build trust. Knows activity planning and communication techniques. Has learnt conflict mediation strategies. 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.	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. Recognises her/his own limitations.	Constructs safe spaces and an environment of trust to talk about FGM (e.g. in gender-specific groups). Supports and motivates other members of the group of CHANGE Agents in their work. Communicates effectively and confidently with community members. Is using coping strategies and self-care methods to deal a) with secondary trauma and b) with resistance or rejection.
Community/ Family	Knows the dynamics around stigmatisation in the community. Knows how to develop and organise a successful community event.	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). Develops a monitoring system at community level to protect girls and implements intervention strategies to protect a girl at risk. Evaluates the impact and the sustainability of the CHANGE process.
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.

B. Promoting Behaviour Change Activities in Communities

Besides KAP, the Theory of CHANGE looks at strategies deployed and activities the CHANGE Agents have engaged in to promote change in their communities. 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. Approaches on these three levels are complementary and strengthen a holistic and sustainable process of CHANGE.

Approaches to Behaviour Change

1. **The Individual Level:** Building the Voice and Agency of Girls and Women

- **Target group (community members)**
  - Girls and women in the community
- **Activity**
  - Inform about and refer girls and women to appropriate health services
  - Propose that girls and women seek peer support e.g. through women's rights organisations
  - Encourage male peers to speak out against FGM and violence against women
  - Involve children and youth in awareness-raising in a peer-to-peer approach.
- **BCA Example:** One CHANGE Agent invited Sudanese women to an awareness session at her house ('kitchen talk'). In a safe and trusting environment, she talked about health consequences, prevalence of FGM, its relationship to religion and culture, and FGM laws in the nation of residence. The meeting further encouraged participants to address the issue within the context of their families and peers.

2. **The Community Level:** Building a Strong Community of Support for Girls' and Women's Rights

- **Target group (community leaders)**
  - Respected community members who are listened to, confided in and able to influence other community members
  - Community members open to change
- **Activity**
  - Engage female and male religious and cultural leaders to voice their support for girls' and women's rights and to inform the public that FGM is not justified by any religion or tradition.
  - Involve these influential community members in developing action plans and strategies to promote the abandonment of FGM.
- **BCA Example:** One CHANGE Agent invited Ethiopian men to his awareness-raising sessions, using his personal societal position and expertise to address a group which is particularly difficult to reach. At meetings he addressed men who had never been engaged in conversations about FGM before, identifying existing knowledge about the topic and raising awareness of reasons for the practice and its various consequences for women whilst challenging formerly static and long-held beliefs about FGM.

- **Target group (community based institutions)**
  - Cultural and religious institutions on the community level
- **Activity**
  - Engage religious institutions and universities to promote the abandonment of FGM in their curricula and teachings
- **BCA Example:** One CHANGE Agent met Imams from his community mosque. He shared knowledge about FGM gained during the training and aimed at getting the Imams to speak out against FGM during the Friday prayer.

- **Target group (community members and key professionals)**
  - Individual community members interested in promoting girls' and women's rights, women's groups etc.
- **Activity**
  - Develop community level action plans to protect girls from FGM
  - Develop a monitoring system at community level together with institutional stakeholders and key professionals
- **BCA Example:** One CHANGE Agent from Sweden addressed the topic of FGM at a gynaecology and infant care centre. With her activity, she managed to connect the CHANGE Agents and the community with key professionals such as nurses, midwifes and receptionists.

3. **The Institutional Level:** Building Institutional Support for Girls at Risk and Affected Women

- **Target group (key professionals)**
  - Health staff, teachers and other key professionals
- **Activity**
  - Create a network of health staff and other key professionals or start a Round Table on FGM with them
  - Cooperate with institutional stakeholders relevant to the support system (authorities, schools, etc.)
- **BCA Example:** One CHANGE Agent organised an event in her daughter's primary school. She talked to parents and teachers about FGM and provided them with informational material on recognising girls at risk and implementing prevention strategies.

6. Toward Behaviour CHANGE: Reports and Example of Community Activities

Based on experience gained during the pilot project, we recommend jointly organising at least 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.

Report: Involving Men in the Fight to End FGM: An Ice Breaker Activity by Solomon Zewolde, CHANGE Agent at FORWARD

"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 Abdirahman, 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."

Report: Behaviour Change Activity with Malinese Women by Marie Christine Hanne, CHANGE Agent at Plan International

"I invited four fellow community members to join me on an evening out in Hamburg. We went to a restaurant to relax and talked about various issues. Once everyone felt comfortable, I brought up the topic of FGM. I 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. I 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 I 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.

I shared the knowledge I gained during my 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."

For your notes

PART B

Training Curriculum for CHANGE Agents

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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. It makes use of several approaches established during campaigns in countries where FGM originates.

Note to the Facilitator

The training programme consists of 13 modules á 3 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. Each module has an information part and suggestions for practical exercises.

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	Morning Session (3 Hours)	Afternoon Session (3 Hours)
1	Module 1 **Introduction to the CHANGE Project (Objectives & Expectations)**	Module 2 **Introduction to FGM & Legal Issues**
2	Module 3 **Sexual and Reproductive Health and Rights**	Module 4 **Culture and Tradition**
3	Module 5 **Religion**	Module 6 **Choice & Consent**
4	Module 7 **Communication Skills**	Module 8 **Role and Guidelines for CHANGE Agents**
5	Module 9 **Flexible Part – Subject Choice Left to Partner Organisation**	Module 10 **Intervention Strategies to Protect Girls at Risk**
6	Module 11 **Standards for Community Engagement**	Module 12 **Self Care for CHANGE Agents**
7	Module 13 **Action Planning for Behaviour Change Activities**	

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 the CHANGE Project

Structure

1.1 Introduction of Participants ....60 minutes
1.2 Setting Ground Rules: Behaviour during the Training Sessions ....20 minutes
Coffee/Tea Break ....10 minutes
1.3 Introducing the CHANGE Project ....60 minutes
1.4 Exercises in Team Building ....25 minutes

Objectives of Module 1

- To acquaint you with the CHANGE Agents
- To create a comfortable atmosphere between you and the CHANGE Agents
- To establish ground rules for training
- To clarify expectations and objectives of the project

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 Havar and I like to dance. 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 – 10 minutes – Tea BREAK – 10 minutes – Coffee BREAK

1.3 Introducing the CHANGE Project

What Do the CHANGE Agents Expect? (About 10 Minutes)

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 to achieve in your communities?

Where do you see potential challenges?

The CHANGE Project

Here you should present the CHANGE 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)

Objectives

Target Group

General Information

The CHANGE project wants to prevent violence against children and women linked to harmful traditional practices. It builds on a general concept of behaviour change towards ending FGM developed during the EU Daphne-funded project REPLACE FGM (http://www.replacefgm.eu/). 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 pilot 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

- Enabling target communities across the EU to advocate for the abandonment of FGM
- Reversing social pressure from continuation to abandonment of FGM in communities in which FGM is still prevalent
- Promoting behavioural change in these communities
- Addressing stigmatisation

Content of the Training Sessions

Module 1 Introduction to CHANGE
Module 2 Introduction to FGM & Legal Issues
Module 3 Sexual and Reproductive Health and Rights
Module 4 Culture and Tradition
Module 5 Religion
Module 6 Choice and Consent
Module 7 Communication Skills
Module 8 Role and Guidelines for CHANGE Agents
Module 9 Flexible Part – Subject Choice Left to Implementing Organisation
Module 10 Intervention Strategies to Protect Girls at Risk
Module 11 Standards for Community Engagement
Module 12 Self-Care for CHANGE Agents
Module 13 Action Planning for Behaviour Change Activities

If you have dates for all the trainings, list them along with the time and place.

What is Expected of the CHANGE Agents:

- Actively contribute to the training programme
- 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

Now ask participants if they have any questions.

1.4 Exercises in Team Building

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

1.4.1 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!

1.4.2 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.

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

For your notes

Module 2 – Introduction to FGM & Legal Issues

Structure

2.1 Introduction to FGM .... 90 minutes
Coffee/Tea Break .... 10 minutes
2.2 Introduction to Legal Issues .... 90 minutes

Objectives of Module 2

- To make sure CHANGE Agents are familiar with the main facts on FGM, including prevalence rates and the WHO classification
- To ensure that CHANGE Agents understand FGM as a global issue and a violation of human right
- To ensure that CHANGE Agents are familiar with the international framework regarding FGM
- To provide CHANGE Agents with a basic understanding of relevant European and national asylum legislations
- To introduce relevant national legal authorities responsible for the prevention and/or prosecution of FGM

2.1 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).

6 For prevalence rates see: United Nations Children's Fund (UNICEF) (2013) *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change*, p. 1–2.

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 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

7 Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) (2011) *Female Genital Mutilation and HIV.* Eschborn: GTZ.

8 World Health Organisation (WHO) (2013) *Health Complications of Female Genital Mutilation.*

9 United Nations Children's Fund (UNICEF) (2005) *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting,* Alexia Lewnes (ed.), p. vii.

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 "Module 2 – Recommended Exercises" 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.

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

2.2 Introduction to Legal Issues

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 "Module 2 – Additional Information" 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.

2.2.1 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.[10]

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)

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

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 "Module 2 – Additional Information" in PART C)*

Exercise on FGM Legislation..20 minutes

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 Module 2 – "Recommended Exercises" 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 *Module 2 – "Recommended Exercises" in PART C*.

For your notes

Module 3 – Sexual and Reproductive Health and Rights

Structure

3.1 Presentation on Sexual and Reproductive Health and Rights ....70 minutes
Coffee/Tea Break ....10 minutes
3.2 Practical Exercise on Sexual and Reproductive Health and Rights + Discussion..90 minutes
3.3. Relevant National and Local Health Services..15 minutes

Objectives of Module 3

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 explore issues of sexual and reproductive health and rights
- To address FGM's social context and its health consequences
- To demystify FGM
- To introduce differences between the terms 'sex' and 'gender'
- To highlight gender roles, stereotypes and the role of culture
- To outline implications FGM could have on sexual relations

3.1 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. (*Module 3 – Additional Information 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)

3.1.1 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.

11 United Nations Population Fund (2014) *International Conference on Population and Development Programme of Action*, p. x.

3.1.2 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.

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

3.1.3 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
- Enjoying freedom from stigmatisation and violence on the basis of gender, race, ethnicity, religion, or sexual orientation

Institutional

- Providing sex education appropriate to culture and level of human development
- Providing sexual and reproductive health care and counselling services
- Promoting a legal and policy framework to protect people with different sexual orientations
- Promoting policies and laws to assure freedom from stigmatisation and violence on the basis of gender, race, ethnicity, religion, or sexual orientation

3.1.4 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.

3.1.5 Factors Influencing Sexuality

- Socio-economic, psychological, biological, historical, legal, ethical, religious, spiritual, cultural and political influences
- Gender roles and stereotypes are culturally very different

3.1.6 Sex and Gender

What is sex and what is gender?

- Sex is about biological differences. Biological differences between men and women are the same all over the world and are generally difficult to change. The sex of a person also usually defindes specific biological aspects like women giving birth, men producing sperm.
- Gender refers to the socially constructed roles, values and norms regarding women and men, which are determined by culture and society. These gender stereotypes can change over time (e.g. it is considered acceptable for women to cry but not for men; women occupy the private sphere men the public one).
- Gender norms and power relations play an important role in every society. Women and men who do not abide by the given gendered roles of a social group/society or culture often face rejection, disapproval and even persecution.

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

3.2 Practical Exercise on Sexual and Reproductive Health and Rights + Discussion

The "Power Walk"[12] .... 90 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.

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
3) Religious leader, aged 59
4) Girl, aged 10 living with her aunt
5) Leader of a women's rights organisation specialised on sexual and reproductive health and rights

Statement Example:

1) I expect to finish secondary school or I did finish secondary school.
2) I have control over decisions about my body.
3) I decide with whom I want to have sex.
4) My partner accepts the use of condomes
5) I decide how many children I want and when
6) I have the ability to protect myself or others from FGM

Discussion

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

Please find the exercise "Powerwalk" at Module 3 –"Recommended Exercises" in Part C.

of their character, like: 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?

3.3 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.

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?" at *Module 3 – "Recommended Exercises" in Part C.*

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

For your notes

Module 4 – Culture and Tradition

Structure

4.1 Exercise 1: Brainstorming on Culture and Cultural Practices ....30 minutes
4.2 Exercise 2: Types of Tradition and Culture ....50 minutes
Coffee/Tea Break ....10 minutes
4.3 Continuation of the Presentation ....30 minutes
4.4 Lyrics to Reflect on Harmful Culture ....60 minutes

The session situates FGM in the context of culture and tradition. You give a presentation containing three exercises (total duration 2.5 hours). At the end of this module CHANGE Agents read and analyse a poem on FGM.

Objectives of Module 4:

- To increase sensitivity vis-à-vis culture and tradition
- To reflect on specific cultural practices, especially in relation to the differing cultural roles of men and women
- To discuss the importance and benefits of tradition and culture for individuals and communities
- To distinguish between beneficial and harmful practices within a culture
- To increase knowledge about characteristics of culture, which is dynamic and ever changing
- To enable CHANGE Agents to develop arguments against harmful traditional practices on the basis of universal human rights
- To identify traditional and discriminatoty power relations that negatively affect girls and women
- To promote behaviour change to alter harmful cultural/traditional practices

4.1 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.

4.2 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 minutes

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

4.3 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.

4.4 Lyrics to Reflect on Harmful Culture

Exercise 3 ....60 minutes

Provide at least 3 poems referring to FGM *(Please find poems in "Module 4 – 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.

For your notes

Module 5 – Religion

Structure

5.1 Indroduction to FGM in a Religious Context ....10 minutes
5.2 Input by Two External Experts (Islamic and Christian) ....60 minutes
Coffee/Tea Break ....10 minutes
5.3 Discussion with the Experts ....50 minutes
5.4 Presentation and Discussion of Fatwa ....50 minutes

Objectives of Module 5

We recommend that you invite external experts to this session, preferably from different religious institutions, e.g. Islamic and Christian.

- **To stress 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 encourage communities to abandon this practice as well as the word "Sunna circumcision"**
- **To target religious leaders as influential support agents in promoting effective behaviour change to end FGM**

5.1 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.

5.2 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

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

5.3 Discussion with the Experts

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

5.4 Sample 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.[12] 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.

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

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

Module 6 – Choice and Consent

Structure

6.1 Definition of Choice and Consent ....30 minutes
6.2 Is FGM Consent or Choice? ....30 minutes
6.3 Exercise on Choice and Consent Based on the Presented Case Studies ....60 minutes
Coffee/Tea Break ....10 minutes
6.4 Food For Thought ....30 minutes

Objectives of Module 6

- 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 encourage women to decide against female genital mutilation and for the well-being of their daughters
- To question social norms about female genital mutilation in practising communities

6.1 Definition of Choice and Consent

6.1.1 Brainstorming Exercise ....30 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.

6.2 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 (see Module 3).
- 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.

CHANGE

Module

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6.3 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.

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

6.4 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.

For your notes

Module 7 – Communication Skills

Structure

7.1 Introduction to Verbal and Non-verbal Communication ....15 minutes
7.2 Exercise to Practice Personal Communication Skills ....105 minutes
Coffee Break...10 minutes
7.3 Group Work: How to Talk about FGM ....60 minutes

Objectives of Module 7

- To introduce the concepts of verbal and non-verbal communication
- To improve the communication skills of CHANGE Agents by analysing strengths and weaknesses
- To improve CHANGE Agents' abilities to communicate effectively and confidently with members of their communities about FGM
- To encourage and motivate CHANGE Agents to talk about FGM
- To reduce communication barriers and build trust towards community members during meetings
- 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
- To provide media sources as possible communication channels but also to highlight the potential pitfalls when dealing with the media

7.1 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.

7.2 Exercise to Practice Personal Communication Skills ....105 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.

7.2.1 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.

7.2.2 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)

7.2.3 Reviewing Personal Communication Skills: ....45 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.

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

7.3 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.

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

For your notes

Module 8 – Role and Guidelines for CHANGE Agents

Structure

8.1 Group Exercise on Expectations and Ideas on 'How to Work Most Efficiently as CHANGE Agents' ......60 minutes
Coffee/Tea Break ......10 minutes
8.2 Presentation of Group Results ......60 minutes
8.3 Discussion of 'Draft Guidelines for CHANGE Agents' ......60 minutes

Objectives of Module 8:

- To better understand the role and duties of CHANGE Agents
- To reflect on barriers that could affect effective engagement of community members
- 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

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

......60 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 "Module 8 – Additional Information" 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.

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

8.2 Presentations of Group Results

......60 minutes

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.

8.3 Discussion of 'Draft Guidelines for CHANGE Agents'

......60 minutes

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

Module 9 – Flexible Part – Subject Choice Left to Partner Organisation

Structure

All CHANGE pilot project partners expressed the wish to have some flexibility in the training programme to cover topics of specific relevance to their group/country.
Serving as examples, two of the topics covered in the flexible module by CHANGE partners will be presented in this section.

Objectives of Module 9:

- **To elaborate on issues discussed in previous sessions**
- **To promote joint ownership and individuality of content tailored to the needs of the group**
- **To provide space for specific issues that came up during the previous sessions**

9.1 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.

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.

Responding to Resistance[14]

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.

See the whole exercise in "Module 9 – Additional Information" in Part C

Tokenism:	Tokenism:
• Inviting very few 'tokens', e.g. 'empowered' women, to join conferences and claim that women's issues are represented.	• Shift attention to the outcome of participation: ask how the project will result in greater power for all girls and women.

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.
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.[13]

9.2 Reconstruction: What Does this Mean and What Kinds of Medical Possibilities Exist?

The number of women in Europe who undergo clitoral and labial reconstructive surgery is relatively low and it seems that the majority of women affected by FGM are not aware of the possibility to undergo surgery or do not have any access to it. Educational programmes for women providing information about clitoral- and labial reconstruction can help raise the number of women who undergo this surgery.[14] Breaking the taboo of talking about FGM should include providing information on possibilities for reconstructive surgery, which could improve the physical and mental wellbeing of women affected by FGM. Therefore, one partner in the pilot project held a session on reconstructive surgery, its promises and limits.

What is reconstructive surgery?

The term „reconstructive surgery" might be misleading, as it is not possible to fully restore parts of the clitoris that have been cut away. However, a clitoral surgery could significantly reduce the health consequences that FGM might have caused. In some rare cases it might even be possible to fully regain the sexual sensitivity of a woman, comparable to a woman who did not undergo FGM. However, the results of this sensitive operation depend of the type of FGM performed and the physical realities of the woman. There are different techniques to recapture sensitivity by first removing scar tissue and exposing the shaft remaining underneath. It is possible to create a prepuce for the clitoris, similar to the natural covering that had been excised. It is important to note that the use of unsuitable instruments and the lack of special equipment for this operation risks destroying sensitive nerves, necessary for increasing sexual sensitivity. The reconstruction of the labia is possible as well; however, because this operation is considerably more expensive, the focus is on reconstruction of the clitoris.[15]
Women need to be aware that the operations are physically and mentally stressful, but many women could benefit from a surgery conducted by a specialised and experienced doctor.

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

For your notes

13 Academy for Conflict Transformation (2014) *The Communication Model by Schulz von Thun;* Kwintessential (2014) *Intercultural Training and the Iceberg Model;* Conflict Research Consortium (1998) *Active Listening*; Schulz von Thun Institut fur Kommunikation (2014) *Das Kommunikationsquadrat.*

14 Christoph Zerm (2014) *Vergleich der verschiedenen Operationsmethoden plastischer Chirurgie betreffend die weibliche Beschneidung.* AG FIDE e.V.

15 ibid

Module 10 – Intervention Strategies to Protect Girls at Risk

Structure

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

Objectives of Module 10:

- 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

10.1 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.

10.2 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

10.3 Situation-Specific Approach to Intervention: What is the Personal Situation of the 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 the 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

10.4 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?

10.5 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.

For your notes

Modules 11 and 12: ADDENDA TO CURRICULUM

During the CHANGE pilot training programme we learned that we needed to add two topics to the initial curriculum in order to best prepare CHANGE Agents for their community activities.

Whenever a CHANGE Agent engages a community about FGM, she/he should be aware of certain standards and act according to the "Do no Harm" principle in order to prevent re-traumatising women affected by FGM. Moreover, when implementing behaviour change activities, the well-being and safety of CHANGE Agents themselves is equally important.

The following Modules deal with 'Standards for Community Engagement' (Module 11) and 'Self-Care for CHANGE Agents' (Module 12) and shall be implemented by all future training programmes run by partner organisations.

Module 11– Standards for Community Engagement

Structure

11.1 The Importance of Standards for Community Engagement ....10 minutes
11.2 Core Standards for Engaging Communities Supporting FGM ....100 minutes
Coffee/Tea Break ....10 minutes
11.3 Practical Exercise: Developing Community Engagement Strategies ....60 minutes

Objectives of Module 11

- To highlight the importance of a coherent strategy for community engagement
- To underline the importance of knowing the relevant institutions and the dynamics between them and the community
- To introduce a step-by-step approach for activities within the community from assessment and planning to building partnership and evaluation
- To present standards and a code of conduct for community engagement about FGM
- To enable CHANGE Agents to overcome potential barriers which could affect effective engagement of community members
- To enable CHANGE Agents to develop community-specific tailor-made community engagement strategies
- To enable CHANGE Agents to approach communities with great sensitivity and in a gender-sensitive manner
- To enable CHANGE Agents to identify influential community members and involve cultural and religious institutions in their community activities

11.1 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."

11.2 Core Standards for Engaging Communities Supporting FGM

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

11.2.1 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 11 – Additional Information" in Part C.*)

11.2.2 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.

11.2.3 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?

11.2.4 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.

11.2.5 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.

11.2.6 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.

11.2.7 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.

11.2.8 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.

11.2.9 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.

11.2.10 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.

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

11.3 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.

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

For your notes

Module 12 – Self-Care for CHANGE Agents

Structure

12.1 Introduction to Self-Care ....30 minutes
12.2 What is 'Self-Care'? ....30 minutes
Coffee/Tea Break ....10 minutes
12.3 Dealing with Stressful Situations as a CHANGE Agent ....50 minutes
12.4 The Secondary Trauma ....30 minutes
12.5 Re-traumatisation (Women Only) ....30 minutes

Objectives of Module 12

- 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
- To learn about stress-coping methods and Post-Traumatic Stress Disorder (preferably with external support)
- To provide female CHANGE Agents with assistance and information about counselling services and mental healthcare to prevent retraumatisation
- To enable female CHANGE Agents to speak about experiences and feelings associated with FGM and their role as CHANGE Agents in a safe and women only space

12.1 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.

12.2 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.

12.2.1 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.

12.2.2 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).

12.2.3 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

12.3 Dealing with Stressful Situations as a CHANGE Agent

12.3.1 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[16]

... On the Body ...
- Headache
- Muscle tension or pain
- Chest pain
- Fatigue
- Change in sex drive
- Stomach upset
- Sleep problems

... On Mood
- Anxiety
- Restlessness
- Lack of motivation or focus
- Irritability or anger
- Sadness or depression

... On Behaviour
- Overreacting or under-rating
- Angry outbursts
- Drug or alcohol abuse
- Tobacco use
- Social withdrawal

2.3.2 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.

16 Mayo Clinic (2014) *Stress Symptoms: Effects on Your Body and Behaviour.*

12.3.2 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

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 Engagement (Module 11) 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.

12.3.3 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.

12.4 The Secondary Trauma

Secondary trauma occurs in people whose job exposes 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 calls to provide room for reflection about experiences and ideas and, when necessary, to find solutions to specific problems in a joint effort.

12.5 Potential Re-traumatisation (Women Only)

We recommend that you divide this module and conduct a separate session during one of the exchange meetings when CHANGE Agents have already implemented some of their behaviour change activities. Because women may have tested their stress limits during community work, they can return to the meeting to reflect on this experience. Generally, self-care should be brought up regularly at exchange meetings to provide room for all CHANGE Agents, if required, to talk about and reflect on their emotions.

Facilitators should set a date for **female CHANGE Agents only** to discuss the topic of feeling mentally affected and re-traumatised through the CHANGE approach and behaviour change activities, ideally together with an external trauma expert.

Depending on the group and the situation of the individual woman, one-to-one discussions might be preferable. Not all women may want to share their personal feelings in front of the group (or in front 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.

Re-traumatisation Session by Facilitator

It would go beyond the facilitator's function and expertise to offer counselling to women who experience re-traumatisation. This is why 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 retraumatisation 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.

A CHANGE Agent who has already experienced a trauma can be re-traumatised through working with or listening to another woman or girl who has experienced a similar traumatic event. It is important to be aware of this possibility and to prepare adequate strategies for dealing with re-traumatisation or secondary traumatisation.

Working with victims of FGM when you are affected as well can cause unexpected emotional reactions, which you did not see coming or that you are unable to cope with by yourself. Reactions from secondary trauma and reactions from retraumatisation are similar to reactions from the trauma itself and may be just as severe[17]:

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

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

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 generate ideas for behaviour change activities and to define expected impact
- To develop implementation plans for concrete activities
- 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 prepare CHANGE Agents to take action in the community

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. For further information see page 9 'The Behaviour Change Approach'.

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.	Xx 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	xx..	Home of CHANGE Agent	

18 United Nations Development Programme (UNDP) (2014) *Gender in Development Programme, Learning and Information Pack, Gender Analysis,* p.109.

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.[19]

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!"[20]

For your notes

19 Trainers Advice (2014) *8 Ideas to Close Your Training Session.*

20 Ibid.

PART C: Further Information

ADDITIONAL INFORMATION AND RECOMMENDED EXCERCISES FOR MODULES

Module 1 Introduction to CHANGE – Additional Information

- Pilot Project website: www.change-agent.eu

Module 2 Introduction to FGM & Legal Issues – Additional Information

- **African Union** (2003) *Maputo Protocol.* Accessed 29.09.2014. http://pages.au.int/sites/default/files/Protocole%20FRENCH.pdf.
- **Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH** (2014) *Expertise – Background*. Accessed 10.09.2014. 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 10.09.2014. http://eige.europa.eu/content/document/female-genital-mutilation-in-the-european-union-and-croatia-report.
- Search for numbers in individual countries: **The DHS Program** (2014) *Survey Search*. Accessed 10.09.2014. 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 10.09.2014.
  http://www.fgm-cdonor.org/publications/dwg_platform_action.pdf and http://www.fgm-cdonor.org/.
- **United Nations Children's Fund (UNICEF).** *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change.* New York: UNICEF, 2013. Accessed 10.09.2014. www.unicef.org/media/files/FGCM_Lo_res.pdf.
- **United Nations Children's Fund (UNICEF)** (2014) *Female Genital Mutilation and Cutting.* Accessed 10.10.2014. http://data.unicef.org/child-protection/fgmc.
- **United Nations Population Fund (UNFPA)** (2014) *Gender Issues – FGM.* Accessed 10.10.2014. http://www.unfpa.org/topics/genderissues/fgm.
- **UN Women** (2012) *Sources of International Human Rights Law on Female Genital Mutilation.* Accessed 10.09.2014. http://www.endvawnow.org/en/articles/645-sources-of-international-human-rights-law-on-female-genital-mutilation.html.
- **World Health Organisation (WHO)** (2014) *Female Genital Mutilation, Fact sheet N°241.* Accessed 10.09.2014. http://www.who.int/mediacentre/factsheets/fs241/en/.

Recommended Exercises

- **Exercise on Prevalence Rate:**
  Print page 2 and 3 of the UNICEF Report *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change*. See link above.
- **Exercise on FGM Legislation:**
  Print page 9 of the UNICEF Report *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change.* 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 10.09.2014. http://www.giz.de/fachexpertise/downloads/giz2011-en-fgm-gesetzgebung.pdf.

Module 3 Sexual Reproductive Health and Rights – Additional Information

- **Human Rights Health Workers** (2014) *An introduction to Sexual and Reproductive Rights.* Accessed 10.09.2014. http://www.ifhhro-training-manual.org/index.php?r=training/view&id=34&sid=8.
- **United Nations Population Fund (2014)** *International Conference on Population and Development Programme of Action.* Accessed 09.12.2014. http://www.unfpa.org/publications/international-conference-population-and-development-programme-action#sthash.IasSYFIM.dpuf.
- **United Nations Population Fund (UNFPA)** (1995) *International Conference on Population and Development – ICPD – Programme of Action* Page 40–51. Accessed 29.09.2014. 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 10.09.2014. 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. Direct link: http://www.ippf.org/resource/IPPFs-Sexual-Rights-Declaration.
- **United Nations Population Fund (UNFPA)** *Engaging Men and Boys in Gender Equality and Health – A Global Toolkit for Action.* Brazil: UNFPA and Promundo, 2010. Accessed 16.09.2014. 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 29.09.2014. http://whqlibdoc.who.int/hq/2001/WHO_RHR_01.29_fr.pdf.
- **World Health Organisation (WHO)** (2014) *Female Genital Mutilation.* Accessed 10.09.2014. http://www.who.int/topics/female_genital_mutilation/en/.
- **World Health Organisation (WHO)** (2014) *Transforming Health Systems: Gender and Rights in Reproductive Health – A Training Manual for Health Managers.* Accessed 10.09.2014. http://www.who.int/reproductivehealth/publications/gender_rights/RHR_01_29/en/.
- **World Health Organisation (WHO)** (2014) *Sexual Health.* Accessed 16.09.2014. http://www.who.int/topics/sexual_health/en/.

Recommended Exercises

- Exercise "Powerwalk" taken from: Plan International (2012) Planting Equality. Getting it Right for Girls and Boys. Component 3a, Page 5–14. ISBN 978-92-9250-014-6.
- 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) *Life Planning Education: A Youth Development Program.* Washington, DC: Advocates for Youth. Accessed 25.09.2014. http://www.advocatesforyouth.org/publications/publications-a-z/555-life-planningeducation-a-youth-development-program (See page 119 for exercise).

Module 4 Culture and Tradition – Additional Information

- **Dahabo Ali Muse** (2014) *Feminine Pain. Female Integrity.* Accessed 10.09.2014. http://www.femaleintegrity.se/poem.htm.

- **Inter-African Committee on Traditional Practices (IAC)** (2009) *About IAC.* Accessed 15.09.2014. 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 10.09.2014. http://www.crin.org/docs/femalecutting.pdf.
- **Theunen, El Hadji Sidy Ndiaye** (2005) *Diariatou Face à la Tradition.* (2ème édition), Ed. GAMS. Bruxelles, Belgique.
- **Warsan Shire** (2012) *Tribe of Wood.* Accessed 10.09.2014. http://www.trueafricanoriginal.com/2012/04/in-honor-of-national-poetry-month-tribe.html#.VBgvh-edGUc.

Module 5 Religion – Additional Information

- **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.* Eschborn, Germany.
- **Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)** (2013) *Renforcer les capacités des leaders religieux pour promouvoir l'abandon des mutilations génitales féminines.* Eschborn, Germany. http://www.giz.de/expertise/downloads/Fachexpertise/giz2013-fr-fgm-islam.pdf.
- **FORWARD UK** (2014) *FGM and Islam Leaflet.* Accessed 24.09.2014. http://www.better-health.org.uk/resources/toolkits/female-genital-mutilation-and-islam.
- **Pharos, FSAN and Islamische Universität Rotterdam** (2006) *Fatwa.* Accessed 16.09.2014. http://www.pharos.nl/documents/doc/fatwa_meisjesbesnijdenis_arab-fr.pdf.

Module 7 Communication Skills – Additional Information

- **Agrawal, Praween K., Kumudha Aruldas and M.E. Khan.** *Training Manual on Basic Monitoring and Evaluation of Social and Behaviour Change Communication Health Programs.* New Delhi: Population Council, 2014. Accessed 10.09.2014. 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 10.09.2014. http://www.unicef.org/tdad/vsounicefkazocialworkcommunicationskills.doc.
- **Robinson, Lawrence, Jeanne Segal, and Robert Segal** (2014) *Effective Communication – Improving Communication Skills in Business and Relationships.* Accessed 10.09.2014. http://www.helpguide.org/mental/effective_communication_skills.htm.

Communication and Terminology

- **Forward UK** (2012) *Female Genital Mutilation: Frequently Asked Questions: A Campaigner's Guide for Young People.* Accessed 26.11.2014. http://www.forwarduk.org.uk/fgm-frequently-asked-questions.

Module 8 Role and Guidelines for Change Agents – Additional Information

- **UK Government. Department of Health** (2011) *Female Genital Mutilation: Multi-Agency Practice Guidelines.* Accessed 10.09.2014. https://www.gov.uk/government/publications/female-genital-mutilation-guidelines.

CHANGE

A
B
C

Recommended Ice Breaker and Energiser Exercises:

- **Good Practice for Leaders and Managers** (2014) *Toolkit.* Accessed 10.09.2014. http://www.goodpractice.com/toolkit-search/?q=energiser.
- **Hogan, Deirdre** (2014) *Icebreakers and Energisers – 35 Ways to Improve Your workshop, class, etc.* Accessed 10.09.2014. http://www.cdpc.ie/storage/deved-resources/navigation/Resources/xtra-resources/Resources/8020-additional-resources/Ice.pdf.

Recommended Ice Breaker

- **Mind Tools** (2014) *Hope, Fears and Expectations.* Accessed 14.09.2014. http://www.mindtools.com/pages/article/newLDR_76.htm.
- **Trainer Bubble** (2014) *All Change.* Accessed 11.09.2014. http://www.trainerbubble.com/Products/All_Change_Energiser.aspx?CategoryID=38&SubCategoryID=&SubSubCategoryID=115.
- **Trainer Bubble** (2014) *My Name Is.* Accessed 14.09.2014. http://trainerbubble.com/Products/My_Name_Is_Icebreaker.aspx.
- **Trainer Bubble** (2014) *Fold Up.* Accessed 12.09.2014. http://www.trainerbubble.com/Products/Fold_Up_Energiser.aspx?CategoryID=38&SubCategoryID=&SubSubCategoryID=117.

Module 9 Standards for Community Engagement – Additional Information

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

Module 11 Standards for Community Engagement – Additional Information

- **Democracy for America Campaign Academy** (2009) *Power Mapping*, Grassroots Campaign Training Manual, pp. 103–107.
- **Whelan, James (The Change Agency)** (2014) *Power Mapping.* Accessed 24.09.2014. http://www.thechangeagency.org/?s=power+mapping.

MATERIAL FOR CHANGE AGENTS:

Movies and Short Clips:

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

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** (2013) *Wir schützen unsere Töchter.* Available at: www.frauenrechte.de Brochure available in: German, French, English, Arabic, French, Kiswahili, and Somali
- **TERRE DES FEMMES** (2007) *Unterrichtsmappe Weibliche Genitalverstümmelung* Ready to order at: www.frauenrechte.de

In the Netherlands:

- **Exterkate, Maja** (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 Sweden:

- **Amharic**
  Information about FGM
  The Convention on the Rights of the Child
  The Universal Declaration of Human Rights
  The African Charter of Human and Peoples' Rights
  The Protocol to the African Charter on Human Rights and Peoples' Rights
  Rights of Women in Africa
  Available via RISK

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.

MATERIAL FOR KEY PROFESSIONALS:

DUTCH

- **FSAN** (2014) *In gesprek gaan over vrouwelijke genitale verminking: Een handleiding voor professionals.* Available at: http://www.change-agent.eu/index.php/information-about-fgm/downloads/dutch.
- **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) *Female Genital Mutilation: Caring for Patients and safeguarding children. UK wide guidance, BMA Ethics* Available at: http://bma.org.uk/practical-support-at-work/ethics/children.
- **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: www.londonscb.gov.uk/fgm/.

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** (2007) *Unterrichtsmappe Weibliche Genitalverstümmelung.* Zu bestellen über: 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/sv/change.php?page=60175.
- **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, info@frauenrechte.de

The general objective of **EuroNet-FGM**, founded 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.
http://www.euronet-fgm.org, Contact email: board@euronetfgm.eu

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

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

Plan International, one of the oldest independent child-centred community development organisations, is working in 50 countries in Asia, Africa and Latin America and finances sustainable self-help projects by means of sponsorships, donations, public funds and corporate cooperation. Together with children, their families, communities, organisations and local governments, Plan promotes the realization of children's rights to bring about positive change in the lives of girls and boys. Plan is working to eliminate all forms of violence against girls and women, including ending harmful practices such as female genital mutilation and child marriage. http://www.plan-deutschland.de, http://www.plan-international.org
Contact email: info@plan-deutschland.de

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: info@f-risk.org

Other European Organisations working to end FGM

APF Portugal

APF (Family Planning Association), 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.
www.apf.pt, Contact Email: apfsede@apf.pt

AIDOS Italy

The Italian Association for women in Development (AIDOS) was founded in 1981 and has been working for the rights, dignity and freedom of choice of women, especially those living in developing countries. For 25 years, AIDOS has been engaged in programs and projects for the abandonment of FGM in several African countries, giving financial, technical and organisational support to locals NGOs. While continuing work in the countries of origin, in the late nineties AIDOS started working with immigrant communities in Italy and Europe.
www.aidos.it, Contact Email: segretaria@aidos.it

CESIE Italy

CESIE is a European Civil Society Organisation located in Palermo with member organisations in several European countries. It was founded in 2001 inspired by the work of Danilo Dolci. The sociologist used non-violent methods ("reverse" strikes, collective fasts, peace marches) and worked together with local people, teachers and universities in the conception, development and organisation of every activity. He started a grass roots transformation of the educational process/system using an approach that focused on the needs and motivation of young people. CESIE has integrated/transferred/brought many key aspects of Danilo Dolci's work into its own educational activities including the Reciprocal Maieutic Approach-non-violence with a strong focus on people. Moreover, CESIE is engaged in developing initiatives that are based on a needs analysis of the geographical area and the people who live there. This work is the basis of all of CESIE's activities, which look to actively involve representatives of civil society actors in order to guarantee a strong impact and sustainability.
www.cesie.org/en, Contact Email: angela.martinez@cesie.org

Gabinet (GES) Spain/ Catalonia

The Gabinet d'Estudis Socials (GES) was founded in 1983 and is dedicated to investigating and promoting the understanding of social sciences applied to the world of work; the social, economic and demographic in social policy and social services. GES works for various councils in Spain and for Catalonian Government departments, developing its work in the fields of research, evaluation, training, promotion and investigation of certain programmes and projects, information and publications.
www.gabinet.com
Contact Email: ges@gabinet.com

GAMS France

GAMS stands for Group against Sexual Mutilation and harmful practices against women and children. Since 1982, GAMS has been working on the issue of FGM in France and at the European level. The organisation is involved in Information, Education and Communication (IEC) activities around FGM among African populations living in France. Furthermore, GAMS trains medical and social workers and runs campaigns in collaboration with governments and other NGOs.
www.federationgams.org, Contact Email: association.gams@wanadoo.fr

GAMS Belgium

GAMS Belgium is a group of African and European women and men that fight for the abolition of FGM. GAMS Belgium works with various groups: women affected by FGM (through social, medical and legal assistance), girls at risk, religious and community leaders, the wider African communities at stake, schools and parents' organizations, the federal agency for the reception of asylum seekers, asylum centres, professionals in the social, legal, law enforcement and health sectors, the Belgian authorities and the public. This is achieved by raising awareness, taking on individual cases, political and legal lobbying, and pilot projects in Senegal (to be extended to Guinea).
www.gams.be, Contact Email: gams@netcourrier.com

REFERENCE LIST:

1 **United Nations Children's Fund (UNICEF) (2013)** *Overwhelming Opposition to Female Genital Mutilation/Cutting, Yet Millions of Girls Still at Risk.* Press Release, WASHINGTON, D.C., 22 July. Accessed 10.09.2014. http://www.unicef.org/mena/media_8420.html.

2 **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 10.09.2014. www.unicef.org/media/files/FGCM_Lo_res.pdf.

3 a **European Parliament** (2012) *European Parliament Resolution on Ending Female Genital Mutilation.* 16/06/2012 (2012/264 (RSP). Accessed 10.09.2014.
http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2012-261.

3 b **European Parliament** (2009) *European Parliament Resolution on Combating Female Genital Mutilation in the EU.* 24/03/2009 (2008/20 71(INI))
Accessed 10.09.2014. http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P6-TA-2009-0161+0+DOC+XML+V0//EN.

4 **United Nations Children's Fund (UNICEF)** (2005) *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting.* Edited by Alexia Lewnes. Accessed 26.09.2014.
http://www.unicef-irc.org/publications/396/#pdf.

5 **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.

6 **See 2**

7 **Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)** (2011) *Female Genital Mutilation and HIV.* Eschborn, Germany.

8 **World Health Organization (WHO)** (2014) *Health Complications of Female Genital Mutilation.* Accessed 09.12.2014.
http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/en/.

9 **see 4**

10 **UN Women** (2014) *Sources of International Human Rights Law on Female Genital Mutilation.Virtual Knowledge Centre to End Violence Against Women and Girls.* Accessed 10.09.2014. http://www.endvawnow.org/en/articles/645-sources-of-international-human-rights-law-on-female-genital-mutilation.html.

11 **United Nations Population Fund** (2014) *International Conference on Population and Development Programme of Action.* Accessed 09.12.2014.
http://www.unfpa.org/publications/international-conference-population-and-development-programme-action.

12 **TARGET e.V.** (2006) *Fatwa of Al Azhar/ Cairo – November 24, 2006.* Accessed 7.10.2014.
https://www.target-nehberg.de/HP-08_fatwa/index.php?p=fatwaAzhar&lang=en&.

CHANGE

A B C

13 **Academy for Conflict Transformation** (2014) *The Communication Model by Schulz von Thun.* Accessed 19.09.2014.
http://www.forumzfd-akademie.de/files/va_media/nid1517.media_filename.pdf;
Kwintessential (2014) *Intercultural Training and the Iceberg Model.* Accessed 19.09.2014.
http://www.kwintessential.co.uk/cultural-services/articles/intercultural-iceberg-model.html;
Conflict Research Consortium (1998) *Active Listening.* Accessed 19.09.2014.
http://www.colorado.edu/conflict/peace/treatment/activel.htm;
Schulz von Thun Institut für Kommunikation (2014) *Das Kommunikationsquadrat.*
Accessed19.09.2014. http://www.schulz-von-thun.de/index.php?article_id=71&clang=0.

14 **Zerm, Christoph** (2014) *Vergleich der verschiedenen Operationsmethoden plastischer Chirurgie betreffend die weibliche Beschneidung.* AG FIDE e.V. Accessed 15.12.2014, http://www.netzwerk-integra.de/dokumente/gesundheit/.

15 **See 14**

16 **Mayo Clinic** (2014) *Stress Symptoms: Effects on Your Body and Behaviour.* Accessed 10.09.2014. http://www.mayoclinic.org/healthy-living/stress-management/in-depth/stress-symptoms/art-20050987.

17 **Act Alliance** (2014) *Secondary (Vicarious) Trauma Reactions.* Accessed 10.09.2014. http://psychosocial.actalliance.org/default.aspx?di=66202.

18 **United Nations Development Programme (UNDP)** (2014) *Gender in Development Programme, Learning and Information Pack, Gender Analysis.* Accessed 10.09.2014.

19 **Trainers Advice** (2014) *8 Ideas to Close Your Training Session.* Accessed 29.09.2014. http://trainersadvice.com/8-ideas-to-close-your-training-session/.

20 **See 19**

BIBLIOGRAPHY:

Kunze, Katharina (2014) *Responding to Female Genital Mutilation: A Guide for Key Professionals.* TERRE DES FEMMES, Accesses 29.09.2014.
http://www.change-agent.eu/index.php/information-about-fgm/change-publications.

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

European Institute for Gender Equality (EIGE) (2013) *Female Genital Mutilation in the European Union and Croatia.*
Accessed 10.09.2014. http://eige.europa.eu/content/document/female-genital-mutilation-in-the-european-union-and-croatia-report.

Steinhilber, S. (2012) *Core Module. Trainer's Manual on Gender Equality in Social Protection Work and Deliver Training of Trainers.* Skopje, Macedonia: UN Women.

World Health Organisation (WHO) (2014) *Female Genital Mutilation, Fact sheet N°241.* Accessed 10.09.2014. http://www.who.int/mediacentre/factsheets/fs241/en/.

World Health Organisation (WHO) (2014) *Female Genital Mutilation and Other Harmful Practices.* Accessed 10.09.2014.
http://www.who.int/reproductivehealth/topics/fgm/prevalence/en/.

This Training Manual has been prepared under the auspices of the CHANGE Project. Partners within the CHANGE project are TERRE DES FEMMES (Germany), FORWARD (UK), FSAN (Netherlands), Plan International (Germany), RISK (Sweden) and EuroNet-FGM (EU-wide). The project is co-funded by the European Union under the Daphne Programme and coordinated by TERRE DES FEMMES.

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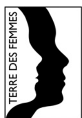
CHANGE

The CHANGE project contributes to the prevention of violence against children and women linked to harmful practices in Germany, Sweden, the Netherlands and United Kingdom. The project's objective is to develop, implement and disseminate a highly innovative behaviour change approach to stop FGM. It especially aims at:

- Enabling communities across the EU to advocate for the abandonment of FGM where the practice still continues.
- Reversing the social pressure from continuation to abandonment of FGM.
- Promoting behaviour change in communities where the practice of FGM still continues.
- Reversing the stigmatisation of uncircumcised girls.

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



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