

# SOCIAL CHANGE COMMUNICATIONS GUIDE

Level 1

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# ACRONYMS

|        |                                |
|--------|--------------------------------|
| FGC    | Female Genital Cutting         |
| FGM    | Female Genital Mutilation      |
| NGO    | Non-governmental Organisation  |
| SCC    | Social Change Communications   |
| TGG    | The Girl Generation            |
| TOTs   | Trainers of Trainers           |
| UNFPA  | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| WHO    | World Health Organisation      |

# INTRODUCTION

If you share The Girl Generation's vision of ending Female Genital Mutilation (FGM) in a generation, and if you want to start conversations and get people thinking about ending FGM, then this guide is for you.

By the end of this training: you will have the knowledge and skills to responsibly and effectively start discussions about ending FGM in your community or among your peers you will have the knowledge and skills to roll out this training to others.

The guide is intended for both facilitated and self-directed learning. It can be used by individuals, organisations, trainers and trainers of trainers (TOTs) working to end FGM. There are benefits for using this guide in a workshop setting, to encourage discussion and problem-solving. The guide is intended for people with some experience and knowledge of working on FGM.

If the issue of FGM is new to you, read through the links in our 'further resources' section, which includes some of our favourite sites for learning about FGM. Also, see our website [www.thegirlgeneration.org](http://www.thegirlgeneration.org)

This guide will not take you through the detailed process of message and strategy development, working with the media, how to conduct social media campaigns, etc. We are producing additional toolkits and guides which will cover these topics, so keep an eye on our website and mail-outs.

## ABOUT THE GIRL GENERATION

The Girl Generation is a social change communications initiative, galvanising the Africa-led, global movement to end FGM. Working in 10 African countries affected by FGM, with advocacy and resource-leveraging at global level, we are supporting activists and campaigners to communicate effectively about the harmful effects and illegality of FGM, and to discuss and question the social norms underpinning the practice. We celebrate and amplify success stories of FGM ending, to inspire further positive change.

Our vision is that women and girls across the African continent and beyond live healthy and empowered lives, with their fundamental human rights protected, and opportunities to realise their potential.

We seek to inspire a collective of organisations and individuals across the most affected countries in Africa, and beyond to end FGM in one generation. We believe that for FGM to end there needs to be a positive transformation in the way that girls are valued and in the beliefs and social norms that underpin FGM. We believe that communication, which has the power to positively influence the very fabric of society and communities, lies at the heart of this transformation.

## OUR CORE PRINCIPLES

**We are Africa-led:** We believe that social change to end FGM can only take place if driven by the very people affected, which is why the work of groups at community level is absolutely critical, and why The Girl Generation is led and advised by experts from across the African continent. All of our work is rooted in learning, participation and co-creation with those across the African continent.

**We recognise FGM as a form of violence against women and girls, held in place by social norms:** FGM is recognised internationally as a form of violence against women and girls. It is held in place by social norms – the often invisible rules about what is considered acceptable in a group or society that govern behaviour.

**We endeavour to Do No Harm:** The Girl Generation is committed to the protection and empowerment of women and girls, activists and advocates. Our Do No Harm guidelines help us raise awareness of the potential for backlash, both personal and cultural, and provide suggestions for mitigating against these negative effects.

**Our brand values shape us as a movement, organisation and as individuals:** We are strong, friendly, inclusive, healthy, dynamic, enlightened and authentic. We evoke passion, energy, confidence, laughter and courage. We encourage those who share our vision, principles and values to share our brand with us. This includes using our logo and other aspects of our [visual identity](#).



# KEY FACTS

- ▶ Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- ▶ The procedure has no health benefits for girls and women.
- ▶ Procedures can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
- ▶ More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia, where FGM is concentrated.
- ▶ FGM is mostly carried out on young girls between infancy and age 15.
- ▶ FGM is a violation of the human rights of girls and women.

Reference: WHO Factsheet, updated 2017

# WHY FGM MUST END

This section examines some of the many reasons why FGM should end.

## FGM IS A HARMFUL PRACTICE

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Immediate complications can include:

- ▶ Severe pain
- ▶ Excessive bleeding (haemorrhage),
- ▶ Genital tissue swelling
- ▶ Fever
- ▶ Infections e.g. tetanus
- ▶ Urinary problems
- ▶ Wound healing problems

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- ▶ Injury to surrounding genital tissue
- ▶ Shock
- ▶ Death

### LONG-TERM CONSEQUENCES CAN INCLUDE:

- ▶ Urinary problems (painful urination, urinary tract infections)
- ▶ Vaginal problems (discharge, itching, and other infections)
- ▶ menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.)
- ▶ Scar tissue and keloid
- ▶ Sexual problems (pain during intercourse, decreased satisfaction, etc.)
- ▶ increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths
- ▶ Need for later surgeries, for example, the FGM procedure that seals or narrows a vaginal opening (type 3) needs to be cut open later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
- ▶ Psychological problems (depression, anxiety, trauma, low self-esteem, etc.)

### ACTIVITY

Work in pairs (with someone who shares your mother tongue). Review the information above. Imagine you are talking with an older person in your community, who has not had a formal education. Can you describe the harmful effects of FGM (in your mother tongue and in language s/he will easily understand) in 5 minutes? After 5 minutes, swap roles.

Think about:

- ▶ How you will explain some of the effects in your local language? Are there any terms above that need clarifying?
- ▶ Don't just translate the lists above – think about summarising or explaining the most relevant points. Some of the points may not be as relevant, depending on the type of FGM practiced locally. Perhaps you could relate the story of someone you knew?

## FGM IS A HUMAN RIGHTS VIOLATION AND, IN MANY COUNTRIES, AGAINST THE LAW

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors (under 18 year olds) and is a violation of the rights of children.

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To learn more about Human Rights – watch [this quick video](#).

The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death. The following international conventions relate to FGM: UN Convention on the Rights of the Child, UN Convention on the Elimination of All Forms of Discrimination Against Women. There are laws against FGM in 26 countries in Africa and the Middle East.

You can find an up to date list of countries with legislation [here](#).

You can find an overview of international law on FGM [here](#).

### ACTIVITY

Group discussion: to ensure that everyone understands the country's legal position (including nationally and sub-nationally) (*Facilitator notes key points on flip chart*).

Question:

- ▶ What is the legal framework relating to FGM in your country?
- ▶ To what extent is the law enforced, and how?
- ▶ What are the three most important points about the law that we should know when communicating with people in our communities?
- ▶ Is the country a signatory to any of the relevant human rights conventions?
- ▶ To what extent is talking about 'human rights' in relation to FGM relevant or understood in your community? Is this something we need to talk about, or not? How can we make the concept of human rights relevant?

### OTHER PERSPECTIVES

There are many other reasons why it is imperative to end FGM, and these are likely to be different in different contexts. These include:

- ▶ Negative economic consequences of FGM for families and society more widely (e.g. through increased women's morbidity)
- ▶ Impact on girls' education
- ▶ Links between FGM and early marriage

On the flip side – there are many benefits to FGM ending.

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### ACTIVITY

Each person has one minute to write down the number one benefit of FGM ending from their perspective. All pieces of paper are put into a box/hat and shared out around the room. Everybody reads out the piece of paper they have received.

### ACTIVITY

Group discussion: In addition to the health, legal and human rights issues discussed above, what other benefits are there for ending FGM in your community?

- ▶ What seem to be the most important benefits of ending FGM to this group?
- ▶ Are there any others that we have missed out?

## DIFFERENT TYPES OF FGM

Female genital mutilation is classified into 4 major types.

- ▶ Type 1: Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- ▶ Type 2: Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).
- ▶ Type 3: Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).
- ▶ Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Deinfibulation refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.

### ACTIVITY

Group discussion: Do you know what type(s) of FGM are practiced in your community? How would you explain this to different groups within the community, using appropriate language, e.g. to children, older men, religious leaders?

## TERMINOLOGY: THE TERM FGM

Different terms are used by different people, and for different purposes.

The term Female Genital Mutilation has been widely adopted by advocates and policy-makers internationally, driven by activists across the African continent: they argue that it recognises the seriousness of the practice as a human rights violation, and distinguishes it from male circumcision.

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The term Female Genital Cutting, or excision, is preferred by some, as they feel the word 'mutilation' stigmatises those who have undergone it, and the communities affected.

Some agencies, e.g. UNICEF, take the middle road using FGM/C.

There are many different terms, and which term you choose will partly depend on your audience. For policy-makers, politicians, the media etc. you might use FGM; at the community level, that term might not be appropriate.

### ACTIVITY

Discuss in a small group:

- ▶ What terms are used to describe FGM in your community?
- ▶ What are the pro's and con's of using the different terms outlined above?

## GLOBAL AND NATIONAL PREVALENCE OF FGM, AND TRENDS

More than 3 million girls are estimated to be at risk of FGM annually.

More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated.

The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM is therefore a global concern.

The practice is mostly carried out by traditional cutters, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalised. The World Health Organisation strongly urges health professionals not to perform such procedures.

Procedures are mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women.

### WHAT IS MEDICALISATION OF FGM?

The situation in which FGM is practiced by any category of health-care provider, whether in a public or private clinic, at home or elsewhere (WHO).

#### ACTIVITY

Panel interview:

- ▶ In groups of around five, prepare to be interviewed!
- ▶ Using the resources provided, and the links in this Guide's annex (e.g. factsheets, 28 Too Many reports, DHS/MICS reports), get up to date with the 'facts' on FGM for your country. E.g. Age at which it takes place?
- ▶ Nominate two interviewers and at least two 'experts'. Imagine that you are doing an interview about FGM on Zero Tolerance Day (6<sup>th</sup> February).
- ▶ Interviewers: interview the experts to get as much information as possible out of them – you are slightly sceptical about the importance of ending FGM. You don't believe it's a very big problem in your country.

## WHY DOES FGM CONTINUE?

The reasons why FGM is performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. If you talk to people about why FGM is practiced in their community, a wide variety of justifications are given by different people, and in different countries. These include:

- ▶ It's a rite of passage to adulthood
- ▶ It's simply a tradition
- ▶ It's for beautification or purification
- ▶ It's important to ensure chastity
- ▶ It's to appease the ancestors
- ▶ It ensures marriageability
- ▶ It will harm a baby during childbirth if it's not done, etc.

FGM isn't necessarily seen as a dangerous act but as a step to raise a girl 'properly' and prepare her for marriage to secure the future for her and her family. This section looks at some of the explanations behind why FGM continues.

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### BECAUSE FGM IS A SOCIAL NORM

This Guide uses the following definition of a ‘social norm’:

A social norm is a rule of behaviour that people in a group conform to, because they believe:

- ▶ Most other people in the group do practice it (i.e. it is typical behaviour) AND
- ▶ Most other people in the group believe they **ought to** practice it (i.e. it is appropriate behaviour)

Reference: adapted from Bicchieri (2006) and Heise (2013)

Where FGM is a social norm, the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.

#### ACTIVITY

Group discussion:

- ▶ What other examples of social norms can you think of in your society or community?
- ▶ Are the following social norms? Shaking hands when you greet someone, getting married before having children, taking off your shoes before entering the mosque?

Experts: you have five minutes to persuade them of the importance of FGM and why it's an issue in your country. Most importantly, you want to persuade the audience of the harm of FGM and the benefits of it ending.

### HOW DO THE NORMS THAT UNDERPIN FGM WORK?

Those who do not conform with the norm and carry out/undergo FGM face social sanctions, e.g. social exclusion, ostracism, disapproval, rebuke or even violence; in addition to having an effect on a girl's marriageability.

Conforming with the social norm, on the other hand, meets with social approval, brings respect and admiration, and maintains social standing for a girl and her family in the community.

The fact that FGM is a social norm makes it extremely difficult for individual families, as well as individual girls and women, to stop the practice on their own.

Even when parents recognize that FGM can cause serious harm, the practice persists because they fear moral judgements and social sanctions should they decide to break

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with society's expectations. Social sanctions may seem worse than the negative effects of FGM.

Abandonment on a large scale may require a collective and coordinated choice so that no single girl or family is disadvantaged by the decision.

### ACTIVITY

Group Discussion: Give an example of social norms change in your community. How did it come about? Who or what triggered the change? Was there any resistance to the change?

## UNDERSTANDING FGM AS A FORM OF VIOLENCE AGAINST WOMEN AND GIRLS

FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. It is often believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. Local authority figures, such as community leaders, religious leaders, cutters, and even some medical personnel can have vested interests in upholding the practice – as a way of maintaining their own control and influence, and/or economic benefits (e.g. some traditional leaders receive payment for girls to participate in the rituals accompanying FGM). From this perspective, FGM is a way of exerting power and control over women (particularly their sexuality) and a form of violence against them.

The significance of this perspective is that there may be strong resistance from sectors of society who are not willing to lose the power, economic resources or influence that they benefit from because of FGM.

### ACTIVITY

Discussion: In your community, are there those who may perceive a loss of power or control with ending FGM? Is there anything you can do about this?

## OTHER REASONS FOR THE CONTINUATION OF FGM

- ▶ **Identity:** In some places, the practice of FGM is strongly linked to a group's identity, and ceremonies linked to FGM may reinforce community values, membership of secret societies, or ethnic boundaries. In these cases, communities may feel they are losing a central part of their collective identity if they abandon FGM.
- ▶ **Religion:** Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others

campaign for it to end. Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.

- ▶ **Economics:** FGM can be a significant an income stream for doctors, traditional cutters, and traditional leaders.
- ▶ **Psychological factors:** It may be very difficult for women to come to terms with the fact that what happened to them was not something 'good/purifying', but rather something 'violent'. Women may need extensive support to work through this process, over time.

FGM can be held in place by several of these factors at once (e.g. it's a social norm, and people believe it's a religious requirement, and traditional midwives rely on the income stream so continue to promote it) and therefore multiple strategies at different levels are often needed.

## WHAT DO WE KNOW ABOUT WHAT WORKS TO END FGM?

In terms of evidence published in scientific journals, very little is known about what really works to reduce FGM. A review of the evidence in 2013<sup>1</sup> was able to draw a small number of conclusions:

- ▶ **National laws and codes are not enough;** it is necessary to work directly with parents, community leaders, and those who perform FGM. However, the presence of a law may help legitimise these efforts.
- ▶ **Working with communities can change attitudes;** especially when projects are tailored to local needs, and work with men and women.
- ▶ **Examples of successful projects;** often include those that worked with religious leaders, community-based initiatives including group meetings with religious leaders, and those that used multimedia communications. Projects that failed to retain participants were not successful (i.e. intensive engagement is required.)
- ▶ **Working with youth** (in this case, university students) can be a cost-effective approach.

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1 [www.3ieimpact.org/media/filer\\_public/2013/02/06/female\\_genital\\_mutilation\\_2.pdf](http://www.3ieimpact.org/media/filer_public/2013/02/06/female_genital_mutilation_2.pdf)

Even if you are focusing on FGM, most experts agree that a holistic approach is needed to end the practice. Think about how you can integrate FGM into broader efforts for child welfare, health and development – linking up with other campaigns e.g. child, early and forced marriages, maternal health, or education.

## FREQUENTLY ASKED (TRICKY) QUESTIONS

Communicating about ending FGM can lead to some difficult questions from people. Here are some examples, along with responses:

### **Isn't it prescribed by religion?**

It is practiced by some followers of many faiths, no holy books advocate it.

### **What about genital cosmetic surgery?**

If it's not carried out for physical or mental health, it's still classified as FGM by the WHO (Type 4).

### **(In some countries) What's wrong with infibulation?**

It has no benefits for women, and even if women ask for it, it is likely to be because of social pressure relating to social norms.

### **Isn't it personal choice?**

The social pressure to have FGM done doesn't really make it a free choice

### ACTIVITY

Group discussion and peer-to-peer learning:

- ▶ Share some of the most common - and difficult - questions that you have come across about FGM and the myths that you have encountered. How have you answered them?

The Girl Generation endeavours to Do No Harm when working to end FGM. This module explains what Do No Harm means, and how you might apply it to ending FGM

# WHAT DOES DO NO HARM MEAN?

The Do No Harm principle is as follows: Those undertaking research, projects, programmes or offering services should not, intentionally or otherwise, cause harm. This ethical principle is applied in most health and social research and programming. For example, doctors avoid giving drugs whose side effects are more harmful than the condition they are treating.

Harmful effects are often unforeseen and unintended; well-meaning individuals or organisations can easily make mistakes and 'get it wrong'.

**"WHEN WE SET OUT TO IMPROVE THE LIVES OF OTHERS WITHOUT A FUNDAMENTAL UNDERSTANDING OF THEIR VIEW POINTS AND QUALITY OF EXPERIENCE, WE DO MORE HARM THAN GOOD"**

Lauren Reichelt, Tikkun, Winter 2011

Because FGM is such a sensitive and complex issue it is particularly important to consider how to avoid doing harm.

# WHAT SORT OF HARM COULD BE CAUSED?

## CASE STUDIES

Divide up into groups to discuss these case studies (which are fictional, but based on real life examples). For each, discuss:

What is the potential harm that this could have caused, and to whom? In the short term? What about the long term? What could have been done differently to avoid this harm?

Note the different types of harm that emerge from the discussion, and ensure the following are covered:

Reinforcing support for FGM (including politicisation of FGM), Compromising the dignity of affected people/communities, Undermining local efforts and leadership, Cultural insensitivity and sensationalism, Backlash against the campaign, Ineffective or inappropriate communications which do not address underlying factors, Fuelling discrimination against affected communities, Risks to activists and vulnerable people (minors, survivors), Stigmatising or traumatising women who have been through FGM , Medicalisation of FGM or replacing Type 2 or 3 FGM with Type 1, Degrading and undignified use of imagery

In a West African country, anti-FGM Islamic scholars from Egypt were brought together with local religious leaders who support the practice. They had a debate on live TV organised by an American NGO. Afterwards, the local religious leaders met with each other and formed an official campaign to promote and protect FGM in their country to “counteract the Western influences who are trying to destroy their important tradition and impose the scourge of feminism on their society”.

Discuss the fact that given the history of colonialism, FGM has been seized on by some leaders as a ‘flagship issue’ to emphasise their rejection of ‘Western’ values. The messages and values brought by the religious scholars in this case were not acceptable or relevant to the religious leaders, probably made worse by the fact the initiative was led by a US NGO.

An NGO from the capital city went to a rural community and held a public meeting to discuss the ‘menace of FGM’. The speaker talks about FGM as a form of child abuse, and says that FGM destroys women’s lives. The women listening are offended by the way that he is talking about them; they are not child abusers, and they do not feel as though they are ‘destroyed’. They are healthy women who love their children!

Discuss how communication will not be effective if it results in alienating affected people; it can lead to denial and hence an unwillingness to consider change.

## MODULE 2. DO NO HARM

An international TV station flies to a country in East Africa to make a documentary about a British midwife who is 'saving girls' from FGM. The TV programme is shown on national TV, and it doesn't even mention the years of work that grassroots activists have done. The documentary includes a close-up video of a young girl being cut. It doesn't show her face but it shows her legs, a pool of blood, and you can hear her screaming and crying.

Discuss how communications which evoke excruciating pain, crying girls, images of razor blades etc. can cause flashbacks for survivors, and can be unethical (it is unlikely that the girl involved has given permission to be shown in this way – and shouldn't the film crew have intervened to protect the girl?) Focusing on these aspects of FGM can also fuel discrimination of affected communities and make it harder for affected women to talk about the issue. It can also make it harder for the audience to think about the issue; they may turn away in horror or denial rather than being stimulated to think about it.

You may also want to discuss the fact that local leadership is being undermined by the focus on the British midwife and the importance of change being locally led.

A local men's NGO starts a campaign saying that they pledge not to marry 'cut women'. A large number of local young men sign up to the campaign, and a local radio station publicises it, celebrating the fact that the community has stopped this 'barbaric act'. One of the young men interviewed on the radio talks about how thousands of girls in his community have died because of FGM in the last few years and no one else must die as a result of this "backwards behaviour".

It's important that women who have undergone FGM are not stigmatised or socially isolated as a result of end FGM projects. Exaggerating or misrepresenting the facts will weaken campaign credibility (yes, sadly some girls have died as a result of FGM – but not thousands in one community). This is also a good opportunity to talk about the role of men in the campaign, e.g. the importance of their involvement and what role they should take (Supporting? Leading?).

A local politician has just learned about the harmful effects of FGM and is horrified that the practice is still highly prevalent in his state. He sends out a memo to local police stations to arrest any parents who let their girls be cut during the recent cutting season. He calls the Patron of the Circumcisers' Association for a meeting and says that there will be strict enforcement of the new law although he doesn't have any copies of the law, or any information about the harmful effects of FGM to share with the Patron.

In affected countries there is a risk that a focus on prosecutions only, rather than a full range of measures, risk driving FGM underground rather than ending it. There is a risk of criminalising the whole community. In many countries, FGM is a criminal offence; prosecutions are an important part of the overall strategy to end FGM and

are also important in terms of justice for survivors. Prosecution becomes necessary when we have failed to prevent FGM occurring.

A lecturer at a Sudanese University decides to educate her students about the dangers of infibulation. She invites them to a seminar where she describes how infibulation can obstruct childbirth, cause urinary tract infections, and, if performed in unsanitary conditions, can lead to infections and excessive bleeding. When her students ask her whether she would instead recommend 'just a little cut – at a clinic', she reluctantly agrees. After all, it is preferable to infibulation.

A focus on the dangers and pain at the time of cutting (and focusing narrowly on the adverse health consequences) implies that the practice is fine if done in hospital/under sanitary medical conditions or if only more 'minor' forms are carried out. This may result in the medicalisation of FGM. All forms of FGM are violence and a violation of human rights.

## HOW CAN HARM BE AVOIDED?

Effective change is locally led. Efforts to end FGM must be based on deep local knowledge and visible local leadership.

### **To start with:**

Understand how ready the community is to end FGM, and adapt your approach accordingly (this will be discussed further, in section 3.2).

Ensure you have a good grasp of the facts (including about FGM, and the local context)

Plan for potential risks, including risks to yourself and your team, what you will do if you encounter strong opposition, and what you will do if you come across children at risk of harm. Evaluate the political situation, degree of press freedom, and government approach to human rights so as not to put yourself and others at risk. Consider carrying out a risk assessment.

Where possible, identify sources of additional support that might be required by participants (e.g. psychological and health services for women affected by FGM.)

### **In partnership with the community:**

Develop non-judgemental, locally appropriate communications (this will be explored in section 4.3).

Select ambassadors or spokespeople carefully.

Start discussions and conversations about FGM rather than lecturing people.

Alert people before presenting material in which FGM is depicted and allow them to leave if they wish. Only share this sort of material if you have carefully considered the audience (e.g. should this be shown to young people?) and the purpose of showing it.

Monitor the situation and respond to risks: Keep a close eye on how the work is developing, and adapt your approach if there is a risk of harm.

Pay attention to risks and the safety of people involved in your project, particularly if the media are involved (do you have consent to use someone's photo? Will the media sensationalise the story?).

### ACTIVITY

Group discussion:

- ▶ What do you do if you come across a child at direct risk of FGM through the course of your work? Do you have a formal process across your organisation/team? If not, should you?
- ▶ Is it possible, or indeed desirable, to avoid *all* harm or backlash? What harm or backlash might you expect which is acceptable or tolerable?

Facilitators may wish to discuss the following:

- ▶ Some forms of backlash can be a sign that positive change is occurring – it can provide an opportunity to discuss issues more openly, and work towards conflict resolution.
- ▶ Some harm to some people is unavoidable if FGM is to end, e.g. the income to doctors who perform it may be reduced. If this issue comes up, it is worth pointing out that there is no evidence to suggest that 'alternative livelihoods' for cutters works as an approach to ending FGM.

## THINKING ABOUT LANGUAGE

The Girl Generation promotes a positive vision: of women and girls living healthy and empowered lives, with their fundamental human rights protected, and with opportunities to realise their potential. The Girl Generation does not use language which compromises the dignity of people and their culture. We do not use language or images that suggest that girls and women who have undergone FGM are 'spoiled' or

### ACTIVITY

Discussion:

The words we choose when talking about ending FGM are important. Consider the following words and phrases. Which are preferable and why? Which would you use in your work?

- ▶ Barbaric practice – Harmful practice – abhorrent crime – this scourge – the menace of FGM - vice
- ▶ Victim of FGM – survivor of FGM – mutilated woman
- ▶ Practicing communities – affected communities
- ▶ Horrific effects of FGM – FGM can cause life-long physical and psychological harm
- ▶ People must change their culture – Change is being led from within affected communities
- ▶ Circumcision – cutting – mutilatin.

## MODULE 2. DO NO HARM

otherwise stigmatised. We encourage communicators to think carefully and reflect upon the language they use to talk about FGM to different audiences.

# WHAT IS 'SOCIAL CHANGE'?

Social change is the transformation of culture and social institutions over time.

Culture and social institutions are shared ways of living and thinking, including patterns of family life, education, religious systems, mass media, and political and legal systems. Therefore, social change is change in the very structure of our societies.

Social change focuses on the community as the unit of change; a community being a social unit comprising of three or more people sharing common norms, values, identity (though in the case of FGM, the relevant community is likely to be much larger). Ending FGM will require such a social change. It won't end as a result of individuals making a decision individually to stop FGM because people are influenced by those around them, and by social pressures.

NB: Communities are not necessarily in the same geographical location. They could be an online community, a professional community (midwives, teachers), a religious community, or an ethnic group spread out across an area.

We see the process of change as follows (see Figure 2):

- ▶ A catalyst (a person or thing that causes a change) prompts one or more community members to identify an issue of concern. The catalyst could be a person, a media campaign, or an event that makes the problem more visible;
- ▶ Community dialogue: a collective, organised effort is made to assess and agree upon the problem, and determine an action plan;
- ▶ Collective action is then required to take forward the action plan;
- ▶ Change occurs at both individual and social level, interacting with the process of community dialogue and collective action;
- ▶ Over time, individual and social changes accumulate, resulting in an impact at societal level

## MODULE 3. INTRODUCTION TO SOCIAL CHANGE COMMUNICATIONS



Figure 2. Integrated model of Communication for Social Change<sup>2</sup>

### ACTIVITY

Group discussion: Building on the earlier discussion around social norms, think of an example of social change that you have seen in your society in your lifetime. What/who in your opinion triggered the change? Describe the stages of the change that took place – do you recognise the stages shown in the diagram?

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<sup>2</sup> Reference: Health Communication Capacity Collaborative, Integrated Model of Communication for Social Change, An HC3 Research Primer. [https://www.k4health.org/sites/default/files/jhuccp\\_integrated\\_model\\_of\\_communication\\_for\\_social\\_change.pdf](https://www.k4health.org/sites/default/files/jhuccp_integrated_model_of_communication_for_social_change.pdf)

## STAGES OF SOCIAL CHANGE IN ENDING FGM

Communities will all be at different stages in terms of how willing they are to talk about FGM or change their behaviour. The following stages of change help us to think about where a community might be on the journey towards ending FGM:

|   | STAGE OF COMMUNITY READINESS TO END FGM  |
|---|--|
| 1 | No community awareness: FGM is a social norm. Low levels of knowledge about the effects of FGM.        |
| 2 | Community denial/resistance: some community members recognise FGM is an issue                          |
| 3 | Vague community awareness: many have concerns about FGM but there is no community motivation to change |
| 4 | Preplanning: the community recognises that something must be done about FGM, but efforts lack focus    |
| 5 | Preparation: community leaders begin planning in earnest to end FGM in the community                   |
| 6 | Initiation: community activities and interventions are underway to end FGM                             |
| 7 | Stabilisation: community leaders support ending FGM in their community                                 |
| 8 | Expansion: community members feel comfortable with ending FGM  |
| 9 | Community ownership: high level of community buy-in to end FGM – which becomes the new social norm     |

**Table 2. Stages of community readiness to end FGM**

Reference: Adapted from Replace Toolkit and UNFPA-UNICEF Manual on Social Norms and Change

In terms of efforts to end FGM, it's important to work through the earlier stages of change before attempting to achieve the later stages. For example, you won't succeed in organising a successful or meaningful public declaration of abandonment of FGM if only a few people recognise the need to end FGM. Likewise, there isn't much value in providing lots of information about the health risks of FGM if there are already high levels of awareness of its harm.

### ACTIVITY

Group discussion: Looking at these stages of change, do they make sense to you? Where do you think your community occupies on this scale?

# WHAT IS SOCIAL CHANGE COMMUNICATION?

We believe social change communication plays a critical role in sustainably addressing the social norms that underpin FGM, as part of wider efforts to end FGM. SCC can support and accelerate behaviour change in multiple ways and at different levels. Communications must be context-specific, and build on a strong understanding of the social motivations and barriers for change at the grassroots level. Table 3 gives some examples of how social change communication can support progress towards ending FGM at different stages of the community’s readiness.

**“SOCIAL CHANGE COMMUNICATION IS A PROCESS WHEREBY COMMUNITY DIALOGUE AND COLLECTIVE ACTION WORK TOGETHER TO PRODUCE SOCIAL CHANGE IN A COMMUNITY THAT IMPROVES THE HEALTH AND WELFARE OF ALL OF ITS MEMBERS”**

Source: [Communications for Social Change](#)

Key characteristics of social change communication:

- ▶ Equitable participation, local ownership, and empowerment.
- ▶ Communities create their own change.
- ▶ Information-sharing leads to mutual understanding, agreement and collective action.
- ▶ For collective action to take place, there is a cyclical process to reach a sufficient degree of mutual understanding and agreement (i.e. there may need to be repeated discussions over time, before consensus about the way forward is reached).
- ▶ The emphasis is on dialogue, debate and negotiation.

|   | STAGE OF COMMUNITY READINESS TO END FGM | FOCUS OF COMMUNICATION   |
|---|---|--|
| 1 | No community awareness                  | Catalyse change: Increase knowledge of health impacts and illegality of FGM<br>Highlight benefits of alternative (ending FGM)<br>Build community cohesion<br>Discuss the belief systems supporting FGM<br>= some people in the community recognise the problem |
| 2 | Community denial/resistance             |  |
| 3 | Vague community awareness               |  |
| 4 | Preplanning                             | Clarification of perceptions around FGM<br>Identify and support community leaders/peer group champions/change agents to end FGM<br>Agree a shared vision to end FGM  |
| 5 | Preparation                             |  |
| 6 | Initiation                              |  |

## MODULE 3. INTRODUCTION TO SOCIAL CHANGE COMMUNICATIONS

|   |                     |  |
|---|---------------------|--|
|   |                     | Begin to harness community resources to end FGM<br>Begin to initiate behaviour change: develop appropriate interventions or action plan<br>Collective actions to end FGM |
| 7 | Stabilisation       | Reinforce efforts to end FGM   |
| 8 | Expansion           | Ensure ongoing community resources to ensure abandonment of FGM  |
| 9 | Community ownership |  |

**Table 3. How communication can support social change at each stage**

It is also possible that communities will move backwards in terms of their readiness to end FGM; we cannot assume that there will be a simple, linear progression to FGM ending.

### ACTIVITY

Those who have done them: describe your experiences of community dialogue and what works well.

# A SIMPLE COMMUNICATIONS PLAN: THE 5 W'S AND 1 H

This section will take you through the process of developing a simple plan that covers:

- ▶ **Why** do you want to communicate about FGM?
- ▶ **Who** do you need to communicate with?
- ▶ **Where** and **when** do you need to communicate with them?
- ▶ **How** should you communicate with them
- ▶ **What** will you say?

These are the 5 Ws and the 1 H! There are several benefits of having a simple plan to describe your communications initiative:

- ▶ It gives you and your team, volunteers, and any other participants a clear and shared idea of what you are aiming to do and why.
- ▶ It may help you apply for sources of funding.
- ▶ It may help you secure the support of other sorts of community resources (it can help to have a brief, written plan should you wish to gain the support of a local head teacher, leader, doctor, etc.)
- ▶ It will help you communicate your story to a wider audience, e.g. the media, other NGOs, should you wish to share your experiences.
- ▶ Ideally, for a fully participatory approach, a communications plan should be developed in dialogue with, and owned by, the community, but for the purposes of this training, we are going to develop a simple plan prior to beginning work. In real life, one often has to write a plan before starting work (e.g. in order to obtain funding or to gain permission to work in an area). Plans can usually be revised at a later stage with the community's input.

## STEP 1. WHY DO YOU WANT TO COMMUNICATE ABOUT ENDING FGM?

This is the part of the plan where you describe the change you want to see; in other words, your aim. The change should be achievable, specific, and should be at the right level for the community in question (there is no point aiming to end FGM in three months if the community only contains a handful of people who support this vision).

## MODULE 4. GETTING STARTED: PRACTICAL STEPS TO SOCIAL CHANGE COMMUNICATIONS FOR ENDING FGM

### ACTIVITY

Have a look at these aims. Which of them look achievable and specific? Which of them describe a change, and which of them just describe activities?

- To end FGM in Nigeria
- For all schoolchildren in the district to know that FGM is harmful and illegal
- For at least five teachers in local schools to agree to be end FGM Change Agents – who go on to discuss FGM with their pupils, parents etc.
- For 10 cutters to receive a courtesy call from youth activists
- For midwives in my local hospital to discuss the harms of FGM with their patients
- For 100% of people in my village to attend a public declaration to end FGM
- For at least 50 parents in my village to commit to not cutting their daughters
- For 30 religious leaders to attend a training

### STEP 2. WHO DO YOU WANT TO COMMUNICATE WITH?

This is where you choose your specific audience(s). You will need to think about who you need to communicate with in order to achieve your aims, and who you have the ability to reach and communicate with (your networks or spheres of influence).

Often, a project will have more than one audience. Possible audiences include:

The people who you want to directly target because they can directly influence the change you want to see (primary audiences) e.g. parents.

The people who can influence your primary audience (secondary audience – or influencers) e.g. health professionals, religious groups/leaders. You may need to work with a secondary audience in order to reach your primary audience.

Stakeholders: other people who could help you achieve your aims, or who need to be involved (partnerships with other organisations or networks, local leaders, influential people).

For Level 1 Communications, we recommend focusing on audiences that you already know very well (e.g. their language, traditions, perceptions).

### STEP 3. WHERE, WHEN AND HOW SHOULD YOU COMMUNICATE WITH THEM?

This is the stage at which you plan culturally relevant, audience-specific communications. Questions to ask are:

Which communications channels or networks does the audience engage with/find appealing? (e.g. community theatre, story-telling, music, community dialogues, social media, community radio).

## MODULE 4. GETTING STARTED: PRACTICAL STEPS TO SOCIAL CHANGE COMMUNICATIONS FOR ENDING FGM

How often does the audience use these channels and when? Are there particular times of the year or day to be avoided/prioritised?

What media or materials might be needed? (e.g. posters, films, educational material) Think about literacy levels, access to media, and the costs involved in producing such items.

### ACTIVITY

Group discussion: What communications approaches have worked well for you, with different types of audience? What lessons can you share about your experiences with them?

### STEP 4. WHAT WILL YOU SAY? (MESSAGES AND INFORMATION)

Although the focus of SCC is on dialogue and information sharing, you may find it helpful to prepare some key messages about ending FGM to share during discussions, or to stimulate debate.

Think about what stage that the audience is at:

- ▶ Do they need basic information about FGM? (e.g. basic facts shared during informal discussions in small groups)
- ▶ Or are there high levels of support for change, but people are not sure how to move towards actual changes in behaviour? (e.g. this might involve planning Alternative Rites of Passage, public declarations, or other forms of publicly demonstrating social change.)
- ▶ It may help to approach the issue through concepts already present in communities' own daily language and ordinary experiences, e.g. local folklore and other pieces of oral history that portray positive images of women and girls. Avoid negative criticism, demonizing, blaming or stigmatizing. Maximise the positive aspects of change, such as success stories (where families or communities have stopped practicing FGM, where people have stood up and spoken out about it) and the benefits this can bring.

## Activity:

In small groups, complete this simple communications plan (with the exception of the final column, which will be addressed in section 4.3). From within the group, choose to develop one idea for a community-level communications project by filling in the WHY? WHO? and HOW?

| WHY do you want to carry out this communication project? |                         |  |  |  |
|--|-------------------------|--|--|--|
| WHO?<br><br>Audience                                     | HOW?                    |  |  |  |
|  | Who can influence them? | Which communications channels do they use? | What media or materials would work for them? | What key messages or information do you want to share with them? |
| 1.   |                         |  |  | <i>Do not complete – yet!</i>                                    |
| 2.   |                         |  |  |  |
| 3.   |                         |  |  |  |
| Etc.   |                         |  |  |  |

## DEVELOPMENT OF KEY MESSAGES

### ACTIVITY

Get into pairs. Take it in turns to use your mobile phone to record or video your partner's response to the following question: 'What gets you out of bed in the morning?' Or 'what's your story – why are you involved in the end FGM campaign?'

Listen back. Can you hear any key messages? Write them down. Consult the 'Message Development Checklist' below – how do your messages compare?

CHECKLIST Key points for message development. Strong messages...

- ▶ Use simple words as used in a 'normal conversation.'
- ▶ Avoid jargon and technical terms (why use *imbibe* while you can use *drink*?)
- ▶ Only communicate one or two main points in any given message.
- ▶ Contain sound data and/or logic.
- ▶ Use words concisely (avoid long phrases.)
- ▶ Use images, proverbs, metaphors.
- ▶ Use words correctly and clearly (avoid ambiguity.)
- ▶ Respect culture, whilst recognising that aspects of it can change.
- ▶ Inspire audiences to action: focus on the positive changes already happening, and on the wider benefits of ending the practice for the whole community.

The messenger (the person delivering the message) is also important:

- ▶ The messenger must be credible in the eyes of the audience.
- ▶ Non-verbal communication is 2/3rds of communication – think about what body language can communicate.
- ▶ When sharing the message, think about your tone – the communication must be attractive and engaging to make the audience want to listen!

Message development process:

- ▶ As with all participatory communications approaches, ideally messages should be crafted in partnership with your target audience(s). You could bring together a small group to create messages.
- ▶ Messages should always be pre-tested with representatives of the target audience – perhaps by bringing together a different group to hear feedback: are you pitching the message at the right level? (Is it understandable? Relevant? Culturally sensitive?)
- ▶ What is the flow of messages and information? What are the most important points to make first?

Be a good story-teller:

- ▶ We all have a story to tell on why we are passionate about ending FGM. Tell your story! People love to hear from experiences.
- ▶ It helps to establish your identity

## MODULE 4. GETTING STARTED: PRACTICAL STEPS TO SOCIAL CHANGE COMMUNICATIONS FOR ENDING FGM

- ▶ It helps to create rapport with the audience
- ▶ It encourages learning and sharing
- ▶ Finally, we encourage you to consult communication specialists to guide and advise you on message development; TGG can support.

### ACTIVITY

In small groups, develop key messages for the audiences listed in your simple communications plan.

After 30 minutes, swap your messages with another group. Review each others' messages: are they in line with the message development checklist (above), and with the Do No Harm guidance? Which messages do you think work well? Which ones could be improved? Share these key messages in the group. Are there any powerful messages here?

## HOW CAN WE KNOW (AND SHOW) THAT WE'VE MADE A DIFFERENCE?

The words 'monitoring and evaluation' often make people nervous, but it doesn't have to be complicated. Put simply, you want to be able to know, and show, that your work has made a difference.

### DEFINITIONS

**Monitoring** is the systematic and routine collection of information from projects, in order to:

- ▶ Learn from experiences to improve practices and activities in future
- ▶ Account for the resources used and the results obtained
- ▶ Take informed decisions on the future of the project

**Evaluation** is periodic (e.g. once a year, or at the end of the project). It seeks to explore:

- ▶ Relevance – whether the project was appropriate
- ▶ Impact – whether it made a difference in the lives of people
- ▶ Effectiveness – whether it achieved what it set out to
- ▶ Efficiency – whether it did so cost-effectively
- ▶ Sustainability – whether it will leading to lasting change

Some of the impact questions you might want to think about answering are:

- ▶ Are people speaking about FGM more freely?

## MODULE 4. GETTING STARTED: PRACTICAL STEPS TO SOCIAL CHANGE COMMUNICATIONS FOR ENDING FGM

- ▶ Has the community changed in terms of the stage of readiness to end FGM?
- ▶ Has approval of (the social norm of) FGM decreased?
- ▶ Have social sanctions related to *not* performing FGM decreased?
- ▶ Most grassroots, community-level projects will not be able to carry out large-scale surveys or external evaluations in order to answer these questions. However, you can still collect information in a systematic way which will help to ‘make the case’ for whether change has happened or not.

Most projects should be able to collect the following basic information:

- ▶ Simple measurements of the work/activities you have delivered (outputs)
- ▶ *Collect this information during your activities, using simple forms/registers; enter the information into a table or spreadsheet.*
- ▶ E.g. Number of teachers trained in health impacts of FGM (and whether they are male/female (M/F))
- ▶ Number of people who have attended a community dialogue (M/F, age group)
- ▶ Number of posters put up in clinics

Simple measurements of the changes you have contributed to (outcomes)

- ▶ This will usually involve conducting follow up visits or phone calls, some weeks or months after your activities.
- ▶ Number of religious leaders who have discussed FGM with their congregation in the month since participating in the project
- ▶ Number of parents who have publicly committed to not cutting their daughters
- ▶ Number of people who have responded positively to participating in your project (see Annex x, the ‘Before... After...’ Tool)
- ▶ All of these simple measurements are indicators, specific, observable and measurable characteristics that can be used to show changes or progress that you are making toward achieving your aims.

Stories of change:

Tell the story (then write it down) of somebody or something that has changed as a result of participating in your project (see Annex 3 for an example of a template you can use to write a simple story of change). You might want to do this several weeks or months after the project has started – as change can take time.

For each of your project activities, and for each of your project’s aims, you can develop indicators that can help you to keep track of progress.

**ACTIVITY:**

Group Discussion: Review the simple communications plan that you developed earlier. Brainstorm possible indicators of change (both in terms of progress towards your aim and progress of your activities) and complete this simple monitoring and evaluation plan. Indicators should be SMART:

- Specific
- Measurable
- Achievable
- Realistic
- Time-bound

| Why do you want to carry out this project? (aim)                        | Indicator (s) to track progress towards this | How (and how often) will you collect information to measure this? (data source) |
|---|--|---|
|   |  |   |
| <b>What activities will you carry out in order to achieve this aim?</b> |  |   |
| 1.  |  |   |
| 2.  |  |   |
| 3.  |  |   |
| 4.  |  |   |

You may then want to set targets for each indicator – to help build a shared sense of purpose, and/or to show what you are committing to delivering. A helpful way of setting targets is to use the '2Q+1T' – Quantity, Quality and Time:

- ▶ Step 1: Set the basic indicator, e.g. Trained youth network members.
- ▶ Step 2: Add Quantity - an amount or percentage increase that will be achieved, e.g. 26 Youth network members trained.
- ▶ Step 3: Add Quality – make the indicator specific, e.g. 26 Youth network members trained in basic M&E at intermediate level.
- ▶ Step 4: Add Time – when this should be accomplished by, e.g. 26 Youth network members trained in basic M&E at intermediate level by August 2016.

Note: The Girl Generation is developing an M&E Manual for its members, which will provide more detailed guidance on this topic.

## PRACTICAL CONSIDERATIONS

### ACTIVITY

Group discussion: Share your experiences of what has worked for you in the field. What would be your advice to the new generation of campaigners?

Younger people: what has worked for you in terms of campaigning and communicating? What would be your advice?

For example, don't work alone - even if you are from that community, dress appropriately, listen more! Don't be anxious to give out all the information during the first contact in the community. It's a discussion: let the community share their experiences as well (listen, learn, take time).

Finally – use what you have learned to develop a work plan including:

- Resources required (including financial budget, plus other resources that could be mobilised e.g. venues, printing facilities)
- Activities and targets
- Roles and responsibilities
- Timelines

## GROWING THE MOVEMENT

This Guide focuses on dialogue, collective action and social change at the community level. However, across countries, continents and the world, more and more individuals and groups are coming together to end FGM.

The Girl Generation aims to strengthen the Africa-led, global movement to end FGM by bringing together all those who share our vision as a global collective. We would love you to participate by:

- ▶ **Co-branding with us** – amplify The Girl Generation [brand](#) alongside your work to collectively increase visibility of the global movement to end FGM, and promote a sense of unity and solidarity.
- ▶ Becoming an active contributor to the movement by **sharing your learning, stories, blogs, and campaigns** through The Girl Generation’s platforms (Facebook, website, Twitter etc.)
- ▶ **Collaborating with other members**, as well as other stakeholders, so that collectively we multiply the values and messages of The Girl Generation.
- ▶ **Grow the movement:** Please recommend or introduce us to other groups, networks or individuals who might be interested in being part of The Girl Generation.
- ▶ **Helping to roll out all - or part - of this training:** If you have been inspired to share this learning with others, we would love to support you to roll out this training further. Please get in touch!

Please see our [Membership Guide](#) for more details

#### ACTIVITY

Can each participant think of, and share, one thing they can pledge to do to help grow the global movement to end FGM? It could be sharing a story on social media, inviting an organisation to join The Girl Generation, linking up with other groups in your area.

## FEEDBACK AND REFLECTION

#### ACTIVITY

Group Discussion:

1. What are the most important things that you have learned or realised during this training?
2. What – if anything – will you do differently from now on?
3. What do you plan to do next?

*Facilitator to photograph the feedback, and to provide a feedback form to individuals.*

# APPENDIX

## HOW WE DEVELOPED THIS GUIDE

We reviewed existing social change communications approaches to ending FGM in the countries where we work and beyond. We identified a gap in grassroots organisations' capacity to articulate clear strategic communications plans, which limits their ability to share their vision with a wider audience, access funding and demonstrate results. We reviewed available best practices and models for communications for social change which would be appropriate for our members, drawing on the John Hopkins University Health Compass 'How To Guides'<sup>3</sup>, the Figueroea Model of Communication for Social Change, the REPLACE model of 'stages of community readiness to end FGM' and the UNFPA-UNICEF Manual on Social Norms and Change. Factual information about FGM is taken from the WHO factsheet (updated February 2017).

## LINKS TO USEFUL LEARNING RESOURCES

- Manual on Social Norms and Change [www.unfpa.org/publications/manual-social-norms-and-change](http://www.unfpa.org/publications/manual-social-norms-and-change)
- Wallchart on key statistics and trends in FGM [www.prb.org/pdf17/FGMC%20Poster%202017.pdf](http://www.prb.org/pdf17/FGMC%20Poster%202017.pdf)
- Health Compass (From the Health Communication Capacity Collective) – How to Develop a Communication Strategy [www.thehealthcompass.org/how-to-guides/how-develop-communication-strategy](http://www.thehealthcompass.org/how-to-guides/how-develop-communication-strategy)
- FGM/C Country Profiles (up to date statistics and trends) [data.unicef.org/resources/female-genital-mutilation-cutting-country-profiles/](http://data.unicef.org/resources/female-genital-mutilation-cutting-country-profiles/)
- United to End FGM Knowledge Platform – including online courses [www.uegfm.org](http://www.uegfm.org)
- [Overview of international law and FGM www.equalitynow.org/international-law-fgm](http://www.equalitynow.org/international-law-fgm) -Simple TGG risk assessment template
- FORWARD's Youth and School resources [www.forwardyouth.org.uk/](http://www.forwardyouth.org.uk/)
- For other resources, including a longer version of our Do No Harm guidelines, please see [www.thegirlgeneration.org](http://www.thegirlgeneration.org)

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<sup>3</sup> [www.thehealthcompass.org/how-to-guides/how-develop-communication-strategy](http://www.thehealthcompass.org/how-to-guides/how-develop-communication-strategy)

## SIMPLE TOOLS FOR MONITORING & EVALUATION

Please read BEFORE you begin project activities. Here are two simple ideas to help show the difference that your project has made: 'Stories of Change' and 'Before and After'. Follow these simple instructions to learn how to use them.

### STORIES OF CHANGE

'Stories of change' helps you to tell the story of how your project has made a difference to a real person, family or community. You can collect 'stories of change' at different times in your project: half-way through, at the end, or even several months later. You can collect as many stories as you like.

Follow these simple instructions to collect a Story of Change:

- ▶ Choose somebody who participated in your project (for example, a young person, a health professional, a religious leader, a community member).
- ▶ Sit down with them somewhere quiet, and ask whether you can ask them a few questions about the project.
- ▶ You don't need to collect their name, but it is useful to write down their age and gender.
- ▶ Use the questions below to find out about their story. Try to get as many details as possible, as the example below shows.
- ▶ If possible, ask someone else to sit with you and write down their answers. Alternatively, if the person feels comfortable, you could use your phone or a tape recorder to record the conversation, and write down the story later.

Questions to ask:

#### 1. Age and gender of person telling the story

#### 2. What did you think or know about FGM before you took part in the project?

Example answer: He didn't think that FGM was a man's issue. He didn't think about his sisters having to undergo FGM. He thought it was something that has happened for hundreds of years and will always be part of our culture, it can't change.

#### 3. What happened in the project? What did you do?

He took part in a sensitisation workshop at school. He learned about the different types of FGM and the health implications of the cut. He heard stories about girls from his area who had lost a lot of blood from the cut. He took part in a drama show which

showed some of these ill effects. The drama show was performed at school for all to see.

#### 4. When did this happen?

December, 2015

#### 5. What was the most important moment for you in the project? Why? (Give as much detail as possible)

The part when one of my classmates told the story of her cousin who had to be transferred to hospital after the cut. They thought she might die on the way. Her family was so scared. It was then I realised that this practice must end. I realised that if she could stand up in front of us and tell her story, then I could also do something to make people think about the bad effects of FGM.

#### 6. What, if anything, happened to you afterwards, as a result of taking part in the project?

I took part in a drama performance, my neighbours saw me playing the part of a doctor who saved the girl who was bleeding excessively. After that, my neighbour came to me to ask for more information about FGM. My uncle also challenged me, why did I take part in this drama which is against our culture? We discussed the issue at length and although he still doesn't agree with me that FGM must end, I will continue to try and change his mind.

#### 7. What, if anything, will you do differently in the future as a result of this project?

I have knowledge now about FGM which I can use to educate my neighbours and friends. I know that there are others in the community who want to make this change. I am sure that together we will influence people to change their minds. I want to do more dramas to educate my fellow neighbours and friends. I will spend more time with the organisation who came to our school, to learn more and to take part in their future activities. I will never allow my daughters to be cut in future.

## BEFORE AND AFTER

This is a simple way to collect information from people who take part in your project to see if your project has made a difference to them.

At the end of your project activity, give each participant a piece of paper. Ask them to write clearly on a piece of paper:

Before..... (what they thought or said or did about FGM before the project)

After.... (what they think, or will say, or will do about FGM after the project)

If they give their permission, take a photo of them with their piece of paper

Collect their answers. You can count the number of people who report either positive, negative, or no change, and/or you can type up the responses and summarise their responses – picking out quotations to illustrate your findings.

If your project includes many people and it is not possible to collect this information from everybody, ask some of your participants to take part (for example, ask 10 participants from the 100 you have)

It doesn't matter if people have not changed their minds in the way you wanted, it is still useful to see what they think!

Here are some examples:

**Before:** I never thought about FGM

**After:** I will talk to my sister about FGM

**Before:** I thought FGM was required by my religion

**After:** I will tell my friends that it is not

**Before:** I thought that what had happened to me was necessary for marriage

**After:** I am confused about why this has happened to me