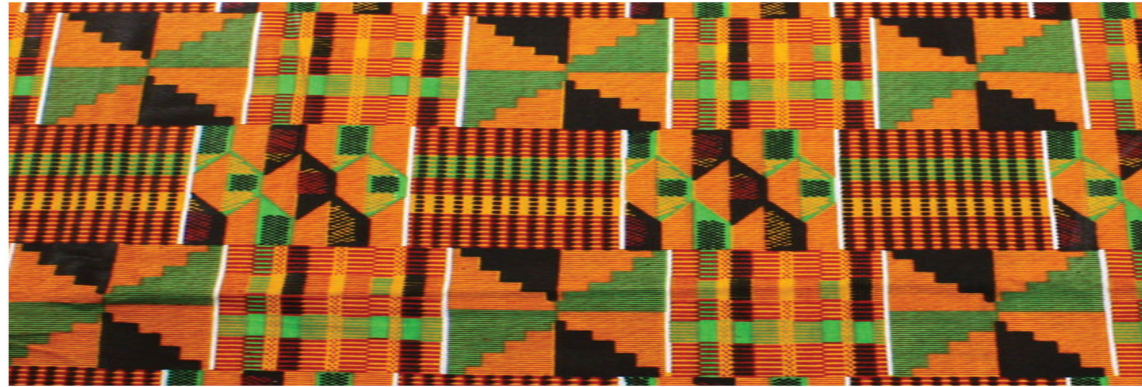


# REPLACE 2



## The REPLACE approach: supporting communities to end FGM in the EU

Meeting at Southwark Borough Council  
11<sup>th</sup> November 2015  
Prof Hazel Barrett & Dr Katherine Brown



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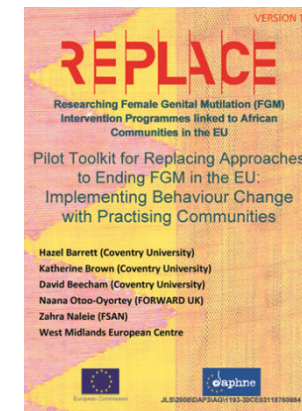
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# Introduction to REPLACE2

# REPLACE2

- Background
  - 35 years ago WHO called for end to FGM
  - 15 years ago WHO called for application of behaviour change approaches to address FGM
  - Leye (2005) concluded poorly understood
  - REPLACE (2010-2011)
  - Original REPLACE project explored existing applications of Behaviour Change to FGM
  - Worked with affected communities to explore belief systems – supported us in developing a theoretical framework based on behaviour change strategies



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# Introduction to REPLACE2

REPLACE2

- Aims and objectives of REPLACE2
  - Implement the REPLACE approach with 5 FGM affected African migrant communities in the EU
  - Evaluate our activities
  - Develop and update the REPLACE approach applying recent and relevant developments from behaviour change and behavioural science
- We'll be explaining the outcomes of this work today



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# REPLACE2 partners and communities

REPLACE2

- ▣ Coventry University, UK – lead partner
- ▣ FORWARD UK – Sudanese women based in London
- ▣ FSAN, Netherlands – Somali women in Rotterdam
- ▣ Gabinet d'Estudis Socials, Spain – Senegalese & Gambian men and women in Banyoles
- ▣ APF, Portugal – Guinea Bissauan men and women in Lisbon
- ▣ CESIE, Italy – Eritean & Ethiopian (Habesha) men and women in Palermo, Sicily
- ▣ ICRH, University of Ghent, Evaluation partner



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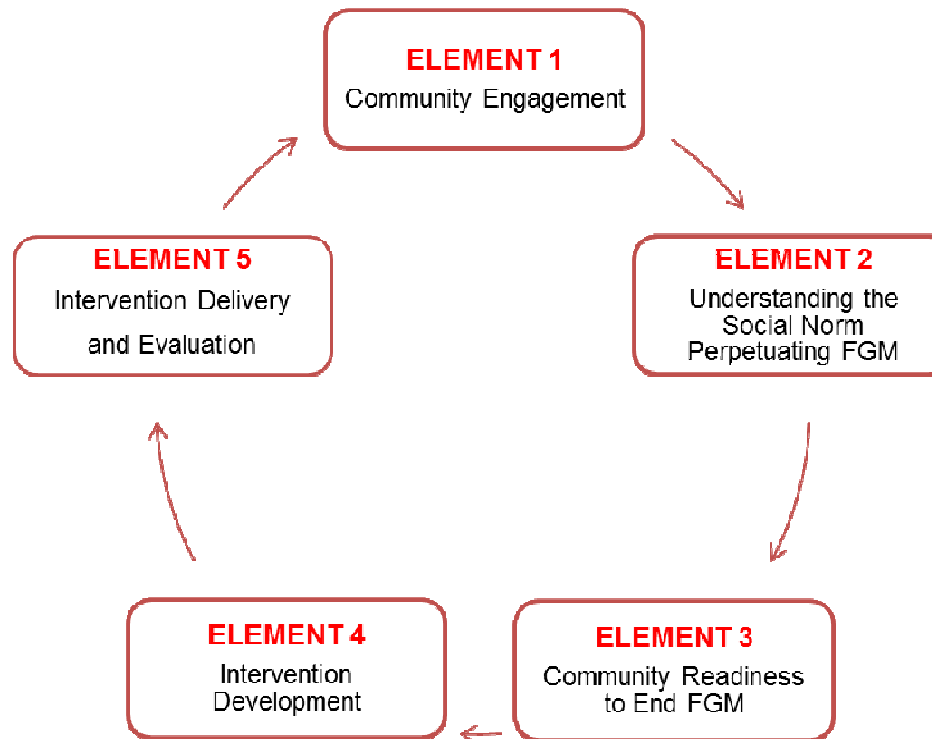
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# REPLACE 2

## the REPLACE Approach

Figure 2. The REPLACE Cyclic Framework for Social Norm Transformation in relation to FGM



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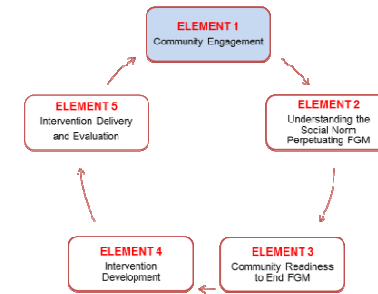


# REPLACE 2

## the REPLACE Approach

### Element 1: Community engagement

- Critical to the approach
- Not really a separate phase or step; as whole approached pinned on this
- Approach is about partnership with the community
- Aspire to reach community-led level of engagement
- Recognition that building trust and relationships takes time – the community engagement can build throughout the cyclic approach
- Helps to identify key people from the community to come with you on the journey through the cyclic framework



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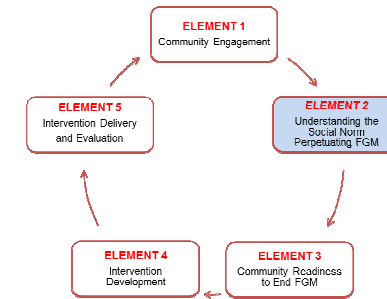


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## the REPLACE Approach

### Element 2: Understanding the Social Norm perpetuating FGM

- Recognition that different communities have different beliefs systems and social norms and that these change over time
- Can only design interventions whose content/messages align with those belief systems and norms
- Working to understand the community, the context, their beliefs and norms is critical to designing potentially effective interventions
- Recommend use of Community-based Participatory Action Research methods (CPAR)



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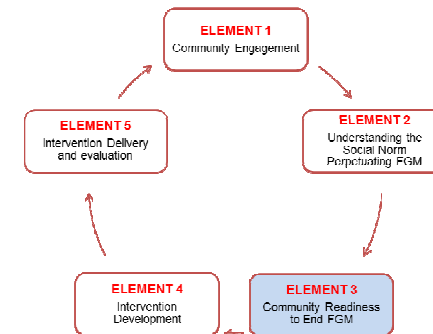


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## the REPLACE Approach

### Element 3: Community Readiness to End FGM

- Assessment of community readiness to end FGM
- 9 stages of readiness to change – adapted from the Tri-Ethnic Centre’s Readiness to Change model (Plested et al., 2006)
- Key informants discuss where the community lies on 6 dimensions of change, and independent raters assess data content for evidence of the stage of readiness to change
- Stages range from 1 ‘no community awareness of the issues associated with ending FGM’ to stage 9 ‘high level community buy in to end FGM’
- Identifying stage helps identify target actions or behaviours for intervention development



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## Element 3: Community Readiness to End FGM

DIMENSIONS OF CHANGE	LOW (1-3)	MEDIUM (4-6)	HIGH (7-9)						
A. Community Knowledge Concerning FGM	L	M	M	M	H	H	H	H	H
B. Community belief systems and attitudes towards FGM	L	L	M	M	M	H	H	H	H
C. Community efforts to ending FGM	L	L	L	M	M	M	M	H	H
D. Community Knowledge of the efforts to end FGM	L	L	L	L	L	M	H	H	H
E. Community leaders and influential people's attitudes to ending FGM	L	L	L	M	M	H	H	H	H
F. Community resources available to support efforts to end FGM	L	L	L	L	L	M	M	M	H
STAGES OF COMMUNITY READINESS TO END FGM	1	2	3	4	5	6	7	8	9
	No community awareness	Community Denial/Resistance	Vague Community Awareness	Preplanning	Preparation	Initiation	Stabilisation	Expansion	Community Ownership
FOCUS OF INTERVENTION	INCREASING KNOWLEDGE OF FGM			CHANGING ATTITUDES AND INITIATING BEHAVIOUR CHANGE CONCERNING FGM			SUPPORTING BEHAVIOUR CHANGE NOT TO PERFORM FGM		
	<ul style="list-style-type: none"> <li>- Building community cohesion</li> <li>- Increase knowledge of health impacts and illegality of FGM</li> <li>- Challenge belief systems supporting FGM</li> </ul>			<ul style="list-style-type: none"> <li>- Identify and support community leaders/Peer Group Champions to end FGM</li> <li>- Support efforts to end FGM by developing appropriate interventions</li> <li>- Begin to harness community resources to end FGM</li> </ul>			<ul style="list-style-type: none"> <li>- Reinforce community efforts to end FGM</li> <li>- Ensure community and other resources to ensure the abandonment of FGM</li> </ul>		
COMMUNITY/INDIVIDUAL EMPOWERMENT BALANCE	Community Empowerment			Individual Empowerment			Community Empowerment		
SOCIAL NORM CHANGE	SOCIAL NORM SUPPORTING FGM			SOCIAL NORM TIPPING POINT			SOCIAL NORM ABANDONING FGM		

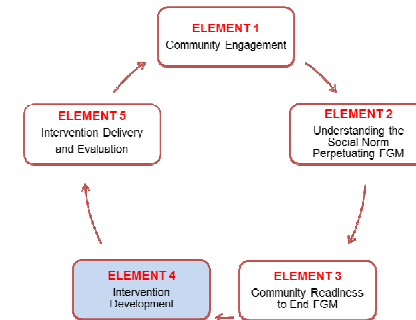


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## the REPLACE Approach

### Element 4: Intervention Development

- Involves considering all of the possible target intervention actions that may help to move community to next stage of readiness to change and selecting those that are most feasible and acceptable to community but that will push community
- Then behavioural analysis using the COM-B model (Michie et al., 2014) is recommended to understand the barriers for individuals in engaging in the target intervention action and what support they need
- Work together to develop support to address their needs and draw on what is known about the underlying beliefs systems and norms (from element 2) to devise materials and content to help community members carry out the target intervention action



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## the REPLACE Approach

### Element 4: Intervention Development

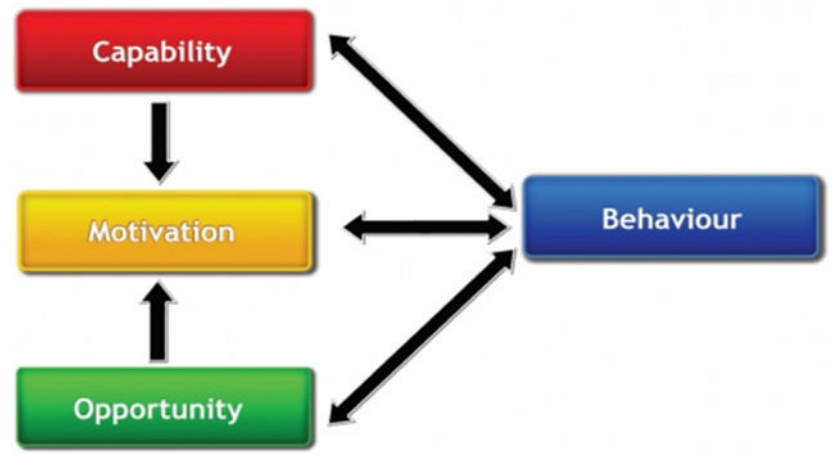
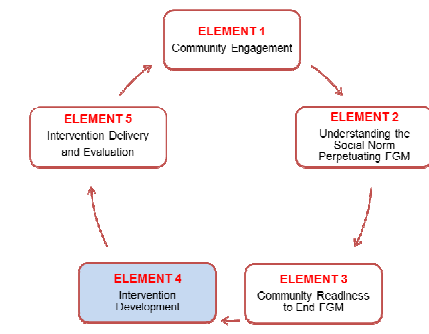


Figure 3. the COM-B model (Michie et al., 2014)



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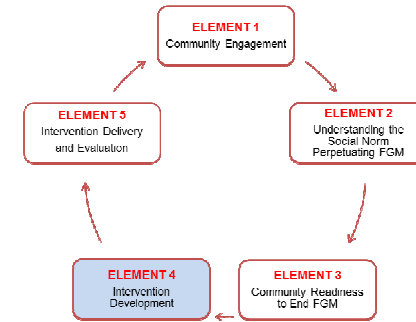


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## the REPLACE Approach

### Element 4: Intervention Development

- A REPLACE example
- Dutch Somali community identified as between community readiness stages 3 and 4 at project start: (3: Vague community awareness to 4: Preplanning)
- Target intervention action: Koranic school teachers to deliver lessons in Koranic school addressing the belief that FGM or 'little Sunnah' is not a requirement of Islam.
- COM-B analysis shows that Psychological Capability requires addressing – Koranic school teachers need support to know how to deliver such lessons
- Training and support provided including helping them to develop a lesson plan and asked an Islamic scholar to talk to them about the core arguments – see also [FSAN/REPLACE2 DVD](#)



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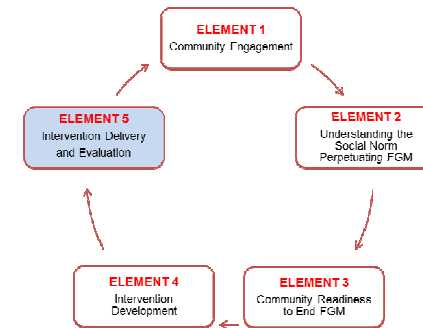


# REPLACE 2

## the REPLACE Approach

### Element 5: Intervention Delivery and Evaluation

- Evaluation has to be planned alongside element 4
- As the intervention is implemented, so is evaluation
- The REPLACE approach recommends a mixed methods approach that incorporates:
  - Pre-post community readiness assessment
  - Focus groups post intervention (and ideally pre and post FGs)
  - Questionnaires or scaled measures of beliefs that are targeted by intervention content
  - Records of instances of the target intervention action, numbers of people reached, numbers of new community members who want to get involved in future work based on engagement with each target intervention action



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## Impact of REPLACE

- The impact of the REPLACE approach has been building steadily since the release of the original toolkit back in 2011
- A number of UK local government authorities and health authorities have drawn on the approach in working to address FGM: NHS Bristol and Integrate Bristol, Newham Council, Oxford, Liverpool, Southwark Borough Council, Welsh Government
- Prof Barrett was invited to speak at the UK Government's Girl Summit Conference in 2014 – REPLACE Community readiness to end FGM
- The REPLACE pilot toolkit was named as a promising practice in 'The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence' presented at the Istanbul convention.
- The REPLACE cyclic framework was used and cited as the basis for the EC CHANGE project 'Promoting change towards the abandonment of FGM in practicing communities across the EU'
- Several news articles (the Independent and the Guardian) and radio interviews
- Presented at conferences and invited seminars with to health professionals
- Involved in DH Task and Finish group on the FGM Care pathway



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## Impact of REPLACE

- In the Netherlands in 2015 presented REPLACE approach at zero tolerance event on 6<sup>th</sup> February – attended by statutory professionals, Government officials including the minister of health and communities
- Approach has been carried out with Somali community in Rotterdam
- In Spain, nearly a sixth of the FGM affected population of Banyoles were reached by the intervention work on REPLACE
- Barcelona Municipality are particularly interested in implementing the approach: currently engaged in data collection with communities there.



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## Impact of REPLACE

- In Italy, the project has built new links with FGM affected communities between East Africa and the project partner – they are now a trusted source of support for this largely transient community with huge potential for future work and impact
- In Portugal, the project was represented at a large cultural event that brought together over 200 people in the Lisbon area to celebrate cultural diversity but draw attention to issues including FGM and forced marriage.
- Important to promote the Toolkit and Handbook, supporting people to apply the approach and gaining feedback to further improve and develop



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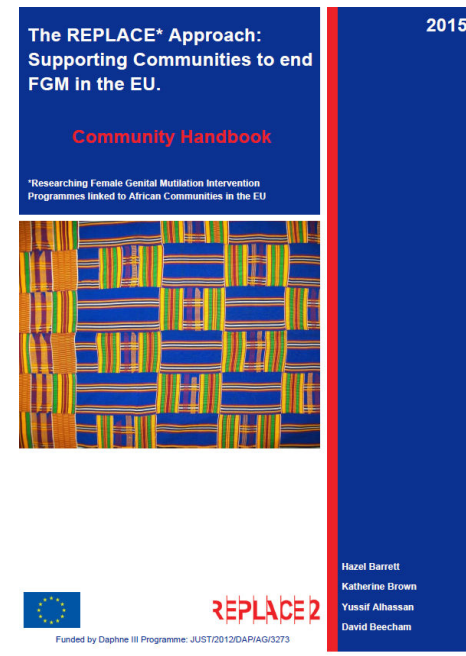
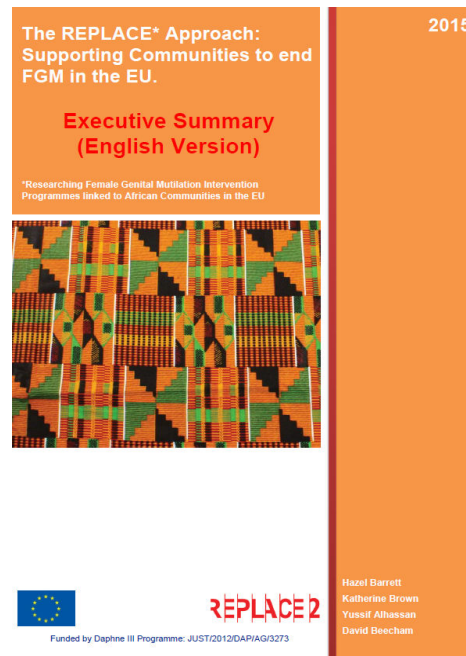
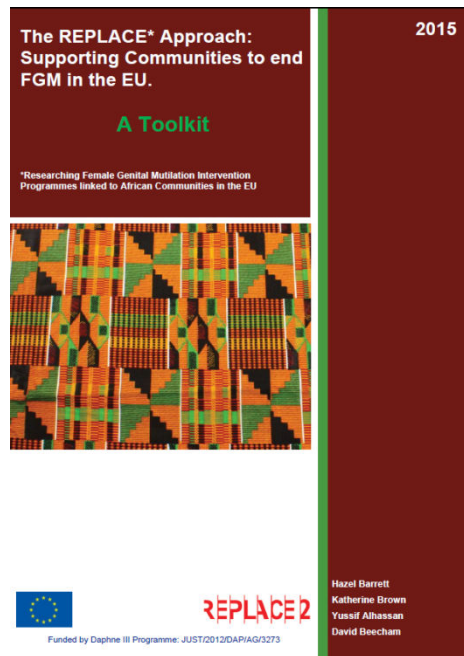
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# REPLACE 2

## REPLACE Toolkit and Community Handbook



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# REPLACE 2

## REPLACE Toolkit and Community Handbook

- Toolkit – what's inside?
- Executive Summary – for rapid overview
- 8 Sections
  - Section 1 : Background and context on FGM including definitions, classifications, terminology, prevalence estimates, what is known about why it is practiced, health impacts, the law and FGM as a social norm
  - Section 2: Introducing the REPLACE approach, overview, rationale/justification for why this is needed, introduction to core underpinning features and the REPLACE cyclic framework



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## REPLACE Toolkit and Community Handbook

- Section 3: Community engagement (Element 1) – central to the approach – some guidance and tips and examples from REPLACE2 including identification and recruitment of Community-based researchers
- Section 4: Understanding the Social Norm perpetuating FGM (Element 2) – recommendation to use Community-based participatory action research methods to collect data about belief systems and the social norm particular to your community – includes relatively detailed account of data analysis from REPLACE2

## REPLACE Toolkit and Community Handbook

- Toolkit – what’s inside?
  - Section 5: Community Readiness to End FGM (Element3) – explaining the model, where it has been developed from and how it is used in the REPLACE approach in relation to FGM , with examples from REPLACE2 and the five communities we worked with
  - Section 6: Intervention Development (Element 4) – explanation of the need to use information and data from elements 2 and 3 to decide what the target intervention action(s) should be with the community members, and explanation about the application of the COM-B model to decide how to support the community members to implement identified target intervention actions with examples from REPLACE2



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## REPLACE Toolkit and Community Handbook

- Section 7: Intervention Delivery and Evaluation (Element 5) – here we set out our recommended framework for evaluation, that can be drawn on and used by communities and NGOs to understand more about the effect of their activities, to help consider what may or may not be working. We also provide examples from some of the REPLACE2 community evaluations.
- Section 8: Conclusions – including recommendations which we pick up shortly



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# REPLACE 2

## REPLACE Toolkit and Community Handbook

- Community Handbook – what's inside?
- Intended as a briefer 'how to' guide – with less background/rationale and more specific detail about what to do and how to do it
- Section 1: Very brief introduction on how to use the handbook
- Section 2: Introduction to REPLACE approach and ethical considerations for its application
- Section 3: Step-by-step community engagement
- Section 4: Step-by-step community-based participatory action research
- Section 5: How to conduct a community readiness to end FGM assessment



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## REPLACE Toolkit and Community Handbook

Community Handbook – what’s inside?... continued...

Section 6: How to identify target intervention actions and consider norms and belief systems in specifying them; how to conduct COM-B behavioural analysis and how to select some of the most useful behaviour change techniques to guide decisions about the content of interventions

Section 7: How to develop an evaluation methodology and implement this with the intervention:

- 1) community –readiness assessments
- 2) focus groups and interviews
- 3) questionnaires
- 4) recording numbers and instances of events and people engaged – evidence of increasing and sustained engagement

Building an on-line library of resources to support – all freely available



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# Recommendations for policy and practice

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- The value of community engagement cannot be underestimated: **practitioners** have to invest as much as they can in time, effort and resources to achieve genuine engagement; **policy-makers** must ensure that the EU approach to ending FGM appropriately balances legislative and policy-level activities with investment in helping communities create change from within – ensuring the community voice is heard
- **Practitioners** need time and resources to build interventions with communities
- Practitioners need to be aware of the ever changing nature of communities – they evolve over time and with new migration patterns



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# Recommendations for policy and practice



- **Practitioners** should understand the value of engaging men, community elders (aged 60+) and community leaders – the more of these who speak out against FGM in affected communities, the better – the more brought on the cyclic framework journey, the better. We need to better understand what motivates these groups to get involved in working to end FGM and why they are reluctant to do so.
- Incorporate behaviour change and evaluation into intervention work
- **Policy-makers** need to simultaneously tackle the broader issues of unemployment, education, health provision, asylum status etc amongst FGM affected communities – this helps to ensure that other priorities do not dwarf the issue of FGM



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## Q&A and Discussion

We welcome questions and comments from the audience and project partners

Please see the project website at  
[www.replacefgm2.eu](http://www.replacefgm2.eu)



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### Closing remarks from Neena Gill MEP



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