

Appendix two

FGM workshop with Coventry University on REPLACE 2

11 November 2015

Professor Hazel Barrett & Dr Katherine Brown, Coventry University, presented on the REPLACE 2 programme, a community based behaviour change programme to end FGM. The programme academics presented and then held a discussion with participants. The workshop participants were a mixture of committee members, community engagement officers, the social care FGM lead and staff from a local voluntary organisation, African Advocacy Foundation, which is working in Southwark to end FGM.

Participants:

- Cllr Jasmine Ali – Chair, committee member
- Cllr Sandra Rhule - Committee member
- Cllr Kath Whittam - Committee member
- Cllr Sunny Lamb - Committee member
- Martin Brecknell - Committee member
- Agnes Baziwe – African Advocacy Foundation
- Shani Hassan – African Advocacy
- April Bald – Social care FGM lead
- Sarah Totterdell – Community Engagement
- Kevin Dykes – Community Engagement

Summary of the presentation:

The European Parliament estimates that up to half a million women living in the EU have been subjected to FGM, with a further 180,000 at risk. 35 years ago WHO called for end to FGM. The WHO, United Nations (UN), UNICEF, and other anti-FGM organisations have adopted various strategies in order to raise awareness and work towards ending FGM. These have centred on four main approaches: bodily and sexual integrity; human rights; legislative; and the health approach.

Thirty years on since the WHO called for the ending of FGM there is conflicting evidence as to whether these approaches have led to a reduction in the practice. 15 years ago WHO called for application of behaviour change approaches to address FGM , however research concluded that there was a poor understanding of how to conduct this .

The original REPLACE project was initiated to explore existing applications of Behaviour Change to FGM and worked with affected communities to explore belief systems –and through this work a theoretical framework developed based on

behaviour change strategies A toolkit was produced in 2011 and this approach has been adopted by a number of European projects, as well as UK local authorities.

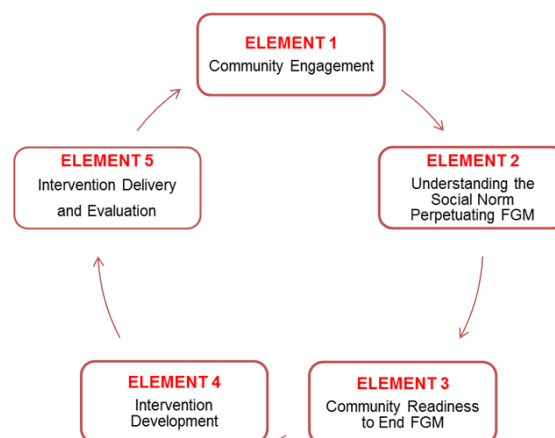
REPLACE 2 is the second round of an EU wider behaviour change programme which focuses on community engagement. The aims and objectives of REPLACE2 are to implement the REPLACE approach with 5 FGM affected African migrant communities in the EU, and following evaluation to develop and update the REPLACE approach applying recent and relevant developments from behaviour change and behavioural science.

There are seven European partners with different roles:

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

The programme has worked with the above diaspora communities in Europe by engaging members of the practicing communities to understand the social norms that perpetuate FGM and then to provide intervention support to change beliefs and motivate social change. Coventry University lead the programme and Professor Hazel Barrett is the community participation expert and Dr Katherine Brown's speciality is behaviour change.

The REPLACE 2 programme uses a cyclic framework for Social Norm Transformation in relation to FGM.



Community engagement is the first step which is sustained throughout the programme. It is critical to the approach and focused on building a partnership with the community. The programme leads emphasised that building trust and relationships with communities takes time and it helps to identify key people from the community to come with you on the journey through the cyclic framework.

The second step seeks to understand the Social Norms that are perpetuating FGM. It is important to recognise that different communities have different beliefs systems and social norms and that these change over time. It is only possible to design interventions whose content and messages align with those belief systems and norms once these have been understood. The programme recommends use of Community-based Participatory Action Research methods (CPAR) to achieve this.

The third stage is an assessment of community readiness to end FGM. REPLACE use a model of 9 stages 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 the stage helps identify target actions or behaviours for intervention development.

The fourth stage is focused on Intervention Development. It 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 the community to change. The programme works with the community to develop support to address their needs, drawing on what is known about their underlying beliefs systems and norms. Help is given to devise materials and content to help community members carry out the target intervention action

An example is the Dutch Somali community. They identified as between community readiness stages 3 and 4 at project start (3: Vague community awareness to 4: Preplanning). The target intervention action agreed was for that Koranic school teachers deliver lessons in Koranic school addressing the belief that FGM or 'little Sunnah' is not a requirement of Islam. Work with the community identified that Koranic school teachers' needed support to know how to deliver such lessons. Training and support was provided including helping them to develop a lesson plan and asking an Islamic scholar to talk to them about the core arguments.

The fifth and final stage is the Intervention Delivery and Evaluation. As the intervention is implemented, so evaluation is conducted. The REPLACE approach recommends a mixed methods approach that incorporates assessments, pre & post focus groups, questionnaires or scaled measures of beliefs that are targeted by intervention content and keeping records of actions, numbers of people reached, and numbers of new community members who want to get involved in future work based on engagement with each target intervention action.

A new toolkit has been produced as a result of REPLACE 2, and copies were distributed to attendees and are available here www.replacefgm2.eu



Conclusion

The workshop concluded with an offer by Coventry University REPLACE 2 programme offering to assist Southwark in adopting this approach, which was gratefully received by the attendees.

The session concluded with an agreement to undertake a following up meeting and to bring more partners in, including the Southwark's FGM Health lead, as a project like this would need a longer time frame and additional capacity than is possible for scrutiny to deliver in isolation.