

REPLACE2

REPLACE2: A community-based behaviour change intervention framework to tackle female genital mutilation (FGM) in the EU

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Dr Katherine Brown, Kayleigh Kwah, Prof Hazel Barrett & Dr Yussif Alhassan



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Overview

- ▣ Background to the REPLACE and REPLACE2 European Commission funded projects
- ▣ Explanation of the REPLACE2 behaviour change approach
- ▣ Opportunity to have a go yourself
- ▣ Present some of the intervention content we developed as part of the project



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REPLACE 2009-10

- 15 years ago WHO called for application of behaviour change approaches to address FGM
- Leye (2005) concluded poorly understood
- 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



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REPLACE Cyclic Framework

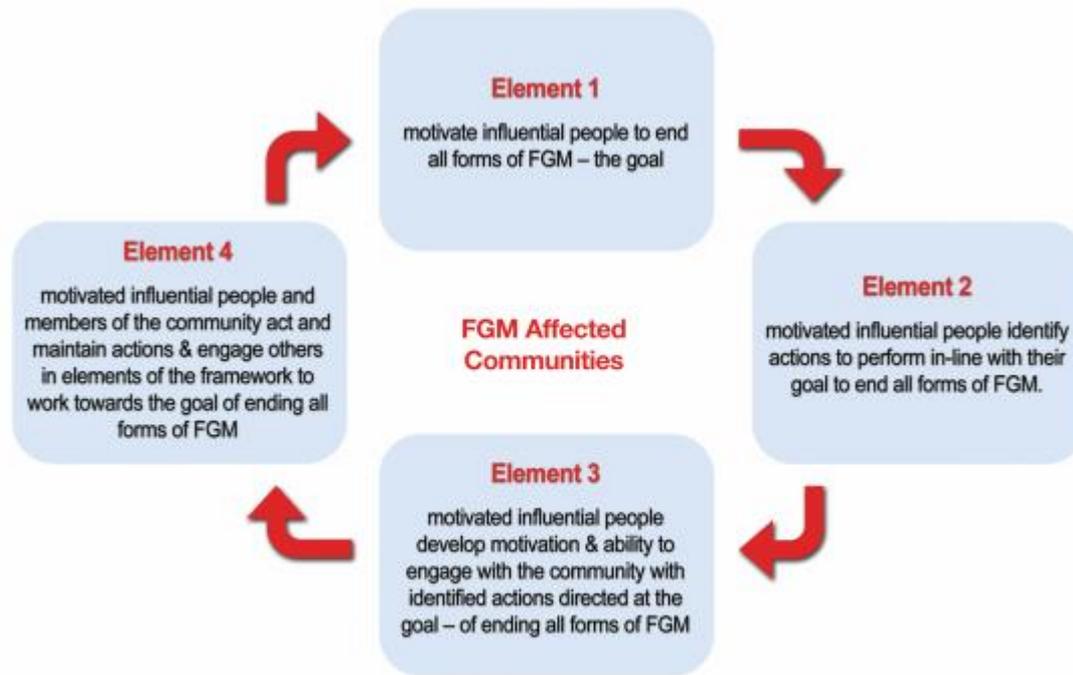


Figure 1: REPLACE Behaviour Change Cyclic Framework

REPLACE cyclic framework (Brown et al., 2013)

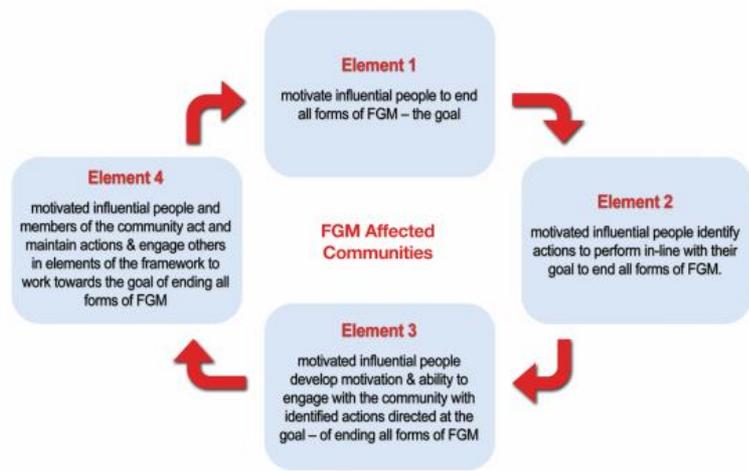
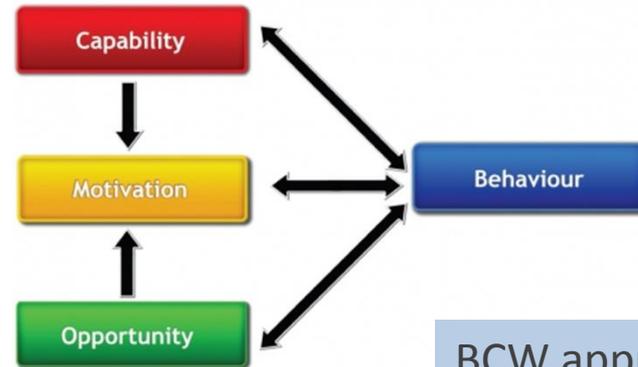


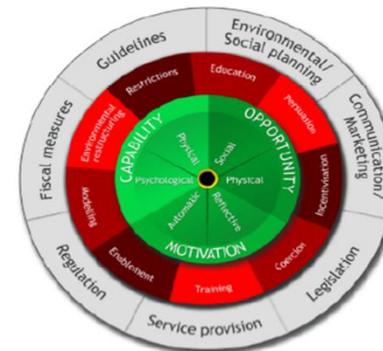
Figure 1: REPLACE Behaviour Change Cyclic Framework



BCW approach
Michie et al. (2014)

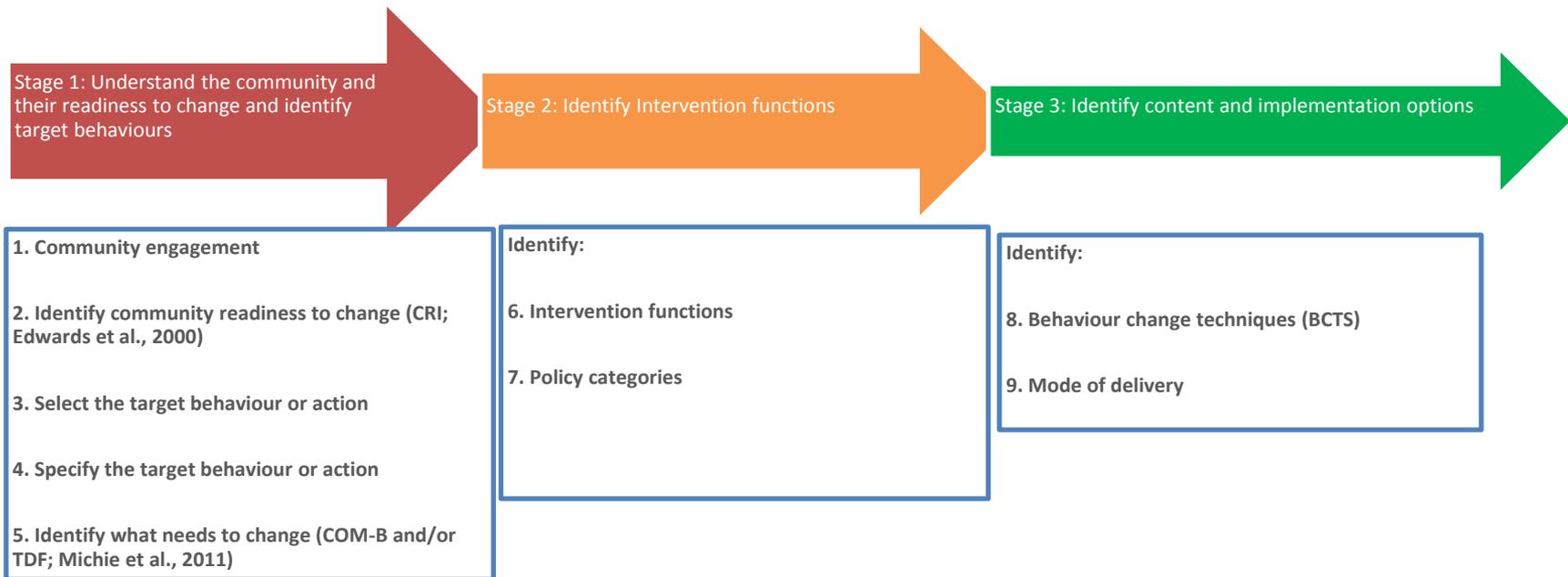
Community Readiness Index
(Edwards et al., 2000)

- Green box: Sources of behaviour
- Red box: Intervention functions
- Grey box: Policy categories



Adapted BCW approach (Michie et al., 2014) for addressing FGM with affected communities

Builds on elements 1-3 of the original REPLACE cyclic framework



REPLACE2 partners and communities

- ▣ FORWARD UK – Sudanese women based in London
- ▣ FSAN, Netherlands – Somali women in Rotterdam
- ▣ Gabinet, 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, Siscily



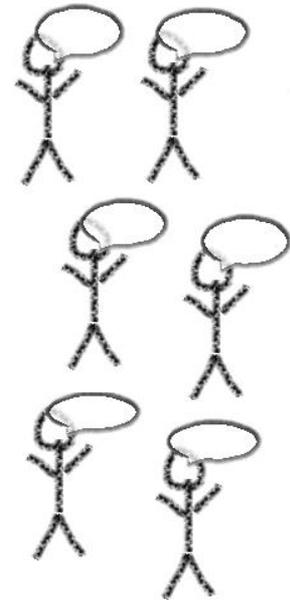
Element 1

motivate influential people to end
all forms of FGM – the goal

REPLACE 2

1. Community engagement - all partners spent time on community engagement at the beginning of the project (planned for first 6 months) and recruited community based researchers (CBRs) to work with us (people who were in favour of the idea of FGM ending in their community)

- ▣ An outcome of that work was a certain level of involvement from local identified FGM affected communities
- ▣ Focus not necessarily on FGM at that stage
- ▣ About building a rapport and getting to know some of the people
- ▣ Identifying those who may be willing to be part of focus groups and interviews for this project



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Element 2

motivated influential people identify actions to perform in-line with their goal to end all forms of FGM.

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2. Worked with community members and CBRs to identify community readiness to change (Edwards et al. 2000)

Stage	Description
No awareness	<ul style="list-style-type: none">Community members not conscious of the problemAccepting of the issue as part of the way things are
Denial	<ul style="list-style-type: none">Some awareness amongst some community membersNo motivation to act or belief that anything can be done
Vague awareness	<ul style="list-style-type: none">Some community members communicate in general terms about problemPoor understanding and no motivation change things
Preplanning	<ul style="list-style-type: none">Clear recognition of the problemCommunity leaders are motivated to take actionNo clear understanding about what action to take.
Preparation	<ul style="list-style-type: none">Planning begins to take on focus and detail.Data may be formally collected to use in planningDecisions are made about what needs to be doneResources are gathered and put to use.Some community support
Initiation	<ul style="list-style-type: none">Activity or action may have started but is perceived as novel.Leaders enthusiasticCommunity support
Stabilisation	<ul style="list-style-type: none">General support remainsSome prevalence tracking going on, supported by an organised and experienced administration.ongoing evaluation of efforts likely, and low motivation for change or progression.
Confirmation/ expansion	<ul style="list-style-type: none">Support has grown and authorities and policy-makers are likely to be on board.Some evaluation is likely to have happenedNew efforts initiated with plans to reach new and harder to access groups.
Professionalization	<ul style="list-style-type: none">Knowledge and understanding of problem is sophisticatedAdministration are highly skilledCommunity involvement is high and ongoing evaluation and adaptation is typical.

☐ Clear that all communities fairly early stages – ranged from Denial (2) to Vague awareness (3) with perhaps the Dutch Somali community being the closest to change as their readiness scores approached Preplanning (4)



Element 2

motivated influential people identify actions to perform in-line with their goal to end all forms of FGM.

REPLACE 2



3. Select a target behaviour

- ▣ Draw on suggestions from Edwards et al about activities relevant to identified readiness to change
- ▣ Consider a wide range of possible target activities based on what the community members know about their community
- ▣ Lots of suggestions provided in the step-by-step guide.

1. No Awareness

Goal: Raise Awareness of the Issue

- One-on-one visits with community leaders and members.
- Visit existing and established small groups to inform them of the issue.
- Make one on one phone calls to friends and potential supporters.

2. Denial

Goal: Raise Awareness That the Problem or Issue Exists in the Community

- Continue one-on-one visits and encourage those you've talked with to assist.
- Discuss descriptive local incidents related to the issue.
- Approach and engage local education/health outreach programs to assist in the effort with flyers, posters, or brochures.



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Step 2 – Select the target behaviour



Where appropriate this would involve getting **community researchers, volunteers** or potential community researchers to help generate this long list.

It needs to be an activity or target **behaviour that is not already happening** within that community, so if there has already been marches/demonstrations against FGM, poster campaigns or a whole series of community meetings on the topic, we should not be looking to reproduce what has happened before.

Its important to do some exploratory work looking at the barriers and facilitators to ending FGM in the community being targeted.

Its important to match the behaviours to the readiness stage of the community. FSAN scored their community at the preplanning stage (4).

Long list of behaviours that could be targeted (FSAN example)

Barrier/ Facilitator: 3.3.4 Gender as a Barrier to Communication

Behaviour: Mothers speaking to father about FGM

Example of intervention / method of delivery: Holding community coffee mornings with community women with the purpose of training/ teaching them how to approach speaking about FGM with their husbands.

Barrier/ Facilitator: 3.2.4 Religious understanding and ‘Sunna’

Behaviour: Qur’anic teachers talking about FGM in their lessons.

Example of intervention / method of delivery: Qur’anic school teacher delivering a lesson within their usual classes about FGM, specifically about FGM not being a requirement of Islam.

Barrier/ Facilitator: 3.3.2 Lack of communication within the family

Behaviour: Mother talking to daughters about alternatives to FGM

Example of intervention / method of delivery: Delivering a set of workshops to discuss with women how to talk to their daughter about protecting themselves and preserve respect/ dignity/ chastity that has previously been perceived as provided through FGM



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3. Select target behaviour cont...

- ▭ FSAN and their group of Somali women wanted to support Qur'anic school teachers delivering a lesson in Qur'anic school on FGM and the reason why it is not a religious requirement – i.e. not 'sunnah'
- ▭ **APF** identified intergenerational communication and the need to get different generations of the family communicating more effectively about cultural traditions and FGM
- ▭ **Gabinet** identified communication between mothers and daughters in particular (intergenerational communication) and the specifically communication re: FGM and forced marriage as needing improving
- ▭ **FORWARD's** Sudanese women identified many independent activities they wanted to engage in but have now delivered a single event with some independent follow-ups by different women in the community
- ▭ **CESIE** identified the need to support the Habesha community in becoming more organised and formally structured and in thinking about gender roles and gender equality within the community



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REPLACE 2

3. Specify the target behaviour

Who needs to perform the behaviour?
What do they need to do differently?
When do they need to do it?
Where do they need to do it?
How often do they need to do it?
With whom do they need to do it?
In **what context** do they need to do it?



- Each partner needed to think about this - specify what they wanted to happen as a result of the intervention



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REPLACE 2

Step 3- Specify the target behaviour

Going to existing community meetings/events and communicating about wanting FGM to end in the community and why (exact content of arguments to be presented need to be targeted to particular community belief systems).

Who needs to perform the behaviour?	Community members identified through community engagement as being willing to start to do this.
What do they need to do differently to achieve desired change?	Start going to existing community meetings/events having organised to speak about wanting FGM to end in their community, having prepared key arguments/discussion points targeted at the relevant belief systems linked to the continuation of the practice in that community.
When do they need to do it?	At identified scheduled community events
Where do they need to do it?	At identified scheduled community events
How often do they need to do it?	Once a month? This would need thinking about carefully depending on schedules of events, who attends them etc – you wouldn't just want to repeat the same thing to the same people.....
With whom do they need to do it?	With another community identified member or community leader
In what context do they need to do it?	Within the context of existing community events



Task : Specify the behaviour in as much detail as possible



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Step 3- Specify the target behaviour

REPLACE 2

Qur'anic school teachers delivering a lesson in Qur'anic school on FGM and the reason why it is not a religious requirement

Who needs to perform the behaviour?	Qur'anic school teachers working with FSAN and other community members
What do they need to do differently to achieve desired change?	Prepare and practice delivering lessons that cover the issue of FGM and the fact that it is not required by Islam within Qur'anic school; deliver the lesson in Qur'anic school with support of the wider Qur'anic school community
When do they need to do it?	On an identified Saturday
Where do they need to do it?	At the Qur'anic school
How often do they need to do it?	Once every cohort of attendees at Qur'anic school or at regular but paced intervals to contribute to wider community debate as appropriate
With whom do they need to do it?	Preparation and practice should be done with Qur'anic school peers; delivery of the lesson with Qur'anic school attendees
In what context do they need to do it?	Within the Qur'anic school setting embedded within wider community events/gatherings



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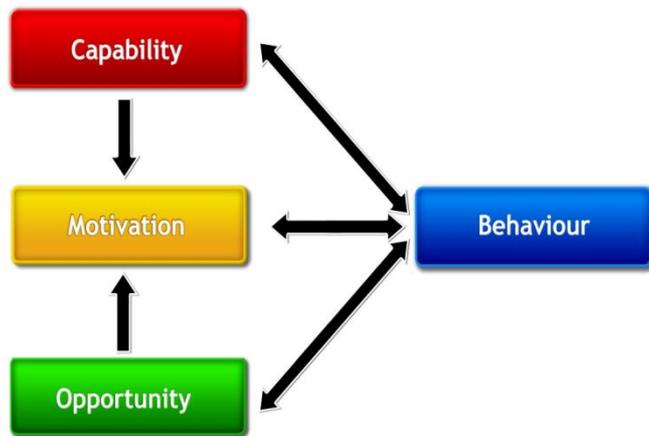
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Step 4 – Understand what needs to change to achieve the target behaviour



‘What we mean by ‘understanding’ the target behaviour is to identify what needs to change either in the person and/or the environment in order to achieve the target behaviour.’



1) There must be the **capability** to do it: e.g. the person or people concerned must have the physical strength, knowledge, skills, mental resources to perform the behaviour;

2) There must be the **opportunity** for the behaviour to occur in terms of a conducive physical and social environment: e.g. physically accessible, affordable, enough time, socially acceptable;

3) There must be the **motivation**: i.e. they must be more highly motivated to do the behaviour than not to, or to engage in a competing behaviour

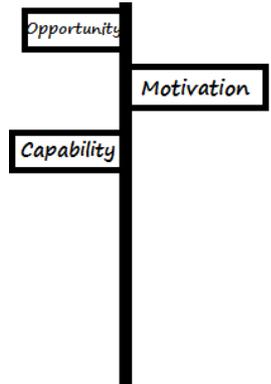
COM-B model (Michie et al, 2011)

REPLACE 2

Example target behaviour and COM- B analysis

Talking to their daughters about how to protect themselves and preserve respect/dignity/chastity that has previously been perceived as provided through 'circumcision'.

COM-B component	Quote or paraphrase qualitative data
Physical capability	No evidence for role of this component in influencing target behaviour
Psychological capability	Somali women have identified that they don't know how to go about doing this; they lack knowledge and skills
Reflective motivation	No evidence for role of this component amongst this group of women at least as they suggested it – they feel motivated to do it.
Automatic motivation	The women are likely to experience feelings of embarrassment, awkwardness or similar about talking about this type of communication .
Physical opportunity	There may well be helpful resources, support materials etc that could help provide physical opportunities to act here.
Social opportunity	Having greater cultural and social support for doing this would also be likely to help.



Understanding these target behaviours within the framework of COM-B provides the first steps in selecting appropriate intervention strategies to bring about the desired change.

Task : look at the COM- B components in relation to FSAN's target behaviour



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Element 3

motivated influential people
develop motivation & ability to
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Target behaviour: Qur'anic school teachers delivering a lesson to students that provides specific anti-FGM messages challenging community beliefs about FGM including its requirement by Islam

COM-B component	What is needed
Physical capability	Physical skills to speak to an audience – no change needed
Psychological capability	Knowledge of the topic and why ending FGM is important, knowledge of how to craft a persuasive argument or presentation on the topic, confidence and ability to talk about the issue and to provide arguments that challenge specific beliefs held by community
Reflective motivation	Believe that ending FGM and talking about it in Qur'anic school is a good thing to do for themselves and for the community; have clear plans for how to do it
Automatic motivation	Feeling that they need to deliver these lessons; lack of fear associated with doing it
Physical opportunity	Have the time, resources, space to deliver the lesson in Qur'anic school
Social opportunity	A feeling of support from others and the approval of others to do this including those at the mosque/Qur'anic school



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REPLACE 2

Stage 1: Understand the community and their readiness to change and identify target behaviours

Stage 2: Identify Intervention functions

Stage 3: Identify content and implementation options

1. Community engagement
2. Identify community readiness to change (CRI; Edwards et al., 2000)
3. Select the target behaviour or action
4. Specify the target behaviour or action
5. Identify what needs to change (COM-B and/or TDF; Michie et al., 2011)

- Identify:
6. Intervention functions
 7. Policy categories

- Identify:
8. Behaviour change techniques (BCTS)
 9. Mode of delivery

Adapted BCW approach (Michie et al., 2014)
for addressing FGM with affected communities

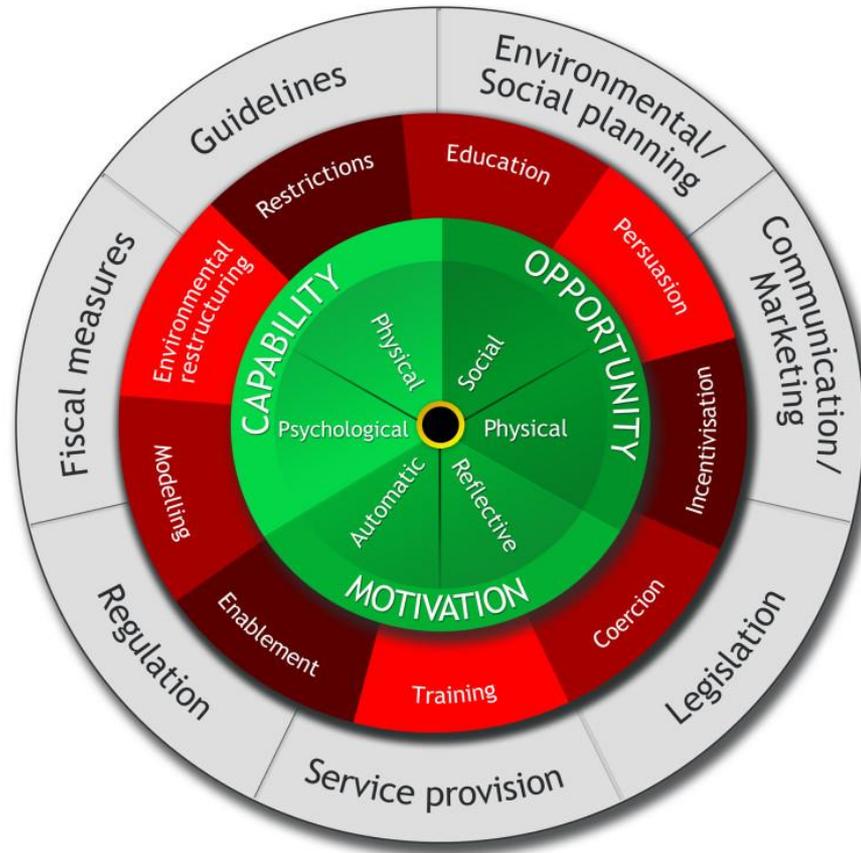
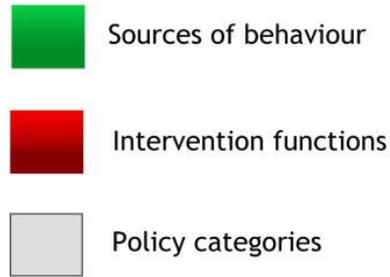


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BCW - Michie et al. (2014)

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REPLACE 2

Behaviour change Taxonomy v1

<http://bcts.23.co.uk/>

93 hierarchically
clustered BCTs

Page	Grouping and BCTs	Page	Grouping and BCTs	Page	Grouping and BCTs
1	1. Goals and planning 1.1. Goal setting (behavior) 1.2. Problem solving 1.3. Goal setting (outcome) 1.4. Action planning 1.5. Review behavior goal(s) 1.6. Discrepancy between current behavior and goal 1.7. Review outcome goal(s) 1.8. Behavioral contract 1.9. Commitment	8	6. Comparison of behaviour 6.1. Demonstration of the behavior 6.2. Social comparison 6.3. Information about others' approval	16	12. Antecedents 12.1. Restructuring the physical environment 12.2. Restructuring the social environment 12.3. Avoidance/reducing exposure to cues for the behavior 12.4. Distraction 12.5. Adding objects to the environment 12.6. Body changes
3	2. Feedback and monitoring 2.1. Monitoring of behavior by others without feedback 2.2. Feedback on behaviour 2.3. Self-monitoring of behaviour 2.4. Self-monitoring of outcome(s) of behaviour 2.5. Monitoring of outcome(s) of behavior without feedback 2.6. Biofeedback 2.7. Feedback on outcome(s) of behavior	9	7. Associations 7.1. Prompts/cues 7.2. Cue signalling reward 7.3. Reduce prompts/cues 7.4. Remove access to the reward 7.5. Remove aversive stimulus 7.6. Satiation 7.7. Exposure 7.8. Associative learning	17	13. Identity 13.1. Identification of self as role model 13.2. Framing/reframing 13.3. Incompatible beliefs 13.4. Valued self-identity 13.5. Identity associated with changed behavior
5	3. Social support 3.1. Social support (unspecified) 3.2. Social support (practical) 3.3. Social support (emotional)	10	8. Repetition and substitution 8.1. Behavioral practice/rehearsal 8.2. Behavior substitution 8.3. Habit formation 8.4. Habit reversal 8.5. Overcorrection 8.6. Generalisation of target behavior 8.7. Graded tasks	18	14. Scheduled consequences 14.1. Behavior cost 14.2. Punishment 14.3. Remove reward 14.4. Reward approximation 14.5. Rewarding completion 14.6. Situation-specific reward 14.7. Reward incompatible behavior 14.8. Reward alternative behavior 14.9. Reduce reward frequency 14.10. Remove punishment
6	4. Shaping knowledge 4.1. Instruction on how to perform the behavior 4.2. Information about Antecedents 4.3. Re-attribution 4.4. Behavioral experiments	11	9. Comparison of outcomes 9.1. Credible source 9.2. Pros and cons 9.3. Comparative imagining of future outcomes	19	15. Self-belief 15.1. Verbal persuasion about capability 15.2. Mental rehearsal of successful performance 15.3. Focus on past success 15.4. Self-talk
7	5. Natural consequences 5.1. Information about health consequences 5.2. Salience of consequences 5.3. Information about social and environmental consequences 5.4. Monitoring of emotional consequences 5.5. Anticipated regret 5.6. Information about emotional consequences	12	10. Reward and threat 10.1. Material incentive (behavior) 10.2. Material reward (behavior) 10.3. Non-specific reward 10.4. Social reward 10.5. Social incentive 10.6. Non-specific incentive 10.7. Self-incentive 10.8. Incentive (outcome) 10.9. Self-reward 10.10. Reward (outcome) 10.11. Future punishment	19	16. Covert learning 16.1. Imaginary punishment 16.2. Imaginary reward 16.3. Vicarious consequences
		15	11. Regulation 11.1. Pharmacological support 11.2. Reduce negative emotions 11.3. Conserving mental resources 11.4. Paradoxical instructions		



Element 3

motivated influential people
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FSAN's example: Qur'anic school teachers to deliver a lesson in Qur'anic school addressing the issue of FGM and why it is not a requirement of Islam.

Motivation: school teachers need to be motivated to deliver the lesson (element 3) and for FGM to end (element 1). Motivated and influential Somali women recruited Qur'anic teachers, 8 were motivated enough to attend sessions with FSAN and 4 remained motivated enough to commit to this throughout the project

Opportunity: FSAN and the teachers identified together the opportunity to act through the Qur'anic school (useful to have people who are influential!)



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Capability: is where we can provide the most important and critical intervention – this is about greater knowledge or understanding, improved cognitive skills or capacity.

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Incentivisation | <input type="checkbox"/> Leaflets/ posters |
| <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Written lesson plan |
| <input checked="" type="checkbox"/> Modelling | <input checked="" type="checkbox"/> DVD |
| <input checked="" type="checkbox"/> Training | <input checked="" type="checkbox"/> Watching other teacher deliver |
| <input checked="" type="checkbox"/> Environmental restructuring | <input type="checkbox"/> Mobile phones |
| <input checked="" type="checkbox"/> Enablement | <input checked="" type="checkbox"/> Given opportunity to deliver lesson |

COM-B target	Intervention functions	Behaviour Change Techniques (BCTs)	How delivered
Psychological Capability	Education	Information about social and environmental consequences (legal)	Already delivered by FSAN when engaging with the Somali women and Qur'anic teachers
		Info about health consequences	And embedded within lesson plan specifically aligned to beliefs of community
		Info about emotional consequences	
		Information about others' approval	
	Training	Instruction on how to perform the behaviour	In the form of the written lesson plan
		Behavioural practice/rehearsal	By being given the opportunity to deliver the lesson
Environmental restructuring	Adding objects to the environment	In the form of the written lesson plan By providing DVD	
Enablement	Adding objects to the environment	In the form of the written lesson plan By providing DVD	
Modelling	Demonstration of the behaviour	Watching FSAN colleague or another school teacher deliver the lesson	



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A range of **Persuasive** and **enabling** techniques used in lesson plan ,
one **coercive** technique and two techniques that are purely **enablers** –
examples from lesson plan below:

- Biofeedback
- Behavioural practice
- Adding objects to the environment
- Demonstration of the behaviour
- Goal setting
- Info about others approval

10 minutes	<p><u>Elicit perceived reasons for FGM</u></p> <p>The teacher should ask for suggested reasons why the group thinks circumcision has been carried out on girls/women in their community. It will be important to record all of the suggestions in some way (either on a white board/flip chart or in a notebook personal to the teacher as appropriate). We are hoping that someone will talk about it being required as part of Islam, as Sunna, so when it is, make sure everyone has heard that <u>point</u>, but ensure that have recorded all other stated reasons as we can come back to those later. If not mentioned then teacher will need to introduce idea that some think it is required by Islam.</p>	<p>4.3 Re-attribution (1) (Elicit perceived causes of behaviour and suggest alternative explanations)</p>
10 minutes	<p><u>Deliver message that FGM not required by Islam</u></p> <p>The teacher should explain that even though some may refer to little Sunna as being required by Islam, that this is not the case – Islam does not support causing physical harm to people under any circumstances and therefore cutting women’s genitals cannot be considered acceptable in Islam.</p> <p>Islamic sources that support this argument should be cited. Use arguments from DR Prof Hidir also shown on DVD</p> <p>It should be pointed out that there are many Muslims throughout the world who do not practice FGM. Can we provide evidence or testimony about a respected Muslim group that does not perform FGM? OR can we provide some testimony from a respected community member or members who will say they approve of the idea that FGM should not be carried out.</p> <p>Should be emphasised that FGM is a cultural not religious practice. Draw attention to the fact that that to consider oneself a good Muslim, one must be completely against any practice that causes harm</p> <p>Once DVD has been produced, the section which shows the Islamic scholar talking about FGM not being required by Islam could also be shown at this juncture.</p>	<p>4.3 Re-attribution (2)</p> <p>9.1 Credible Source (Present verbal or visual communication form a credible source in favour of or against the behaviour)</p> <p>6.2 Social comparison OR 6.3 Information about others’ approval</p> <p>13.3 Incompatible beliefs (Draw attention to discrepancies between current or past behaviour and self-image, in order to create discomfort)</p> <p>9.1 Credible source</p>



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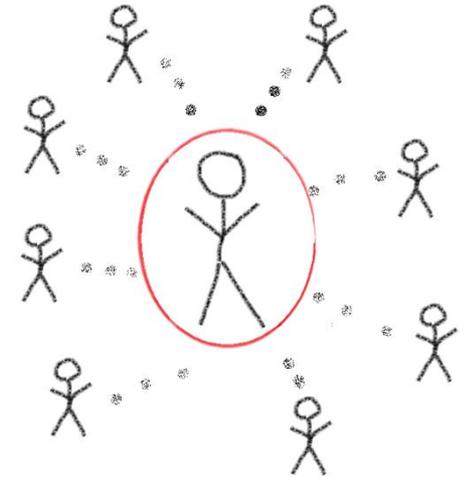
Element 4

motivated influential people and members of the community act and maintain actions & engage others in elements of the framework to work towards the goal of ending all forms of FGM

FGM Affected Communities

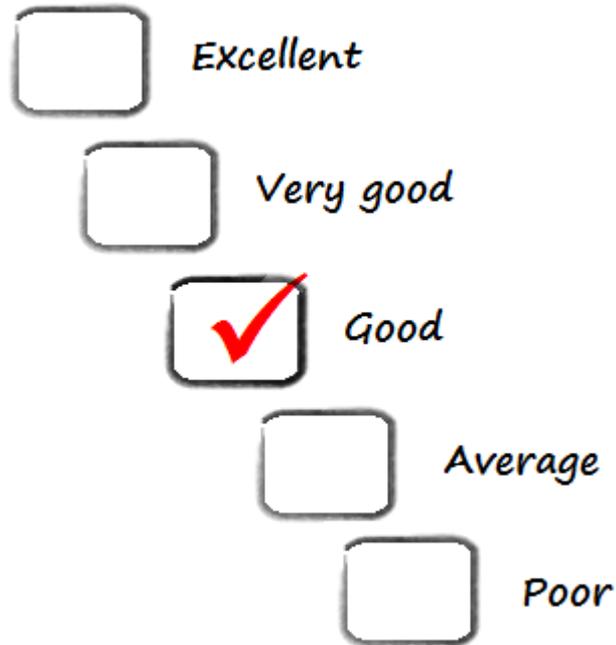
Element 3

motivated influential people develop motivation & ability to engage with the community with identified actions directed at the goal – of ending all forms of FGM



By delivering the lesson, it is anticipated that there will be some impact on others in the community, representing movement from element 3 to 4.

Evaluation needed to determine impact.



A note on evaluation

REPLACE 2

General requirements for all partners:

- 1) Pre-post community readiness assessment (quantitative readiness score) and some qualitative reflections and responses.
- 2) Qualitative partner/CBR experiences of engaging with the approach (data collection to commence in the new year after intervention implementation and evaluation).

Specific tailored evaluation for each partner: FSAN example

- 1) Intervention targets the capability of the Qu'ranic school teachers to deliver the lesson – brief pre-post measures of psychological capability (if those who dropped out completed these at baseline can compare with those who didn't engage) small n.
- 2) Pilot lesson materials target beliefs about requirement of FGM by religion – lesson targets children/young people (ethics). Anticipate reach to parents, families and wider community – devised a draft community response evaluation questionnaire (pre-post and possibly with comparators). Can we connect data overtime points?
- 3) Same approach as 2) above can be used with the women from the Somali community to report on their perceptions of change – Marthine has been engaging with them regularly to get feedback on this so far.
- 4) Need also to think about assessing fidelity of intervention – extent to which each teacher puts 'own spin' on things and impact that that has.



REPLACE 2

Similar approach for all the partners

- ▣ All doing a pre-post assessment of beliefs/factors we are trying to change with the intervention work.
- ▣ All doing focus groups or qualitative data collection with those who've been involved in the intervention and the broader project work from the community to gather richer feedback on how the intervention and/or project has had an impact on them and their perceptions about change in the community around the issue of FGM. (Or with CESIE gender equality)
- ▣ All assessing community readiness at outset of project and at the end.



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REPLACE 2

Thanks for listening and taking part

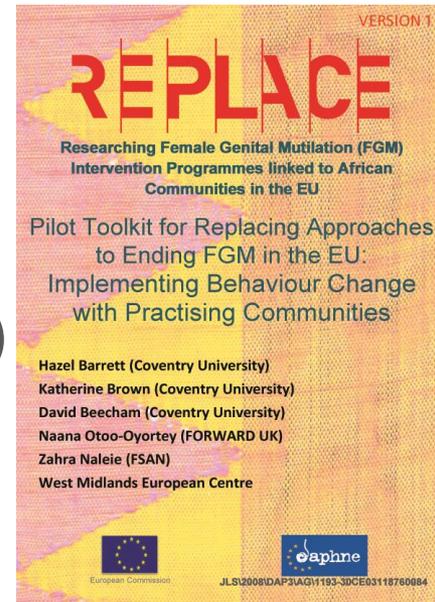
The REPLACE 1 toolkit can be download at

www.replacefgm2.eu

(The updated REPLACE 2 toolkit will be available later this year)

k.brown@coventry.ac.uk

kayleigh.kwah@coventry.ac.uk



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