



Issue 10

Implementation of the workshops among the migrant communities: narratives of the interventions in The Netherlands, Spain, Portugal and Italy.

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Interventions in the Netherlands (FSAN)

The reason for performing FGM varies between ethnic groups and communities.

Interventions must therefore recognise the diversity of the reasons and be tailored through different communities.

For part of the Somali community (Rotterdam, the Netherlands) FGM is being seen as a religious practice, this was identified as problematic and a barrier to change.

Capability was identified as the main component (of the COM-B model) where the Dutch Somali Koranic School teachers needed support in order to be able to deliver lessons in Koranic Schools that addressed religion and FGM.

Through training and group discussions community women, who included Koranic School teachers were provided with information. During an Islamic scholar, at the Islamic University of Rotterdam Prof. Dr. Hidir presented clear arguments based in evidence from the koran and the Hadiths that FGM is not a requirement and not even approved in Islam. "There is no clear authentic religious text that supports the practice". The explanation by Prof. Dr.

Replace 2 narratives of the interventions

This edition of the newsletter presents the description of the interventions conducted in The Netherlands, Spain, Portugal and Italy. After the community-based action research phase, each partner country designed the workshops focusing on the specific needs and on the level of awareness towards the possibility of ending FGM practice that were addressed among the respective target communities.

Interventions in Spain (GES)

The interventions in Spain were carried out in a neighbourhood of the town of Banyoles that is mostly inhabited by migrant families coming from South Saharan countries where FGM is still practised to a greater or lesser extent. The most numerous communities are of Senegalese and Gambian origins, although there are also persons who come from Mali, Mauritania and some other country from Western Africa.

The interventions were developed in two stages. The first one involved two working meetings with a number of community women who had previously participated in the project regarding a diagnosis of the practice of FGM in the community. These meetings served to jointly identify the activities that the group considered the most appropriate and effective to make progress towards the abandonment of this practice. It was the outcome of this work that led to the design and organization of the interventions to be carried out in the following stage.

This consisted of 8 working sessions. The following issues were tackled:

1. An analysis of the cultural differences between the countries of origin and the host countries: Positive and negative aspects of each culture.
2. An analysis and debate about the relationship between gender equality and economic growth.
3. An analysis and debate about women's right to control their sexuality and the FGM.
4. An analysis and debate about women's health and women's sexual health and about the effects of the FGM on it.
5. Skill development: An outlook at how to counteract the community's beliefs in favour of FGM.
6. An analysis and debate about FGM and religion.
7. A working day devoted to the planning of future actions for the abandonment of this practice.
8. A working day devoted to evaluate the project interventions on the part of the participants in these working sessions.

Hidir gave a strong and broader narrative that incorporates 'the do-not-harm principle' in Islam.

Working with the REPLACE 2 team, the group devised a lesson plan to support delivery of the Koranic School lesson, so that the Koranic School teachers had a clear guide about what content to deliver, in what order and in what ways. The group delivered pilot lessons and watched each other and provided feedback and praise to one another.

The delivery of the lesson in several Koranic Schools was an important outcome of the REPLACE 2 project.

The lesson plan will be available in the toolkit and comes together with a dvd (english subtitles).

The findings achieved from these interventions as well as their evaluations have been included in the Technical Report Template Final.

Intervention in Portugal (APF)

In Portugal APF did a training course on Community Mediation with 11 people from 27 to 68 years old as it was wanted to bring older people to this training.

The training was focused on building capacity of this people to be community mediators in the harmful practices issues so they can become agents of change in their own communities. It was very important for them to understand how they could bring to discussion such an important topic to the work they are already doing. The training was very grateful especially for women that talked publicly about this topics for the first time. Another aspect that we would like to highlight was the commitment they bring to the designing of future activities, despite the initial lack of expertise and knowledge on how to do it.

Interventions in Italy (CESIE)

The interventions that took place in the city of Palermo (Sicily) were designed starting from the needs of the Habeshà community.

According to the research done, the issue to focus on were about gender issues and building a sense of community.

Following its philosophy, CESIE adopted non- formal education methods for peer learning and active involvement of participants.

The intervention consisted in creative workshops based on photography, video editing and oral storytelling aimed at raising awareness about sensitive topic such as the gender differences, the roles of men and women within both family and society and the meaning of being part of a community. All these issues led then to touch the topic of FGM.

Adopting mainly visual tools allowed the involvement of people with different levels of schooling and of speaking Italian. Therefore, using images could allow all people to express themselves.

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