

# The REPLACE\* Approach: Supporting Communities to end FGM in the EU.

## Executive Summary (English Version)

\*Researching Female Genital Mutilation Intervention  
Programmes linked to African Communities in the EU



# REPLACE 2

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## **FOREWORD by Neena Gill MEP**

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I am pleased to be hosting the launch of the REPLACE Toolkit and Community Handbook at the European Parliament on 21st October 2015. Bringing about an end to the practice of Female Genital Mutilation (FGM) is a priority across the European Union and we need to provide the resources to make this possible, while also raising awareness.

I represent the West Midlands constituency in the UK, and the harmful effects of this practice are experienced by thousands of women and girls from across the region. West Midlands Police have dealt with 70 cases involving FGM in the first seven months of this year. 632 women and girls were treated for complaints linked to FGM at West Midlands' hospitals between last September and the end of March this year, and that's within my region alone. The physical effects of the surgery are undoubtedly of huge concern, as is the psychological impact, and more needs to be done to prevent the practice. That's why I am throwing my support behind the REPLACE team, which has gone from strength to strength since it was first formed in 2009 to bid for European Commission funding through the Daphne III Action Grant Programme.

The REPLACE pilot toolkit (2011) involved team members from Coventry University, FORWARD UK and the FSAN (Netherlands) working with Somali and Sudanese communities. The team grew to include Gabinet d'Estudis (Spain), APF (Portugal) and CESIE (Italy) and communities from Guinea Bissau, Senegal, Gambia, Eritrea and Ethiopia on the most recent Daphne III Action Grant (2013-15). Consequently, the REPLACE Approach has been tried and tested across five different EU member states, and five different migrant populations. It is flexible and tailored, and importantly, makes use of the assets and skills that lie within communities to help them bring about change for themselves.

The REPLACE Toolkit and the accompanying REPLACE Community Handbook provide a 'how to' guide for community members affected by FGM, and community leaders and organisations working with them to bring about an end to FGM in the EU. The Toolkit provides detailed yet easily digestible 'tools', set around a simple five-point 'cyclic framework for social norm transformation' for supporting and empowering communities to bring about change from within. The Community Handbook presents this information in a brief and functional form, to help community members 'pick up and run' with the REPLACE Approach.

The REPLACE Approach addresses many of the criticisms levied at current efforts to bring about an end to FGM in the EU. It does this in an accessible way, by incorporating interdisciplinary strategies and drawing on the strengths of all the partners and communities involved in its development. The team are to be commended on this bold step forward in working together to end FGM in the EU.

**Neena Gill, West Midlands MEP**

# REPLACE Toolkit: Executive Summary

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## Introduction

The REPLACE Approach is an innovative and effective approach to ending FGM in the EU. It was conceived in 2009 and has received two Daphne III action grants (REPLACE1: JLS/2008/DAP3/AG/1193-3DCE03118760084; REPLACE2: JUST/2012/DAP/AG/3273). Together with REPLACE partners (FORWARD (UK); FSAN (Netherlands); CESIE (Italy); APF (Portugal); Gabinet d'Estudis Socials (Spain)) and over a period of five years, the REPLACE Approach has been developed, trialled, improved, implemented and evaluated with African FGM affected communities living in the EU including those from: Eritrea, Ethiopia, Gambia, Guinea Bissau, Senegal, Somalia and Sudan. The REPLACE Approach is presented in this Toolkit, with the accompanying REPLACE Community Handbook giving practical guidance on how to implement the REPLACE Approach.

This Toolkit presents the REPLACE Approach which has been developed with the goal of ending FGM in the EU. It is a bottom-up approach that empowers communities and puts them at the centre of social norm transformation using behavioural change theory. It is thus aimed at those within FGM affected communities or those working with these communities, whose goal is to end FGM in the EU. It is also relevant to policy makers who aim to end FGM; since the success of the REPLACE Approach is enhanced by political support.

## Context

The exact number of women and girls living with FGM in Europe is not known (EIGE, 2013; Leye, *et al*, 2014). However, in 2009 the European Parliament (EP) estimated that up to half a million women living in Europe had been subjected to FGM with a further 180,000 women and girls at risk of being subjected to the practice every year (EP, 2009). This data has been extrapolated from the prevalence data in countries of origin and the number of women from those countries living in the EU. The UNHCR (2013) suggests that those EU countries with the highest numbers of girls and women who have survived or are at risk of FGM are: France, Italy, Sweden, the UK, Belgium, Germany and the Netherlands.

The very limited data available on FGM in the EU does not differentiate the type of FGM being experienced. It is assumed that the type of FGM performed in home countries will be performed by migrants from that country when they relocate to a host country in the EU. This

assumption may not be correct (UNHCR, 2013). We therefore have no indication of the prevalence or the types of FGM being experienced by females living in the EU and which groups are subject to the various types of FGM. This makes targeting intervention programmes very difficult indeed and requires a community-based approach as advocated by REPLACE.

The ending of FGM in the EU (and elsewhere) has proven very difficult. This deep rooted cultural tradition is very resistant to change. Despite campaigns aimed at explaining the adverse health implications of FGM and the criminalisation of the practice in all EU Member States, FGM continues to be performed on EU citizens. If we are going to end FGM then it is imperative that we understand the social norm and enforcement mechanisms used by different communities to continue the practice in the EU. REPLACE recognises that communities are different and have different belief systems supporting the practice of FGM and different social pressures to continue the practice and that it is important to understand these differences if interventions to end FGM are to be successful.

### **The REPLACE Approach**

The REPLACE Approach is a new way to tackle FGM in the EU and replaces the dominant methods used to end FGM in the EU which focus on raising awareness of the health and human rights issues associated with the practice and then expecting individuals to change their behaviour concerning FGM.

Behaviour change theories combined with community engagement are central to the REPLACE Approach. With its embedded monitoring and evaluation techniques the REPLACE Approach empowers FGM affected communities through community leaders, influential people within the community and community peer group champions to challenge the social norm supporting FGM.

The three pillars of the REPLACE Approach:

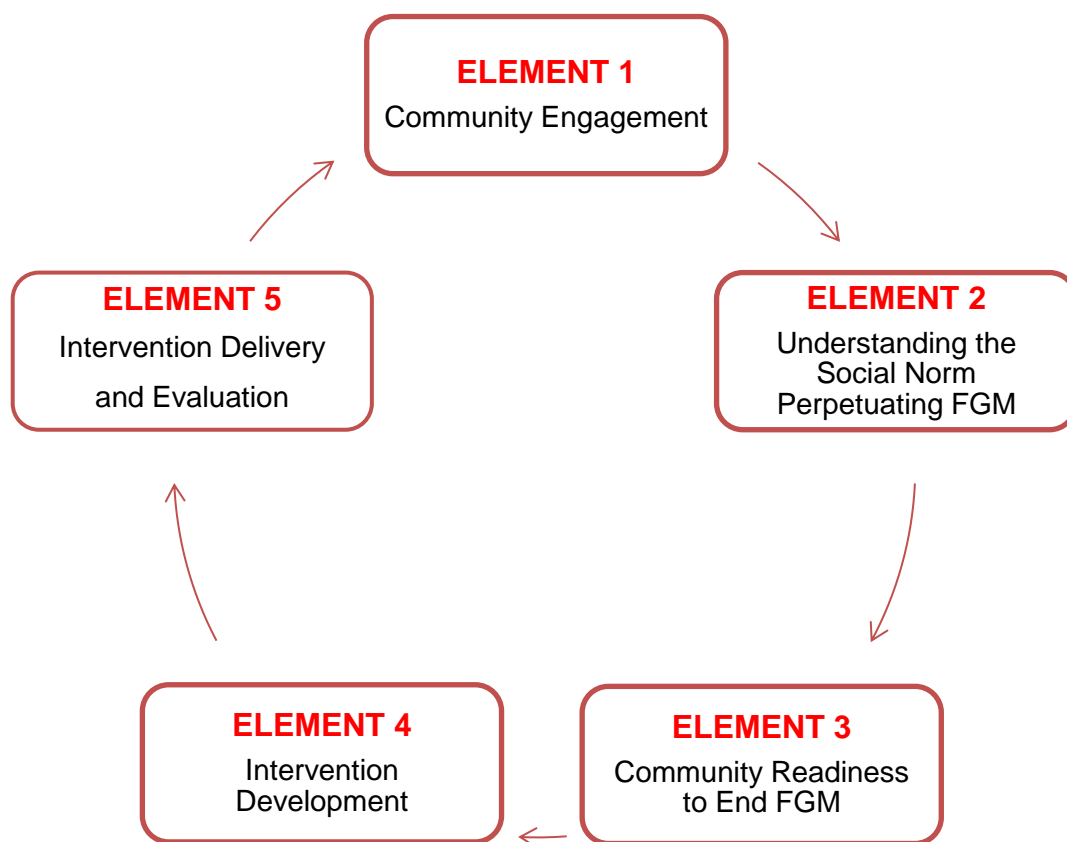
- i. **Behavioural Change:** REPLACE recognises that the practice of FGM occurs within a wider socio-cultural context and the behaviour and decisions of others are critical in relation to the outcome of whether or not FGM is carried out. REPLACE also recognises that some individuals are in less powerful or influential positions than others, and therefore are unable to implement certain behaviours that will lead to the abandonment of FGM. REPLACE has therefore adopted relevant elements from both individually focussed behaviour change theories and the theories that concentrate on the role of society to tackle the social norm of FGM.

- ii. **Engaging and working with communities:** When implementing activities and interventions based on behaviour change theories it is very important to understand the belief systems and the social norm supporting the behaviour and identify any barriers to change. This is particularly important when designing interventions to end FGM, as this is a complex issue and is one that involves not just individuals and families but the affected community as a whole. In addition every community is different, so what might be the case for one community might not be the same for other communities. 'One size does not fit all'. Thus engaging with communities and listening to community members and leaders is important in order to ensure the intervention is appropriate, culturally acceptable and effective. The REPLACE Approach uses Community-based Participatory Action Research (CPAR) to engage with communities and collect information concerning individual and community practices and beliefs regarding FGM and the perceived barriers to ending FGM.
- iii. **Evaluation:** Evaluation underpins the REPLACE Approach and informs each element of the Approach. It is an iterative and empowering process allowing communities and organisations working with communities to end FGM to target, adapt, implement and assess the impact of activities and interventions to ensure effective use of limited resources for maximum impact. In addition it allows interventionists to learn what works and what needs improving or changing (The Health Foundation, 2015), The REPLACE Approach advocates the use of evaluation approaches that can be easily adopted and employed by communities and organisations working with limited budgets, so that they can assess the effectiveness of their work and decide how best to make use of limited funds and resources.

The REPLACE Cyclic Framework for Social Norm Transformation comprises five elements that represent the flow of motivation and behaviour change within a community, stressing the important role played by community leaders, influential people and peer group champions in achieving social norm transformation. The Cyclic Framework is shown in Figure 2.2.

The REPLACE Approach, whilst addressing the issue of FGM using behavioural change theories, does not regard ending FGM as a *behaviour*, but a *goal*. With the achievement of that goal requiring a number of cycles of the Cyclic Framework.

**Figure 2.1 The REPLACE Cyclic Framework for Social Norm Transformation**



Source: REPLACE

### **Element 1: Community Engagement**

Overturning the social norm that perpetuates FGM requires effective community engagement. This is the first element of the REPLACE Approach. Community engagement is based on the assumption that if members of a community support and enforce a social norm, such as FGM, then they could be the key to overturning the norm (Johansen *et al*, 2013). Community engagement does not necessarily represent a separate activity in an intervention project; it is more of an approach for delivering an intervention. It is essentially a mechanism for working with community members and involving them in interventions that deal with issues that affect them.

The REPLACE Approach recognises that communities have a wealth of knowledge and resources that can be harnessed to address issues that affect them. Therefore it emphasises a bottom-up and community-led approach to tackling FGM. This suggests interventionists should work with community members as collaborators and partners rather



than as top-down solution prescribers. Ultimately, REPLACE requires community members to be extensively involved in all aspects of the intervention cycle, including research, design, implementation and evaluation. The community engagement approach of REPLACE is underpinned by four key principles, namely inclusion, respect, effectiveness and transparency.

### ***Element 2: Understanding the social norm perpetuating FGM***

The implementation of the REPLACE Approach requires an understanding of the belief systems and social norms that support the continuation of FGM in a community. This is essential to ensure that intervention activities are designed to meet the specific needs of the affected community and are culturally appropriate. REPLACE suggests that Community-based Participatory Action Research (CPAR) should be used to understand the specific belief systems and enforcement mechanisms that support the continuation of FGM in affected communities. CPAR is particularly useful for both research and intervention on FGM because it facilitates an effective engagement with community members and an in-depth exploration of various issues on FGM. The process also empowers and motivates community members to reflect and challenge the belief systems and social norms that support FGM and to take actions to end the practice.

CPAR assists in identifying the range and complexity of the belief systems that are likely to enforce FGM, and which must be confronted by interventions. It should be emphasised that, as much as these belief systems facilitate the practice of FGM they also provide avenues for tackling FGM. A nuanced community-based research approach should provide an effective mechanism for uncovering how the belief systems can be harnessed to bring about change in relation to the social norm perpetuating FGM in the EU.

### ***Element 3: Community readiness to end FGM***

Each FGM Affected community in the EU is different and will be at different stages of readiness to challenge and overturn the social norm supporting the continuation of FGM in the EU. Few if any interventions in the EU aimed at ending FGM have taken this into consideration, often using the same intervention for all FGM affected communities. As a result the impact of these interventions has frequently been disappointing, with awareness of FGM being raised but little evidence of behavioural change and the associated abandonment of FGM. Thus the REPLACE Approach incorporates a Community Readiness to End FGM Model based on Stages of Change Models.

REPLACE adapted the Tri-ethnic Centre's Community Readiness model (Plested *et al*, 2006) to the issue of FGM in the EU. REPLACE used the same methodology, namely dimensions of change, to determine a score to match to one of nine stages of readiness to change. These were adjusted to be relevant to the issue of FGM in the EU, and were informed by Elements 1 and 2 of the REPLACE Approach. The REPLACE interpretation of the stages to change range from stage one 'no community awareness of the issues associated with ending FGM' to stage nine 'high level community buy in to end FGM'. These are shown in Figure 5.3.

**Figure 5.2 Community Readiness to End FGM Model**

| 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<br>No community awareness  | 2<br>Community Denial/Resistance | 3<br>Vague Community Awareness | 4<br>Preplanning  | 5<br>Preparation       | 6<br>Initiation | 7<br>Stabilisation  | 8<br>Expansion        | 9<br>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  |                       |                          |

Source: *REPLACE*

The REPLACE Community Readiness to end FGM Model is easy and affordable to use, and it provides a nuanced tool to inform intervention development, especially when based on community engagement and using Community-based Participatory Action Research methods to understand community dynamics and the social norm perpetuating FGM. It is a tool that can easily be used by communities to determine stage of readiness to end FGM, to help inform the development of appropriate interventions and also when used at regular intervals can monitor a community's progress towards social norm transformation where FGM is no longer acceptable.

#### ***Element 4: Intervention development***

The REPLACE Approach to intervention design and implementation is unique in that it draws on and applies theoretical ideas concerning readiness to change, behaviour change and targeting problem behaviour from both individual and community-based theories of behaviour change intervention development. It does this in collaboration with the community of people where change is desired. When enough people are reached, experience attitude change and as a result alter their behaviour towards FGM the community will be one step nearer achieving the goal of ending FGM.

The REPLACE Approach to intervention development comprises two components:

- 1 Identifying intervention action(s) with community peer group champions.
2. Undertaking a capability, opportunity, motivation and behavioural assessment (Michie *et al*, 2014) of how to train, resource and support peer group champions to implement intervention action(s).

The result is an intervention action(s) that is matched to the readiness to end FGM stage of the community, employs behaviour change techniques derived from decades of behaviour change research, that is appropriate and culturally sensitive and once delivered will have an impact on those who participate in the intervention, thus moving the community nearer to the goal of ending FGM.

#### ***Element 5: Intervention Delivery and Evaluation***

Evaluation is an integral part of the REPLACE Approach and should be planned alongside all stages of intervention development. Evaluation is an essential part of quality improvement, solving problems and informing decision making (The Health Foundation,

2015). The Health Foundation recommends that 'An evaluation has to be specifically designed to address the questions being asked and the nature of the intervention being evaluated. This means using different methods, working in different settings, with varied populations and data, under specific constraints of time, expertise and resources, both human and financial.' (The Health Foundation, 2015, 4). Robust evaluation can tell us if an intervention has worked/not worked and how and why, allowing lessons to be learnt for spreading successful interventions and developing new ones.

The REPLACE Approach involves using a combination of qualitative and quantitative methods for evaluating the impact of activities and interventions. The exact focus of evaluation is determined by the nature of the intervention and what has been targeted for change. The REPLACE evaluation strategy includes four core components:

- i. Using the REPLACE Community Readiness to End FGM Model to assess a community's stage of readiness to end FGM at the outset of working with them. This was repeated after intervention delivery and can be repeated again at later dates to continue to assess shifts at the community level.
- ii. Focus groups with community members to gather in depth information concerning their thinking and beliefs. These were carried out before as well as after interventions where possible to get a richer feel for the nature of the changes within communities.
- iii. Questionnaires conducted before and after interventions with those who have participated. These included numerical rating scales to assess things like specific beliefs and open-ended qualitative response items to gain valuable information about the nature of any individual behaviour changes.
- iv. Records of the instances of intervention activities, such as the number of community events that are held and the number of people who attended. Over time it might be possible to show increasing engagement and participation in activities designed to end FGM by community members and if this is the case then there is evidence of community development and change.

The REPLACE project aimed to produce a variety of individual and community focussed evaluation techniques that could be picked up and applied by NGOs and communities working to end FGM, to better record and understand the impact of their activities, and feed into better and more effective interventions in the future.

## **Conclusion**

The REPLACE Toolkit (and accompanying REPLACE Community Handbook) provides a new framework for working to end FGM in the EU, and to evaluate activities that are undertaken to achieve this goal. The Toolkit demonstrates why traditional approaches typically used to campaign and intervene to end FGM may not be resulting in an end to the practice and argues for a new approach, the REPLACE Approach. The REPLACE Approach combines the latest research into behaviour change with Community-based Participatory Action Research and regular evaluation. The result is a culturally sensitive, community empowering framework designed to achieve social norm transformation, and bring about an end to FGM in the EU.

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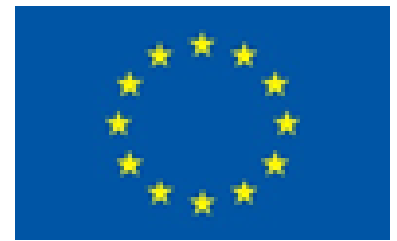
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