

COMMUNITY CONVERSATIONS TOOLKIT

Eradicating Harmful
Practices through
The Role Model Academy



FOR ADULTS

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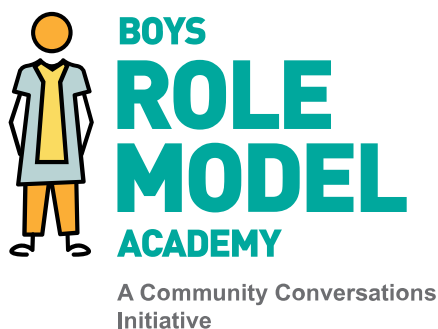
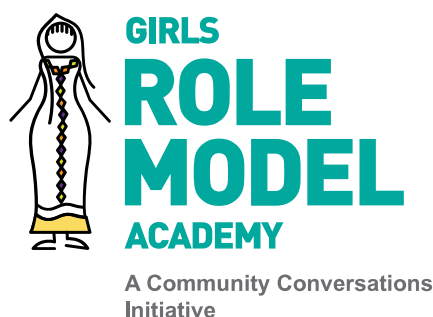
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Version Control

Please note that this toolkit comes in several versions, depending on the audience and context in which the Community Conversations methodology will be applied. There are two primary versions of the toolkit: the development version (for development, non-humanitarian settings) and the alternative version (redesigned for crisis and emergency settings). If desired, the development version can be thought of as three distinct booklets: The Role Model Academy for Adolescent Girls, The Role Model Academy for Adolescent Boys and The Role Model Academy for Adults.

The underlined logo below represents the focus of this toolkit.



Foreword

Ethiopia is a signatory to the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and ratified the Convention on the Elimination of All Forms of Discrimination against Women. This has resulted in the adoption of several laws and policies aimed at improving respect for girls and women's rights, including the adoption of amendments to the Family Code in 2001 which raised the minimum legal age for marriage to 18 for both men and women and the adoption of the Criminal Code in 2005 which criminalized several harmful practices.

Ethiopia has shown tremendous progress in reducing the prevalence of child marriage to 40.3 per cent for age group 20-24 from 58 per cent. Likewise, the practice of female genital mutilation (FGM) has reduced from 74 per cent to 65 per cent for age group 15-49 as per the Ethiopia Demographic and Health Survey of 2016. The massive change observed resulted from strong and effective measures taken by the Federal Democratic Republic of Ethiopia including legal, policy, strategy and programmatic measures which clearly criminalize the practice.

Despite the legislative, policy and programmatic initiatives in place to protect children and women from child marriage and FGM, both practices continue to affect significant number of girls and women. The existing social and gender norms continue to dictate the roles, opportunities, positions and destinies of women and girls which are the reflection of a highly entrenched patriarchal system.

It is critical to give children, caregivers, and communities, community conversation platform that builds on and leverages community strength, asset and facilitate them to lead their own change process through a structured and guided critical reflection, examination of beliefs, myths, assumptions which perpetuate the harmful practice and effects on the lives of women and girls and the society at large. These results sustained, empowering and ownership of the process for alternative behavior, course of action to be taken collectively as a community and an individual level as well as increased service seeking behaviour and support when violence occurs.

As part of implementation of the National Costed Roadmap to End Child Marriage and FGM/C - 2020-2024, the Ministry of Women and Social Affairs and in close collaboration with UNICEF Ethiopia Country Office has redesigned community conversation toolkit based on the review of existing different manuals used by various organizations. Also, there was a formative assessment conducted in Afar, Amhara, Gambella, Oromia, Somali, SNNP regions as well as the consultation done with various national actors. In addition to its evidence based and building on learning to date, the Toolkit is tailored to both development and humanitarian situations, with a consideration on gender transformative approach addressing the underlying causes of the practices. It also fosters inter-generational dialogue through targeting adolescent girls and boys and women and men separately as well as bringing them together for cross-learning and consensus building with structured mixed sessions. The toolkit will add great value to the national efforts in streamlining community conversation and its measurement of change with its embedded tracking mechanism as well as introduction of group graduation with solid action plan which will be operationalized by participants as group and individual.

The Ministry of Women and Social Affairs and UNICEF would like to acknowledge the members of the National Alliance to End Child marriage and FGM for their technical support that enriched this toolkit. The Ministry looks forward to the continued great collaboration and partnership in the roll out of the toolkit across regions in Ethiopia and to be used as a vehicle to bring change in our society and realize gender equitable, protective, and empowering social environment for women and girls.

It takes each one of us to end child marriage and female genital mutilation.



H.E W/ro Alemitu Omot,
State Minister for Women and Children Affairs,
Federal Democratic Republic of Ethiopia

Acknowledgements

Harmful practices including child marriage and female genital mutilation (FGM) are forms of violence which are committed primarily against women and girls in certain communities and societies. The practices are passed over generations, or presented by perpetrators, as part of accepted cultural practices. These practices affect the health, mental and psychosocial growth and development of girls and women in Ethiopia, both in urban and rural areas. They affect the poor and rich equally and across different ethnicities, religious affiliations, and ages. Available evidence shows that many girls and women are subjected to FGM and child marriage by parents, relatives, friends, neighbours, and grandmothers, the very people who should be protecting them.

No harmful practice against girls and women is acceptable. Everyone has a role to play in ensuring an end to harmful traditional practices. Community members including men, women, girls, and boys with diverse backgrounds play a critical role in the protection of children in their communities. This toolkit developed by UNICEF in collaboration with the Ministry of Women and Social Affairs is a powerful tool for empowerment and facilitates sustainable ownership for communities to lead their own change process through a structured and guided critical reflection and an examination of beliefs, myths, assumptions that perpetuate harmful practices.

UNICEF takes the opportunity to express its sincere appreciation for the generous contributions for the development of this Community Toolkit from the Governments of Austria, Belgium, Canada, Iceland, Italy, Luxembourg, the Netherlands, Norway, the United Kingdom and Sweden, as well as the AECID (Spain), Zonta International, the European Union, and DFATD Canada.

I also wish to recognize the valuable technical input of the Ministry of Women and Social Affairs, including Seleshi Tadesse and Lealem Birhanu, Bureau of Women, Children and Social Affairs Offices across Ethiopia as well as contributions made by UNICEF Ethiopia, ESARO and NYHQ colleagues including Jolanda Van Westering, Haithar Ahmed, Zemzem Shikur, Fikereselam Getinet Terefa, Ellen Alem, Andinet Challa, Mona Aika, Massimiliano Sani, Nankali Maksud, Harriet Akullu, Joseph Mibirizi, Helen Belachew, ThinkPlace and Frontieri Consult and Child Protection teams in UNICEF Field Offices across Ethiopia.



Gianfranco Rotigliano

Country Representative a.i.

UNICEF Representative to Ethiopia

Acronyms

BoWCSA Bureau of Women, Children and Social Affairs

CC Community Conversations

CM Child Marriage

CSO Civil Society Organisation

FDRE Federal Democratic Republic of Ethiopia

FGM Female Genital Mutilation

HEW Health Extension Worker

HW Health Worker

HP Harmful Practice

HTP Harmful Traditional Practice

MoWSA Ministry of Women, Children and Social Affairs

SBCC Social and Behaviour Change Communication

SDGs Sustainable Development Goals

UNFPA United Nations Population Fund

UNICEF United Nations International Children's Emergency Fund

Glossary

Action Plan: a plan of action that the adult participants will design during the course of the Community Conversations in order to contribute to eliminating harmful practices in their communities, mainly FGM and CM.

Call to Action: this refers to an activity that CC participants have to do as “homework” before the next CC session. At the end of a session, the facilitator instructs participants to do an activity before the next session as “homework”. This is the Call to Action.

CC session: a gathering of 15-25 people that engages in activities that will allow them to reflect, discuss and learn about harmful traditional practices (especially FGM and Child Marriage) in order to stop engaging with these practices. These sessions are organised and facilitated by a facilitator. There are 12 sessions in total which should be completed within 9-12 months, so sessions should take place every 2 weeks to one month. Sessions 11 and 12 mix all participant groups (adolescent girls, adolescent boys, married/adult women, married/adult men).

CC participants: whoever takes part in these CC sessions is a CC participant. It is important to note that participants are grouped according to their gender and age or life stage. The different groups are adult women (these are women who are usually married and have children), adult men (these are men who are usually married and have children), adolescent girls (between ages of 12 and 18, unmarried and no children) and adolescent boys (between the ages of 12 and 18, unmarried and no children).

CC Toolkit: it is this document! Part 3 (conduct) contains the activities to be carried out with different groups. The Adolescent Toolkit should be used with adolescent girls and boys separately. The Adult Toolkit should be used with adult/married women and adult/married men separately.

Day marriage: As discovered in the formative research that informed the design of this toolkit, in some Ethiopian regions a “day marriage” refers to a marriage that is acceptable by society and the couple’s family. In most cases, a “day marriage” is entered into willingly, with the consent of both the couple and their parents. *See also: night marriage.*

Facilitator: the person responsible for making the CC happen. The facilitator liaises with the relevant authorities to be allowed to organise the CC sessions. The facilitator runs the sessions, making sure participants go through the activities of this toolkit. The facilitator also measures the effect of the CC sessions to see if they are having an impact in people’s opinions. That is why the facilitator performs most of the monitoring and evaluation tasks. It is important to note that during the sessions the facilitator does not lecture participants about what they should think. Instead, the facilitator guides discussions by asking questions and ensuring the discussions flow smoothly.

Flash Survey: is a brief, structured interview tool which aims to measure diffusion of information from the CCs to the outer community by keeping a record of what motivated guest participants to join a session, including documenting how they found out about the session (and who told them) and what their understanding is of what the session was going to be about. *Note: further information about the measurement tools associated with The Role Model Academy can be found in Part Four of this toolkit.*

Night Marriage: As discovered in the formative research that informed the design of this toolkit, in some Ethiopian regions the term “night marriage” is used to indicate a marriage which is entered into for reasons that are not considered appropriate by society. Night marriages are not accepted within society. For instance, a community may disapprove of a night marriage due to motivations like an unplanned pregnancy, a “rushed” and young couple eager to wed before the age of 18, etc. *See also:*

day marriage.

Pledge: this refers to a promise that CC participants are encouraged to make to contribute to ending harmful practices. In session 11, when all groups are mixed, participants are asked to think about what they can do to ensure stopping FGM and delaying marriage as a way of strengthening families in their community. The facilitator then writes down what people say and in Session 12 the facilitator presents the pledge on a massive scroll of paper, which then each participant signs as a symbol of their adherence to the promise they have made.

Role Model Academy: Leveraging the Community Conversations methodology for the Ethiopian context, the Role Model Academy is a 12-session Community Conversation programme designed to help participants think critically about a more desirable future for their community. This includes imagining a future where harmful practices (e.g. CM and FGM) do not happen, and people can fulfil their true potential. They are encouraged to think of ways they can be a role model for their community, i.e. to set a good example for other people to follow. As part of this objective some sessions include external guest speakers as a way of providing participants with real-life examples of people who have interesting jobs, or who have key information, such as HEW, that can help participants fulfil their potential by avoiding FGM and CM.

Social and Behaviour Change Communication: SBCC is the strategic use of communication approaches to promote changes in knowledge, attitudes, norms, beliefs and behaviours.

Social norms: Social norms are the perceived informal, mostly unwritten, rules that define acceptable and appropriate actions within a given group or community, thus guiding human behaviour. They consist of what we do, what we believe others do, and what we believe others approve of and expect us to do. Social norms are therefore situated at the interplay between behaviour, beliefs and expectations.

Sunrise marriage: As discovered in the formative research that informed the design of this toolkit, in some Ethiopian regions the terms “day marriage” and “night marriage” are used to indicate marriages that are socially acceptable or not (see definitions for both “day marriage” and “night marriage” included in this glossary). The Role Model Academy programme builds on this concept by introducing a new term, “sunrise marriage,” into the lexicon. The concept of a “sunrise marriage” is one which obeys children’s rights and protects the community from harmful child marriages. Through The Role Model Academy, the term “sunrise marriage” is socialised in creative ways, enhancing the desirability of more ethical marriages simply by increasing the prevalence of the concept.

Support facilitator: helps the facilitator with the tasks of organising and running the CCs. For example, they can take notes during plenary discussions of what participants say, they can support small group discussions as well as help with monitoring and evaluation tasks.

Vignette Survey: is a measurement tool which features a *vignette* (brief case study or story) to prompt a structured interview. To support the measurement of the Role Model Academy’s impact, vignette surveys will be used to capture changes in the empirical expectations (‘what we expect others will do’) throughout the course of the twelve sessions. *Note: further information about the measurement tools associated with The Role Model Academy can be found in Part Four of this toolkit.*

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PART ONE

An Introduction to Methodology and Purpose

Understanding Community Conversations

1.1 Introduction

Purpose of this toolkit

The Community Conversations (CC) Toolkit is intended to provide detailed information about what CC is, how it operates in the Ethiopian context and how it is expected to be delivered using the recommended tools and techniques. The toolkit is premised on the CC Change Pathway – the logic model for how CCs catalyse social norm change to address harmful practices (HPs) in the Ethiopian context.

The Change Pathway also informs the measurement approach to CCs, the details of which have been included in this toolkit. The toolkit also discusses what success looks like in terms of the behaviour change process among individual participants in CCs (key milestones for attitude/mindset shift and behaviour change) as well as in terms of monitoring and maintaining the quality of the model as it is delivered.

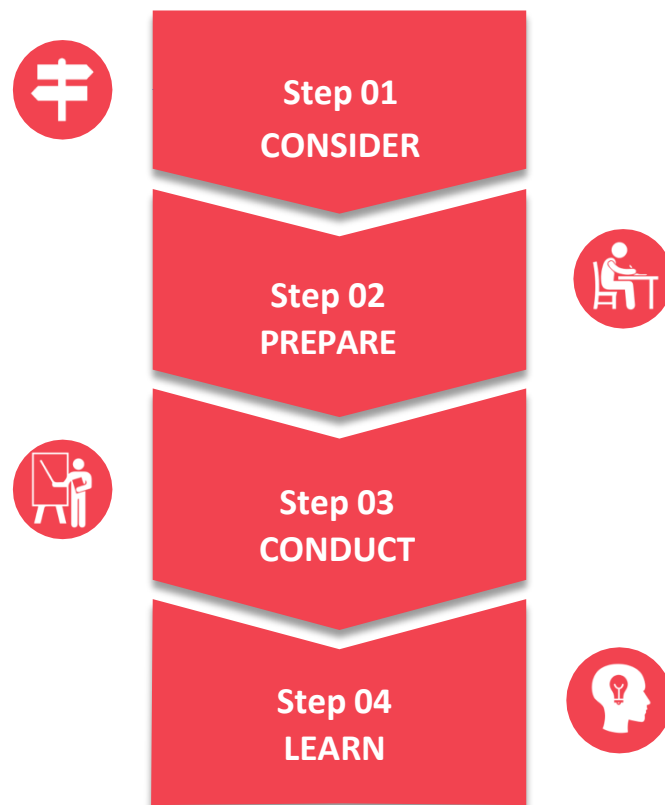
CCs ensure that communities are given space to identify concerns, reflect on shared challenges, deliberate on solutions, and map out courses of action around HPs, such as child marriage (CM) and female genital mutilation (FGM). CCs seek to address how communities can actively participate and ‘own’ the social norms change process in order to eliminate HPs.

Sowing Seeds of Social Norm Change:

The structure & goals of the CC toolkit

Norms are not static and are constantly being reviewed and revised through social interactions. Dialogue and critical reflection, such as that promoted through Community Conversations, can be a critical way to review and revise norms by shifting attitudes.

How the toolkit is structured:



Consider explores the theoretical elements underpinning Community Conversations as a social norm change mechanism, and how this has informed the design of the Role Model Academy to address child marriage and FGM in the Ethiopian context.

Conduct the Role Model Academy sessions to achieve the intended behaviour change and social norm change goals of the Community Conversations methodology.

This portion of the toolkit contains the Implementation Guides for facilitators of the Adolescent Girls, Adolescent Boys and Adults CC Programmes.

Prepare provides key steps, tools, resources and information to support facilitators to deliver the Role Model Academy Toolkit as intended and with the highest quality standards expected.

Learn offers tools and guidance to support the monitoring, learning and adaptation of the Role Model Academy to ensure it is meeting the higher order around eliminating harmful practices and norms.

Focusing on CM and FGM across Ethiopia

This toolkit supports the delivery of CCs to address HPs, with a particular focus on CM and FGM. CM and FGM are considered a priority for Ethiopia in order to ensure the protection of children's rights, including prevention of gender-based violence and violence against children, increasing girls' access to education and improved women's health indicators.

While some progress has been made towards ending these HPs, the rates of decline are not fast enough to meet national (2025) and UN Sustainable Development Goals (SDGs) (2030) targets of elimination. To end FGM by 2030, progress for girls and women aged 15-19 years old needs to be eight times faster than progress towards eradication over the past ten years. The key drivers of child marriage and FGM are social, religious, cultural and gender norms. Traditionally, girls have been married either before or soon after puberty to ensure that if they become sexually active, either by choice or by force, they would not damage their own or their family's reputations. This also ensures, from their parent's perspective, that girls would not be unmarriageable – essential given that marriage is the traditional route to security for girls and women and their children and also central to establishing social ties between extended families.

The importance of girl's reproductive capacities to families' social standing is evident across all regions. FGM, like child marriage, is primarily driven by gender norms that seek to control women's sexuality. These norms may be tied to religious beliefs, and FGM is believed by many to be a religious requirement. FGM may be so embedded in cultural practices that it is held in place, even when parents believe it should be eliminated, by fear of being socially sanctioned by the community. Failure to comply with social expectations can result in social consequences such as naming and shaming unmarried girls, a reflection of Ethiopia's highly entrenched patriarchal social system and gender inequalities.

CCs as an SBCC Tool for Addressing CM and FGM

CCs are an existing tool for social and behaviour change communication (SBCC) that brings together key influencers in the community to examine key issues, why they are happening and what the community can do to stop them. The group then designs an action plan to address the issue and the aim is to create a platform for joint critical reflection, challenge assumptions and facilitate coordinated change led by the community.

The goal of this toolkit is to help encourage social norm change around FGM and CM amongst individuals and their communities. Participants of CCs will undergo a structured programme that helps encourage behaviour change by shifting community and individual norms, leading attendees through a journey from motivation and comprehension of the subject areas to becoming advocates for change in their communities.

The content of CCs has been informed by research conducted in all six regions (Afar, Amhara, Gambella, Oromia, SNNP, Somali) to ensure that messaging is contextually appropriate, relevant and meaningful. The toolkit is designed to be user-friendly but also to be highly adaptable and responsive to any changes in these six regional contexts. CC Facilitators are encouraged to consult the Ethiopian Bureau of Women, Children and Youth (BoWCY), the Ministry of Women and Social Affairs (MoWSA) as they adapt the messaging and/or approach to CCs in accordance with changes in the community. Should changes be proposed and enacted, they should ultimately increase the acceptance of the approach and thereby make the Change Pathway more feasible and practical.

Toolkit Redesign Process

This toolkit was co-designed and developed through a highly collaborative process involving UNICEF Ethiopia, Frontieri Consult, UNFPA, representatives from the BoWCY and MoWSA and the communities where CCs will be delivered. ThinkPlace facilitated this process and led the co-design process to produce this toolkit. This was a user-centric design-led process, guided by ethnographic research to gather evidence from the community about the drivers and influences of these harmful behaviours, as well as a series of workshops to translate that evidence into a revised toolkit and CC model that is well-suited to these six regional contexts.

ThinkPlace facilitated this process and led the co-design process to produce this toolkit. The process took place over the course of about a year, from December 2020 to late 2022, and was informed by the ongoing response effort from UNICEF to address the civil conflict.

This was a user-centric design-led process, guided by ethnographic research to gather evidence from the community about the drivers and influences of these harmful behaviours, as well as a series of workshops to translate that evidence into a revised toolkit and CC model that is well-suited to these six regional contexts. The resulting draft toolkit was tested and validated in-situ through a series of testing exercises, and ultimately implemented by BoWCSA in early 2023.

Using this Toolkit for Gender Transformative Social Norm Change

Gender norms are everywhere in our societies. For instance, women in many places are expected to cook, clean, raise children and obey their husbands with little consideration for their true abilities and independent desires. Men in many places are expected to be tough, never cry and provide for their families without a true understanding of if these values really reflect their needs, desires and fears.

These ‘norms’ are normal to many of us because it is what we have been taught from a young age and how our communities normally interact also further entrenches these behaviours. The truth is that we all play roles, many times unknowingly, in perpetuating these norms or allowing them to continue to influence our lives in our communities.

Men have been able to particularly shift norms to their advantage, which can make things more unequal or difficult for women and girls. Sometimes norms are also harmful and related, leading to worse health and life outcomes for others – FGM and child marriage are examples of this. For instance, FGM and child marriage might be a norm or ‘normal’ in someone’s community, which is also related to another norm or expectation for women to behave, be controlled or be ‘good’ for men.

Changing norms and their underlying social elements for the better requires effort from everyone in the community. The CC toolkit aims to help shift these gender norms by engaging boys, girls, adults, parents and community leaders to understand the reasons why FGM and child marriage exist and what the community can do to challenge them.

Throughout the programme, we will do this together by:

- Encouraging reflection and interrogation of notions of ‘good’ and ‘pure’ girls, women, mothers and wives and why those notions exist
- Shifting the conversation to ‘strong’ girls and women in order to focus less on the ‘good’ and ‘pure’ designations

- Looking at empowering things girls and women can do independently by developing skills and the possibility of earning income
- Encouraging reflection and discussion of 'good' boys, men, husbands and fathers in relation to their expectations of women in their communities
- Building empathy for the opposite gender through role playing, emphasising some of the issues and challenges that arise from FGM and child marriage and other interconnected norms.
- Building connections across CC groups to encourage discussion and empathy across gender and age barriers.

1.2 Community Conversations

What are Community Conversations?

CCs happen when a small group of people, around 15 – 25 people, gather to talk. A conversation can take place wherever people gather, e.g. kitchens, living rooms, offices, schools, libraries, community centres, under trees, at restaurants, cafes and places of worship. CCs are also a methodology in which a set of diverse representatives of the community come together, have discussions about their concerns and by leveraging their own experiences and capability, converge on a set of actions that can bring about meaningful and needed changes, and implement them accordingly.

While CCs can occur in isolation, it is important to emphasise the fact that challenging social and gender norms is a long-term process – and doing this successfully means CCs must occur early and often throughout a person's life. The revised model (The Role Model Academy) is intended to occur regularly, engaging adolescents who are 12 years old through to adults of any age. The conversations are most effective when held regularly, in the same location, with consistent attendance.

The kind of social change that CCs seek to make takes time and only through iterative, repeated discussion will the community be in a position to have the kind of deeper and more nuanced level of dialogue and reflection needed to make lasting change.

How are Community Conversations a mechanism for FGM/CM response?

From the perspective of CM/FGM response, CCs are a process in which the community uses its own knowledge, social capital and positive norms to prevent CM/FGM, reduce the social risk of shifting behaviours away from this norm, manage the devastating effects of the problem, and encourage the community to use the available health and related services to build sustainable capacity to manage the social challenges as the owner of the problem. CCs is a powerful means of involving the community for social change and building its capacity. This approach has been practiced since the 1970s in both Latin America and Africa and brought about positive outcomes.

This toolkit supports the idea that CCs will halt CM/FGM and that the community has the unique capacity, will and motivation to bring about real difference. This toolkit will complement (not replace or diminish) other health education, community working groups and clubs which promote sexual health, gender transformation and positive social norm change that is happening in the community. The community is best placed to not only support one another through this important shift in practice but to also expand the network of care and support services associated with these harmful practices (HPs).

Key Objectives of Community Conversations

- Encourage rapid, quality and comprehensive approaches to social mobilization to address HPs through building the capacity of individual, community and organizations.
- Coordinate and utilise the capacity and resources of individuals and the community to properly respond to CM/FGM, thereby increasing the awareness to analyze, develop and initiate change.
- Ensure that positive social change is as inclusive as possible (ages 12+), in order to build true consensus for change within the community.
- Encourage and enhance the involvement of all community members, including FGM and CM adherents/advocates, to create conditions where the parties can cooperate and find common ground to shift social norms together.
- Build individual, family, community and organizational capacities to have a coordinated response that prevents CM/FGM and minimizes the impact of existing CM/FGM through community participation.
- Facilitate the transfer of knowledge and skills amongst individuals, organisations and the community at large.

Principles of Community Conversations



Recognise Community Capacity

CCs should identify and utilise the capacity of the community for the anticipated changes and help transfer the experience to other communities



Flexibility

Attendees must be consulted at all times about the timing & location of CCs. They are going to be ones making changes in their communities, so meetings should be scheduled at a time that most people can attend. Being flexible means that sometimes facilitators may need to shift the format and discussion topics for a session.



Encourage Participation

CCs should encourage participation through listening and respecting other participants' point of view and openly discuss concerns to create mutual understanding.



Creating a safe space

CCs touch on the sensitive and private issues of FGM and CM, which are taboo for many participants. Each CC should have the feeling of a safe, neutral space where attendees and share their thoughts and feelings without repercussions.



Respecting Community Values

It is necessary for the facilitator to understand and respect the core values of the surrounding families and the community in order to tailor the messaging and structure in the most effective way



Be sensitive to context

The CC may be taking place in an area suffering from conflict or other stressors, which may have an impact on attendance and the issues that participants want to discuss. If the CC is happening in a region experiencing these issues, then the facilitator may have to change the frequency, format and subjects of discussion.

Planning a Community Conversation

Who hosts a Community Conversation?

As a CC facilitator, you need to be someone who cares deeply about their community and enjoys conversation with others. You will not pass judgement about your community's behaviour, but are

instead committed to support the community along a social norm change journey.

CC Facilitators are required to undergo 4-day training which is organised by the local authorities. Further information on the ideal profile of a facilitator and tips/techniques for facilitation can be found in the following pages of this section. Tips/techniques for facilitation are included in the development toolkit, called “Role Model Academy”.

How many people should participate?

Conversations can happen in groups of two or twenty. Around 20-25 people can attend each session but dividing them into small groups works best—we suggest 4-5 people per group.

Pay close attention to making sure each group is aligned in terms of age group, gender and stage of life (e.g. married vs unmarried people). This will allow for more open and honest conversation.

Who is invited?

- Pay close attention to making sure each group is aligned in terms of age group, gender and stage of life (e.g. married vs unmarried people). This will allow for more open and honest conversation.
- Participants will be selected and grouped according to their gender and life stage, i.e. whether they are married or unmarried and if they have children or not. We suggest creating gender-specific and age-specific groups of 15-25 people. This means there are four main groups: adolescent girls, adolescent boys, adult women and adult men.
- By adolescent boys and girls it is important they are not married and do not have children. In general, usually these participants are younger and can participate in the CCs if they are 12 years old or above.
- By adult women and adult men, we are targeting women and men who are married and have children. These participants tend to be older, but this is not always the case given prevalent Child Marriage rates. This is why we include a specific age criteria of 20 or above for married men and women with children.
- The conversations will be more useful to the community if they include people who represent the full spectrum of behaviours and attitudes
- Choose people who hold diverse perspectives and who are able to respect and respond to the perspectives of others.
- Because Community Conversations seek to address social norms which affect all of the community, it is recommended that you invite a range of: community leaders, adults (including parents), and adolescent girls and boys.

How should people be mobilised?

- Even though public authorities are supporting the overall initiative of CCs, the face to face mobilising should never be conducted by a representative of local authorities. Instead, they can hire someone who does not work directly in public office, to do it. Mobilising can be done by you, or by someone else, as long as they have good social skills to make people feel comfortable to want to join the CC sessions.
- In order for people to join the CCs, they need to be informed of what they consist of.
- Use a “mobilisation script” that contains all the necessary information about the CCs when convincing people to come. This toolkit contains a mobilisation script on the next page which you are free to adapt.
- This script is not obligatory, but you should make sure you inform people about the inherent benefits of taking part in CCs (such as exposure to guest speakers, meeting people, having fun and learning about issues that directly impact their lives), what topics will be discussed

(marriage, FGM, Child Marriage, among other topics) how often the CCs will take place and how long they will last, whether there will be financial compensation for participants or not, whether there will be refreshments or not during the sessions (depending on the regional bureau guidance).

- People need to see CCs as an opportunity, not an obligation.
- To make the sessions more dynamic for participants, some sessions will have guest speakers who are experts in a specific topic, for example a HEW, or an admired business person from the community. The adolescent toolkit includes a guest speaker from the local authorities to speak about the available services to protect girls from FGM and CM. As the facilitator, you should ask participants to invite their friends to these sessions. This “peer-to-peer” mobilisation strategy can be an effective way of increasing the reach of CCs in an organic way through participants themselves.
- Ideally CC sessions should have refreshments that you can offer to participants, such as water, coffee and/or tea (or other non-alcoholic drinks that are more typical of the region). However, the availability of refreshments will depend on regional bureau guidance.
- Usually participants will not receive financial compensation, but in some places it may be inevitable to offer financial compensation. Please check with your local BoWCA office regarding financial compensation for CC participants.

Mobilisation script for adolescents/unmarried participants

“Hello, I would like to tell you about a cool new opportunity that is good for both your future and the future of your community. We are reaching out to you as we think that you would be interested.”

Across Ethiopia, young men and women like you are coming together for a few hours around once or twice a month to participate in ‘Role Model Academy.’ The Role Model Academy is a totally new concept – it is a group of your peers who meet to talk about their lives, health, community, and futures. The end goal is to help foster role models to be leaders in their communities – something we hope you are interested in.

Participants work and have a fun as a team playing games, having discussions and listening to speakers. For instance, you can hear from an inspiring businessperson about tips for your future career or ask any questions you might have regarding health and relationships to a health professional.

Would this be something you would be interested in?”

Note: If the regional bureau allows for refreshments, make sure you tell participants “refreshments will be provided.”

Mobilisation script for adult men and women/married participants

“Hello, I would like to tell you about an exciting new opportunity that is good for your future, the future of your family and the future of your community. We are reaching out to you as we think that you would be interested.”

Across Ethiopia, men and women like you are coming for a few hours around once or twice a month to participate in ‘Role Model Academy.’ The Role Model Academy is a totally new concept – it is a group of adult men and women who meet to talk about their lives, families, health, community, and futures. The end goal is to help foster role models to be even stronger leaders in their communities – something we hope you are interested in.

Participants collaborate, have discussions, and listen to speakers on topics that matter most to the community. For instance, you can hear from an inspiring businessperson about tips for making money ask any questions you might have regarding health and relationships to a health professional. Would this be something you would be interested in? Refreshments will be provided.”

Note: If the regional bureau allows for refreshments, make sure you tell participants “refreshments will be provided.”

Where will we meet?

Conversations can take place anywhere, as long as a few key criteria are met. First, make sure that the space is relatively quiet and allows for confidential or sensitive conversations to occur. Second, make sure that the space is quiet enough that everyone can hear each other speak, and that there won't be any interruptions. Lastly, ensure that the space is indeed *safe* – a space for respite and peaceful conversation.

What will we talk about?

Community Conversations are a great way to explore questions that matter. When we come together to talk about the things that are important to us, we open up to new possibilities, and unleash new potentials – for thinking, and for action.

In the Role Model Academy programme, our focus is on addressing CM and FGM specifically.

How often will we meet?

In this toolkit, the recommended frequency of the Community Conversation sessions is twice (2x) per month for 9-12 month cycles (extra time is given to accommodate delays and holidays). All 12 sessions are expected to be completed within minimum in 6 months and maximum in 12 months.

Training and Facilitators

Once recruited, CC facilitators must undergo mandatory training that covers the following topics:

- Benefits of playing this role for your community (enabling social change in a constructive, sustainable way)
- Key components of CARE Social Analysis & Action to introduce the concept of harmful social norms and how to promote change
- Key principles of a community-led process, in which the facilitator should not be leader nor the key speaker
- Key facilitation tips, tools & techniques (including navigating differences of opinion and supporting people to reach a mutual respect)
- Self-assessment and acceptance of community feedback
- The Role of a CC facilitator, including monitoring/reporting requirements

The CC facilitator training is expected to occur within 4 consecutive business days. In addition to the comprehensive training once recruited, CC facilitators should undergo “refresher” trainings each year.

Your Role as a Facilitator

Community Conversations require some structure for them to produce the right outcomes. This is the role of the Community Conversation facilitator. He or she creates a conducive learning environment where participants feel free and safe to share their candid thoughts and opinions. The facilitator ensures equality is maintained and judgement is withheld (i.e., there is no “right or wrong” about the ideas each person raises). However, it is important that the facilitator remains focused on the social norm change objectives of CCs. The 12 sessions are intended to catalyse positive social change in the community, to prevent and eliminate CM and FGM. It’s important, therefore, that the facilitator maintains a focus on promoting positive norms and avoids reinforcing or endorsing the practice of CM or FGM in any way.

If the facilitators do not ‘live’ the new values, attitudes, behaviours and norms themselves, then they cannot expect the community to do so as well. It’s therefore important to the community’s own success that the facilitator genuinely believes in and promotes the desired norm through their actions – both within the context of the CC sessions and in their daily lives.

Facilitators are also expected to be familiar with the community’s norms and culture. Ideally, facilitators are from the community itself, though this is not necessary. What is most important is that the facilitator is someone who community members can trust.

NOTE: Because the facilitator creates the enabling environment for these conversations, he or she is not leading the conversation. The facilitator acts more as a curator of the programme experience and should be careful not to dominate conversation or offer criticism of the participants’ ideas in any way. The facilitator is simply there to ensure the environment and the conversations are useful to the community.

Skills and Behaviour of Community Conversation Facilitators

How are Community Conversation Facilitators recruited?

CC facilitators play one of the most important roles in the social norm change process of the community.

For the Role Model Academy programme, it is important that the facilitators are either from the displaced community or the host community and have a certain level of trust with members of the CC programme. Being from one or both of these communities means s/he has a certain level of sensitivity with respect to conflict and crisis. Because these sessions are being held with crisis-affected communities, this kind of sensitivity, empathy and understanding is critical to facilitating a genuine change process.

They should be invited by the CC sponsors (BoWCSA) to participate in a free, fair, safe and open election process:

- Elections must consider gender equality.

- Facilitators must be advocates of the proposed change.
- Facilitators must hold positive influence in the community (although this role is not about holding any kind of power – CCs are a community-led process).
- Facilitators shall be elected in the presence of various community members, including but not limited to religious and customary leaders, women, youth and other individuals having good standing.

It is recommended that each CC has one primary facilitator and one supporting facilitator. For the adolescent girls, we suggest having a female facilitator (age 19-35) and for the adolescent boys, we suggest having a male facilitator (age 19-35).

Each CC facilitator must be literate, so that s/he is able to deliver any tools and activities with ease and exactly as intended in the toolkit.

What types of people might be facilitators?

Facilitators reflect the diversity of their communities and can be different professions, genders, opinions and religions. What matters most is that they want to work with their community to change it for the better. Examples of what types of people might be facilitators include the following:

- Figures in the community who are active in the social, cultural and economic life of their communities
- Employees such as teachers and government officials.
- Religious figures such as imams.

It is recommended that each Community Conversations has one primary facilitator and one supporting facilitator. For the adolescent girls, we suggest having female facilitators (aged 22-35) and for the adolescent boys, we suggest having male facilitators (age 22-35)

Profile of an Ideal Community Conversations

Gender Male or Female | **Age** 18+ | **Origin** From the community

QUALITIES

- I have the confidence of this community. I have a good reputation among this community.
- I am literate.
- I am someone who deeply cares about my community and am from either the [displaced] community or the [host] community.
- I enjoy conversation with others.
- I am inherently motivated to carry out the action plan derived through the Community Conversations.
- I understand how to navigate differences of opinion and support people to reach a mutual respect.
- I know how to withhold judgement of other's opinions and ideas, and to promote empathetic listening.
- I am available to facilitate these conversations twice a month throughout the 6-month programme.
- I agree with the aims of the programme and my values are aligned to the norm change that CCs are seeking to make (e.g. eradication of FGM and CM).



SKILLS

- I can read and write.
- I am comfortable completing this work as a

Your Role as a Facilitator

Community Conversations require some structure for them to produce the right outcomes. This is the role of the Community Conversation facilitator. He or she creates a conducive learning environment where participants feel free and safe to share their candid thoughts and opinions. The facilitator ensures equality is maintained and judgement is withheld (i.e., there is no “right or wrong” about the ideas each person raises). However, it is important that the facilitator remains focused on the social norm change objectives of CCs. The 12 sessions are intended to catalyse positive social change in the community, to prevent and eliminate CM and FGM. It's important, therefore, that the facilitator maintains a focus on promoting positive norms and avoids reinforcing or endorsing the practice of CM or FGM in any way.

If the facilitators do not ‘live’ the new values, attitudes, behaviours and norms themselves, then they cannot expect the community to do so as well. It's therefore important to the community's own success that the facilitator genuinely believes in and promotes the desired norm through their actions – both within the context of the CC sessions and in their daily lives.

Facilitators are also expected to be familiar with the community's norms and culture. Ideally, facilitators are from the displaced community or the host community itself, and able to display a certain level of sensitivity and knowledge about the conflict/crisis. What is most important is that the

facilitator is a trusted ally of that community, and holds the values that toolkit is seeking to promote (i.e., a community-led process for eliminating harmful practices like CM and FGM). Being a trusted and known ally of the community helps the group accept the facilitator's message more easily and therefore will accelerate the norm change process.



NOTE

Because the facilitator creates the enabling environment for these conversations, he or she is not *leading* the conversation. The facilitator acts more as a *curator* of the programme experience and should be careful not to dominate conversation or offer criticism of the participants' ideas in any way. The facilitator is simply there to guide, probe, paraphrase, reaffirm and summarize the conversation as it moves along naturally. The participants themselves should be free to propel the conversation, with the facilitator helping to guide and structure the conversation so that we can be sure it focuses on the appropriate topics. The facilitator can also provide new information, ensuring the environment and the conversations are useful to the community.

Facilitators are expected to coordinate, lead and encourage participation in the process of discussion and doing other related activities.

Coordination of the discussion process

- Ensure that the discussion is clear and every participant understands and accepts.
- Encourage participants to respect workshop rules and regulations.
- Select and use tactical means to interlink activities.
- Support and coordinate group and the community during the intervention

Leading the Process

- Lead the discussion in line with the identified discussion topic.
- Ensure participants are attending attentively.
- Find solutions to contradictory ideas.
- Create common understanding to clearly prompt awareness.
- Mediate contradicting views of the participants of community conversation.
- Ensure that the discussion is led in a way that is culturally sensitive to all attendees.

Encouraging Participation

- Encourage full participation of the whole participants and encourage learning from each other until ideas are exhausted.
- Initiate participants to forward different suggestions, contribute, ask questions and participate in the discussion.
- Be exemplary by respecting the viewpoints of participants.
- Explain that making unnecessary fun, laughter, humiliation, and incrimination, disregarding and underestimating of others is not allowed.
- Give priority to participants to answer questions.
- Appreciate and motivate age participants that respond to questions in order to encourage others.

Active Listening

- Active listening is a skill in which a participant in a conversation follows closely what is being said. Facilitators are expected to develop this skill and carefully listen to participants to achieve positive results.
- In most situations, people tend to remember the ideas that they enjoy and agree upon. In any case, if a person is expected to listen actively, s/he must have a free mind.
- However, if a person agrees or disagrees with someone's idea, s/he must actively listen and remember the idea.

Active listening has the following attributes

- Maintaining eye contact with the speaker.
- Not showing signs of disagreement or being frustrated with the speaker's opinion.
- Observing and acknowledging non-verbal expression. Paraphrasing to confirm that you understand what has been said

Skills and Behaviour of Community Conversation Guest Speakers

What is a community conversations guest speaker?

In order to increase engagement, interest and connection with community members, some CC sessions request facilitators to help source guest speakers. These speakers can include people such as health experts (e.g. Health Extension Workers - HEWs), entrepreneurs, businesspeople and more. If they are willing, these speakers might also be asked to help facilitate an entire CC session.

Furthermore, if you think there is a guest speaker that might be suited for the CC sessions, you should ask them to attend the session and speak. Tapping into existing community networks that coincide with the aims of the CC will help to make participants feel even more motivated to instigate positive change.

We recommend that the following sessions be facilitated by the corresponding speakers:

- Session 5 – “HEW Session: Your Health and Harmful Practices”: a health professional should facilitate this session, whether a Health Extension Worker/Community Health Worker/Health Post worker etc. They should be professional health workers (therefore, not a member of the Health Development Army) who have the legitimacy to speak about health matters. Ideally they should be good at giving explanations in a clear and lively way. Accompanying the health professional there should be one or two women who have experienced FGM and who advocate against it. *Note: Both Adolescent and Adult Toolkits*
- Session 6 – “Future Role Models and Future Work”: someone in the community who people can admire. The guest speaker will need to speak about issues of concern to the community - for example - if the community is a farming community then the speaker could talk about being a successful farmer. Or, if people are more engaged in business or a market, they could hear from a person engaged in that. It is important to ask participants in the survey

before the beginning of the CC sessions (more information in Pre-Session Survey tool in the “Measuring Success” section, on p. 127-128) what the community priorities are who their role models are. This will help you to choose someone that the participants will want to learn from. *Note: In Adult Toolkit this is Session 7*

- Session 8 – “My Support Network”: a BoWCA representative from local authorities (either kebele or woreda level) or a local civil society organisation (or even anti-HTP committees) to talk about the different support services that are available to girls who may be at risk of FGM (e.g. where to report) or who may have experienced it already (e.g. where they can get medical help) *Note: Only Adolescent Toolkit*
- Session 12 – “Coming together for a strong future”: a community leader who can give an inspiring speech congratulating CC participants for taking part in this initiative and in taking steps to become a stronger community that protects the rights, health and happiness of girls and boys and women and men. *Note: This session is the same in both toolkits.*

What kind of preparation is necessary for Community Conversation Guest Speakers?

You will need to ensure that each speaker is adequately prepared for their role during the CC session. This means:

- Firstly, introducing them to the CC aims (eradication of FGM and Child Marriage and shifting the social norms around it) and ensuring that they agree with them. The guest speakers may be invited by BoWCA (or whoever is responsible for the implementation of the CCs) to attend part of the facilitator training so they understand better the objectives of the CCs in order to tailor their session accordingly.
- Agreeing the time and date for them to arrive and host the session.
- Introducing them to the content and what they will be expected to do (e.g. speak on girls’ rights, health issues and help to facilitate the session).
- Clarify that this is a volunteer role, though you can provide them with refreshments if possible.

Facilitation Tips & Tricks

Facilitation is not the same as lecturing! Facilitators coordinate, lead and encourage participation in the discussion and do other related activities But remember, you are not there to lecture participants. Here are some tips to help you facilitate successfully:

Observe your Participants

- Observe your participants
- From Session 1, observe your participants and identify who is good at writing during the exercises where participants have to write things down. There will be times when you need someone to help you take notes of what participants say. Therefore you can ask the participants who are good at writing to take notes for you.
- Observe your participants to identify who is good at speaking in the plenary and who prefers to

speaking in smaller groups and who does not open their mouth and who is getting the answers incorrect. Throughout the facilitation, attempt to draw out those who are less confident to share, amplify the voices of those who have experience and expertise to share, and guide all participants towards correct answers. This means that sometimes you will have to give confident speakers less chances to speak up in order to encourage the shy ones to speak up. This is important to avoid confident participants to dominate the conversations. Therefore, make sure to balance the voices.

- Involve some participants as time keepers to ensure activities don't go over time.

Set Rules of Conduct

- In the first session, make sure participants set the rules of conduct so that everyone agrees on acceptable behaviour and unacceptable behaviour during the sessions.
- It should be clear to participants that they should be respectful to each other, not interrupt each other and not insult each other.

Encourage Participation

- Encourage participants to speak by saying something such as “don't be afraid to say a wrong answer, we are learning new things together.”
- Even if there is silence, wait until someone says something. Encourage people to share their thoughts. After 3 or 4 people have said something, you can say the answer to the group.
- Make sure everyone is understanding the discussions and the activities. Give participants space to feel confident to ask questions. You can ask participants during the plenary or during smaller groups “Are there any questions? Is there anything that is not clear? Is there anything you would like to understand better before we move on?”
- Appreciate and motivate participants that respond to questions in order to encourage others. You can say something like “Thank you [name of participant] that is a very interesting point. Anyone else wants to share their thoughts?” or “Thank you [participant], what do the others think?”
- Do not show your judgement to participants. This means, do not show signs that you disagree or that you are frustrated with the participant's opinion. Even if you don't agree with a participant, ask them why they think in this way. Then ask what the others think.
- Never mock a participant because of what they say. Be exemplary by respecting the viewpoints of participants.
- Make sure that everyone understands that making unnecessary fun, laughter, humiliation, and incrimination, disregarding and underestimating of others is unacceptable.

Practice Active Listening

- As a facilitator, you should maintain eye contact with participants when you are speaking to them, and when they are speaking to you and to the group.
- Paraphrase to confirm that you understand what the participant has said. This means you repeat in your own words what they have said. This shows the participants that you were listening and that you acknowledge what they said.
- You can also show non-verbal expressions that you are listening. For example, you can nod to show a participant that you are listening to them.
- Never be judgemental with participants. Even if you disagree with what they say, do not argue with them or tell them they are explicitly wrong.

Lead the Conversation

- As a facilitator, you set the pace of the session.
- You have to make sure the activities last the estimated time.
- Your role is to ask questions to encourage people to answer and begin discussing with each other (either in small groups or in plenary, depending on the exercise).
- The more people participate and discuss – in a respectful manner – the more participatory the session is. Remember, you are not there to lecture participants, but to guide them about FGM and CM so they reach their own conclusions about the negative aspects of FGM and CM.
- If participants start discussing unrelated things that may still be relevant, create a “parking space” on a flipchart and take notes of what they have said. Tell them “I have noted this topic down, which, if there is time at the end of the session we can discuss together, otherwise we can discuss this privately after the session is over.” This should help participants get back on track with the session’s content as they will feel like you have listened to them.

Define Facilitator Roles and Share the Work

- Given that the CC sessions will have two facilitators per group, it is important you define among yourselves what each facilitator will do.
- Usually there is one main facilitator and one supportive facilitator.
- The main facilitator is responsible for all the facilitation (and following all these tips).
- The supportive facilitator should take notes during plenary discussions and also “float” from one small group discussion to another to ensure participants are discussing the exercises they have been given. Therefore the supportive facilitator should also follow these facilitation tips.
- Sometimes there are so many participants that both facilitators will need help of participants to take notes.

Know the Toolkit

- You should be very familiar with the toolkit. Ideally you should practice the activities in your own time before the start of CC sessions.
- You should understand which instructions in the implementation guide are just for the facilitators and which ones you should say to the participants. Make sure you avoid reading aloud to participants instructions that are only for you.

1.3 How do CCs contribute to real change?

Expected Outcomes of Community Conversations

The immediate outcomes we expect are...

- Through conversation and reflection, the community has developed a deeper understanding of the prevalence of FGM and CM in their own community, the harm that they both (respectively) bring about; has examined the beliefs and assumptions supporting the practice; and the community deeply understands and embraces the social and behavioural changes needed to prevent them.
- The conversations have encouraged the community to solve their own problems by applying their values and the practices recommended in their action plan.
- The community has an increased sense of ownership over local FGM and CM prevention and elimination.
- In the case of FGM and CM being discussed, the community's capacity to plan, implement and follow-up CM/FGM interventions will be strengthened. This includes inspiring CC participants to discuss their conclusions and learnings from the sessions with their family members and people closest to them, thereby diffusing key messages into the wider community.

The impact we seek to make includes...

- The number of women vulnerable to FGM/CM shall be eradicated by 2030, in line with achieving SDG 5 – Gender Equality and target 5.3 “Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation”.
- Community's uptake of health and related services (e.g. education, legal services, psychosocial support) will be improved



FIGURE 1: The Role of the Community in Social Norm Change Process

This graphic visualises the role of Community Conversations in the community's norm change journey. That is, Community Conversations have a strong role to play at the outset, where the Safe Spaces for Change programme is deliberately kickstarting this journey and 'starting the conversation'. Throughout the course of the journey, however, as the Safe Spaces for Change sessions take place and the community repeatedly engages with the question of how to tackle harmful practices, the role of the community becomes more prominent and self-sustaining. The community begins to play a stronger role in the norm change process, advocating more for the new norm in their own social interactions, and making it clear to the group how social expectations have shifted toward a new desired behaviour. This programme seeks to catalyse this kind of self-sustaining, community-led change.



CONSIDER



PREPARE



CONDUCT



LEARN

PART TWO

Role Model Academy

**Using Community Conversations to
address FGM and CM in Ethiopia's
Development Settings**

2.1 Introduction

CCs have been re-envisioned for the Ethiopian context, as stated in Part I of this toolkit. This reimagined model preserves the core methodology of CCs – that is, conversation as a mechanism for critical reflection and dialogue about shifting harmful norms and practices – but also introduces a completely new framing that is contextually relevant to Ethiopia. This is accomplished through a few key elements:

- Conversations leverage large, mixed groups (per the existing CC model) but also make space for more intimate, smaller conversations with groups of 4-5 that offer ‘safe spaces’ to discuss hopes, fears, aspirations and pressures that boys, girls, men and women face especially in regards to FGM and CM.
- Conversations for young and adolescent girls and boys are structured around the concept of a “Role Model Academy”: a kind of ‘preparatory school’ for adulthood, family life, personal development and more equitable relationships that contribute to the well-being of the community.
- Conversations for adults are structured similarly around the concept of a “Role Model Academy” where parents and community leaders can identify root cause problems in their community (which prevent them from achieving their “role model community”) and align on practical ways to resolve those problems.
- Attendees graduate from one level to another, with all sessions building on the last and offering challenges to be completed outside of sessions.
- The Academy is comprised of 12 sessions, with 2 sessions per month occurring over 6 months. All 12 sessions are expected to be completed within 6 to 12 months. Each of the sessions is designed to follow a similar model to diffuse information, offer reflection, foster encouragement and action.

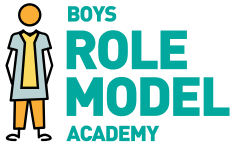
Overall, the outcome is a model wherein life stage specific cohorts are carried through a one-of-a-kind personal growth and leadership development programme which shifts mindsets toward a positive reframing of ‘readiness’ for marriage and/or adulthood.

Community Conversations

Community-led problem-solving to shift community norms & practices around FGM and child marriage



A Community Conversations Initiative



A Community Conversations Initiative

The Role Model Academy for Adolescents

Critical Reflection, empathetic conversations and personal development

For adolescents, the academy experience is intended to provide a 'safe space' for honest, open dialogue about what matters to them and where they are seeking personal growth.

The goal is to delay marriage until adulthood (by introducing key milestones in maturity and adulthood prior to marriage) and to reframe social expectations around and 'ideal marriages' to avoid practicing FGM and CM for adolescent boys and girls.

The Role Model Academy for Adults

Problem-solving, open dialogue between couples and action planning to eradicate harmful practices

For adults, the academy experience is intended to promote open, supportive conversations and action about difficult or sensitive topics. The goal is to build mutual empathy between partners and to help understand hopes and fears and create open dialogue to help increase child welfare and decrease the pressures for FGM and child marriage.



A Community Conversations Initiative

Customising the Role Model Academy

Please note that the CC toolkit is designed to be flexible – to meet the needs of local communities in their cultural contexts. This means that facilitators will need to understand the region, community, culture and preferences in the community in which they are facilitating the CC. They may need to group participants differently (for instance – mix men and women less in a more conservative place), select activities that appeal to the local population (for instance – a community of farmers may want to hear from a speaker about best practice for farming). As long as you are following the general format for each session, you have the ability to make changes to ensure that you get the right results and the best participation. The power to make the session the best it can be for the local community is in your hands.

2.2 The Role Model Academy

A Community Conversations Initiative

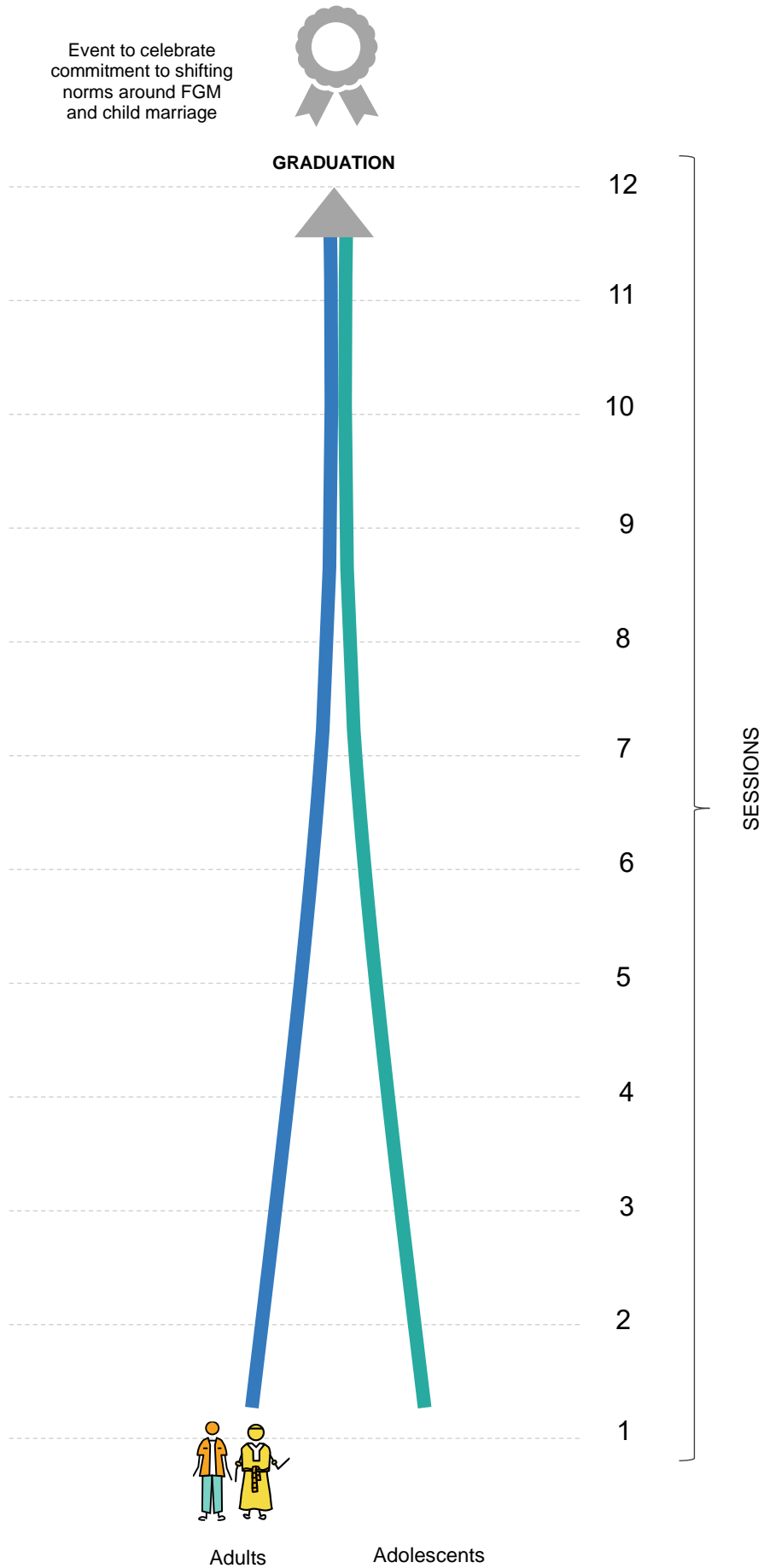
The Role Model Academy is a behaviour change model which preserves the core methodology of Community Conversations – that is, conversation as a mechanism for critical reflection and dialogue about harmful norms and practices – but also introduces a completely new framing that is contextually relevant to Ethiopia in both development and humanitarian settings.

Conversations for adolescent girls and boys are structured around the concept of an ‘academy’ with the intention of:

- Introducing an alternative rite of passage for adolescent girls and boys that de-emphasises marriage and emphasises personal growth, leadership development and more equitable family life/relationships that contribute to the well-being of the community as a whole
- Providing a safe and protected space for sensitive conversations (for instance, on relationships and sex).
- Delaying marriage by introducing the concept of new aspirational ‘sunrise marriage’ which signifies emotional maturity, adulthood, and which pre-empts a healthy and more equitable marriage.
- Promoting a shared experience and “in-group” identity by leading cohorts through a series of growth and development-oriented opportunities.

Conversations for adult women and men are framed around that the concept of promoting ‘excellence’ in terms of family life and contributing to a constructive, healthy community. In the final session of the 12 month programme, the Role Model Academy come together to make a pledge together as a community.

Figure 2



Change Pathway: The Theoretical Framework

Underpinning The Role Model Academy

Every session of the academies uses the following core structure. This structure balances time for discussion, reflection, learning and translation of that learning into action. Ideally, peers hold one another accountable to achieving their 'challenge,' which is determined at the end of each session and discussed at the beginning of the following session. All sessions generally include some form of information-sharing, stimuli (e.g. photos or storytelling), group reflection & discussion, and a 'call to action (challenge).

Community Conversations are a continuous reflection and problem-solving process, and this toolkit has been designed to reflect this. The following "core pathway" is the theoretical basis for the design of the Role Model Academy sessions. Each session is designed to advance participants through a comprehensive, sustainable behaviour change journey. Over the course of the 12 sessions, as participants unite their attitudes around a desired behaviour, social expectations begin to shift around that behaviour and thus norm change is catalysed.

Moreover, participants are expected to participate in CCs year on year, which further reinforces new norms and allows the community's conversation to grow ever more nuanced and refined toward the desired "role model community" and "community of role models."



Motivation

Targeting evaluations (of risk, of cost and benefit), wants & needs | This initial phase aims to intrinsically motivate people to participate in this process, and to diagnose (ascertain from the participants themselves) the drivers of the existing norms. This step will ensure there is comprehension of the desired norm among the target population.

Self-awareness

Building awareness | Once the participants fully comprehend the value of the desired norm, they will be aware of the need to change it. For this to happen, they must feel empowered to shift their own behaviour toward the desired norm (through nudges and other psychological or cognitive behavioural tactics), and this can come through reducing the social risk and pressure associated with adopting the desired behaviour.

Self-efficacy

Personal belief in the behaviour and in practicing the behaviour, which is facilitated through a community environment which reinforces/rewards that behaviour | This step builds upon the

awareness and ensures that the individual has the right capability (relevance of time/place/stage of life, digital connectivity/access if relevant, etc.) and self-belief to continue to pursue (maintain) the desired norm. The community must also promote, reinforce and reward that norm in order for it to be accepted and sustained.

Advocacy

Promoting the desired norm | In this final phase, building on the self-efficacy which unlocks the sustained behaviour change, participants become proactive advocates of the norm within their social group, as their behaviour remains consistent with their attitude.

How it works: at a glance

The Academies have a few key elements:





NOTE

FGM is largely considered to be a milestone in an adolescent girl's life. We are reconceptualizing and 'rebranding' the concept of purity and 'wholeness' as its own aspirational value prior to marriage, without any relation to FGM.

2.3 Role Model Academy for Adults

What is it?

The Role Model Academy for Adults builds on the principles of marriage prep school and leadership school to help reinforce strong marriages by fostering dialogue between husbands and wives about hopes, fears, and aspirations. This atmosphere of 'openness' will contribute to the ability to discuss more sensitive issues.

This further refines the concept of discussing the true realities of marriage in a safe space, where no topic is "off limits".

The academy will also feature testimonials from positive deviants – mothers and who have opted not to have their daughters undergo FGM and fathers who waited to have their children married as adults and why.

This will help to encourage discussion on child welfare overall, which will lead to guided discussion about FGM and child marriage - both as a personal experience for the attendees and a potential experience for their children.

Desired Outcome

To create more equitable decision-making processes within a couple and shift social expectations (and therefore, norms) when it comes to child welfare, family honour/dignity, major life events, and more.

How will it work?

The recommended frequency of the conversations is twice (2x) per month for 6-12 month cycles (extra time is given to accommodate delays and holidays). All 12 sessions are expected to be completed within 12 months.

Facilitation Considerations

A gender-aligned facilitator (men: men and women: women) who work between groups to help encourage and guide discussion between individuals and couples (as required).

We suggest having 2-3 facilitators who act as curators of the overall experience. They will move among the small groups to ensure they are adhering to the themes and making the expected progress.



CONSIDER



PREPARE



CONDUCT



LEARN

PART THREE

Implementation Guide: The Role Model Academy

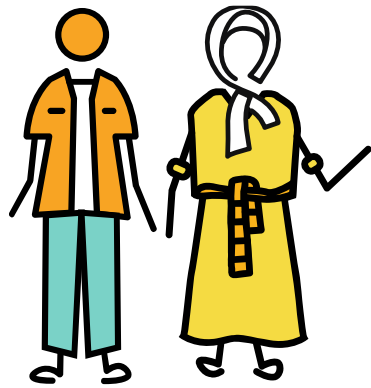
Session Structure & Flow

3.1 Facilitator's Checklist

Before starting Community Conversations, make sure you have:

- Information on the community: ensure that you have information on the customs and culture of your community, so you understand best how to facilitate the sessions sensitively.
- Found a location to have the conversation and ensure that you have permission and that it is available for the time that you need it. Conversations can take place anywhere there is space. Just make sure that the space is familiar to people and easy to access/locate, quiet enough to have deep and sensitive conversations, and free of interruptions or distractions.
- Access to this manual and any materials (pens, paper, etc.) that will be needed for the session. Also ensure you can take notes on attendance, progress and what happened in the session for monitoring & evaluation purposes.
- Identified 2-3 support facilitators who can help you organise the small groups - you will need both men and women. Men should facilitate male groups and women should facilitate female groups. Remember, each CC group will have one main facilitator, and one support facilitator. But it is good to identify 2-3 support facilitators to have some spare support facilitators as a back-up, in case the main support-facilitator cannot participate in a CC.
- Noted that if a session calls for a speaker, ensure you have found a speaker and confirmed they are available for the time and rehearse what they will speak about in advance. Encourage them to stay on topic.
- Researched about what times and dates work best for attendees. For instance, adolescents will have to work around their school schedule and adults will have to work around childcare and work.
- Ensure that all participants know the date, time and location well in advance so they can plan accordingly.
- Mobilised all participants and reminded them to attend.
- Have all the M&E tools and know how and when to use them.

3.2 Facilitation Guides



ADULT ROLE MODEL ACADEMY

A Community Conversations
Initiative

FACILITATION GUIDE

The Role Model Academy for Adults

Please note that the tools are recommended, and each session can be carried out with the same outcomes without the use of these tools. Whether or not to use these tools is the decision of the facilitator.

The facilitator should also remember to lead the discussion in a way that is culturally sensitive to all attendees.

Sessions at a glance

Role Model Academy for Adults

Session 1: Introductions and creating a safe space

Objective: Create a relaxed atmosphere to build relations of trust among participants so they start feeling comfortable to address difficult issues such as Harmful Practices. Create a code of conduct for participants to follow for the rest of the sessions.

Materials: Flipchart paper/large pieces of paper, Pens

Role of Facilitator

M&E:

- Take attendance list
- Before Session 2: conduct pre-session survey & vignette surveys

Facilitation:

- Facilitate consensus-building on structure, ground rules and processes
- Facilitate exercises to increase familiarity, understanding, appreciation and respect of individuals amongst the group

Session 2: Defining barriers to achieving our ideal community

Objective: Define what a role model community is and what the possible challenges, risks, barriers and problems are known to the community with respect to achieving their role model community.

Materials: Flipchart paper/large pieces of paper, Pens

Role of Facilitator

M&E:

- Take attendance list
- Listen to participants' experiences with Call to Action from Session 1 and fill in Check-In Tool

Facilitation:

- support the participants to identify the barriers to achieving their ideal 'role model community'
- Facilitate consensus-building on a shared vision of their role model community
- Facilitate exercises to spark empathy among participants to consider structural barriers to achieving the role model community

Session 3: Prioritising barriers to our ‘role model community’

Objectives: Deeply explore prioritised issues of concern and determine immediate, underlying and root causes of the problems (analysis).

Materials: Flipchart paper/large pieces of paper, Pens
Info Sheet: Key Facts & Sample Questions for Small Group Discussions on CM

Role of Facilitator

M&E:

- Take attendance list.
- Listen to participants’ experiences with Call to Action from Session 2 and fill in Check-In Tool.

Facilitation:

- Facilitate exercises so that participants reflect on the common patterns among the barriers they see to achieving a role model community.
- Facilitate exercises for participants to prioritise on the most urgent barriers to address.
- Guiding the discussion to focus on Child Marriage.

Session 4: Defining the root causes of CM in our community

Objectives: Deeply explore root causes of Child Marriage by engaging in storytelling or roleplay exercises in order to inspire participants to feel comfortable sharing their opinions and perceptions about Child Marriage.

Materials: Flipchart paper/large pieces of paper, Pens

Role of Facilitator

M&E:

- Take attendance list.
- Listen to participants’ experiences with Call to Action from Session 3 and fill in Check-In Tool.

Facilitation:

- Explore the root causes of Child Marriage in the community through the use of impact stories OR role play on CM – give participants the choice over which exercises they prefer.
- Facilitate the “5 whys” exercise to deeply explore the root causes.
- After this session: identify, mobilise and brief health expert as guest speaker for Session 5.

Session 5: HEW Session: Your Health and Harmful Practices

Objectives: Provide space for participants to ask all of their questions about FGM to a health expert in order to debunk all the myths surrounding FGM that they may have.

Materials: Flipchart paper/large pieces of paper
Pens

Role of Facilitator

M&E:

- Take attendance list.
- Listen to participants' experiences with Call to Action from Session 4 and fill in Check-In Tool.
- Administer Flash Surveys for Guest Participants after the session
- Administer Vignette Surveys to half of participants after this session.

Facilitation:

- Support the guest speakers – a health expert and women who have undergone FGM – in making participants comfortable to ask all their questions about FGM.

Session 6: Defining the root causes of FGM in our community

Objectives: Deeply explore root causes of Child Marriage by engaging in storytelling exercises in order to inspire participants to feel comfortable sharing their opinions and perceptions about FGM.

Materials: Flipchart paper/large pieces of paper
Pens

Role of Facilitator

M&E:

- Take attendance list.
- Listen to participants' experiences with Call to Action from Session 5 and fill in Check-In Tool.

Facilitation:

- Explore the root causes of FGM in the community through the use of impact stories on FGM.
- Facilitate the “5 whys” exercise to deeply explore the root causes.
- After this session: identify, mobilise and brief role model guest speaker for Session 7.

Session 7: Future Role Models & Future Work

Objectives: Expose participants to a role model – someone with first hand experience with an issue about livelihoods that they find important. Provide participants with space to ask questions and share their experiences related to the role model's experience.

Materials: Flipchart paper/large pieces of paper
Pens

Role of Facilitator

M&E:

- Take attendance list.
- Listen to participants' experiences with Call to Action from Session 6 and fill in Check-In Tool.
- Administer Flash Surveys for Guest Participants after the session.

Facilitation:

- Support the guest speaker in making participants comfortable to ask all their questions and discuss their experiences.

Session 8: Developing our Action Plan for a Role Model Community

Objectives: Make decisions on actions necessary to address their identified priority health and development concerns based on the findings of their assessments and analysis.

Develop a simple Community Action Plan

Materials: Flipchart paper/large pieces of paper, Pens

Role of Facilitator

M&E:

- Take attendance list.
- Listen to participants' experiences with Call to Action from Session 7 and fill in Check-In Tool.

Facilitation:

- Guide Group to develop plan of action to address priority problems with specific, measurable, achievable, realistic and time bound objectives.

Session 9: Resource Mobilisation to Achieve the Action Plan

Objectives: Make participants understand the strengths and resources that they have as a community to eliminate FGM and CM.

Materials: Flipchart paper/large pieces of paper
Pens
Action Plan (from last session)

Role of Facilitator

M&E:

- Take attendance list.
- Listen to participants' experiences with Call to Action from Session 8 and fill in Check-In Tool.

Facilitation:

- Facilitate discussions about the strengths and resources that the community has to eliminate FGM and CM.
- Guide the discussion to get participants to focus on celebrating positive behaviours, instead of punishing HP (by reporting to police etc.).

Session 10: Reflecting and Planning for a Strong Future

Objectives: Reflect on entire CC process and on the harm caused by community practices and norms around FGM and CM.

Materials: Flipchart paper/large pieces of paper
Pens

Role of Facilitator

M&E:

- Take attendance list.
- Listen to participants' experiences with Call to Action from Session 9 and fill in Check-In Tool.

Facilitation:

- Facilitate discussions about the CC process so participants reflect on the journey they have had with the CCs – through the “Agree-Disagree” discussion.

Session 11: Cross-Community Value Sharing (all CC Groups)

Objectives: Break the ice between different CC groups in order to collectively think about what actions each person can do at an individual and collective level to eradicate FGM and CM.

Materials: Flipchart paper/large pieces of paper
Pens

Role of Facilitator

M&E:

- Take attendance list.

Facilitation:

- Facilitate trust building exercise of “Blind Trust” which highlights the importance of communication between different people in order to start solving problems together.
- Facilitate Role Play exercise and spark discussion after role play exercise through provocative questions.
- Facilitate exercise for participants to think of ideas of actions they can do.

AFTER SESSION: write out ideas into big scroll of paper in order to make pledge.

Session 12: Coming together for a strong future (all CC Groups)

Objectives: Formally present the pledge to wider community and confirm participants’ commitment by signing it.

Materials: Flipchart paper/large pieces of paper
Pens

Role of Facilitator

M&E:

- Conduct post-session survey AFTER this session.
- Conduct Vignette Surveys AFTER this session.

Facilitation:

- Welcome community leader to provide a celebratory speak.
- Facilitate warm up exercise among adults and adolescents.
- Formally present the pledge and get each participant to sign it one at a time.

Sessions in detail

Role Model Academy for Adults

Session 1 Introductions and creating a safe space

Session Name

Time

1A Introductions (plenary)

30 mins

Objective

The purpose of introducing community members and facilitators is to encourage strong relationships to form throughout the process. Creating an environment with strong social bonds also encourages peer-to-peer accountability throughout the behaviour change process.

Facilitator Script:

Having an empathetic understanding of who people are, what they've been through and what they hope to achieve in life will help you trust each other, build mutual respect and create sound relationships.

The facilitator will ask participants to get into pairs with a person they do not know and ask them to introduce each other:

- Name
- Strengths/what they most like about themselves
- Name by which one wishes to be called

In the same pairs, participants will ask each other the questions on the right. Each person in the pair will respond to each question.

After sharing this information, each person presents his/her partner using the questions answered.

***TIP:** use this session as an opportunity to observe your participants and identify who is good at writing, who is good at speaking in public, who is good at speaking in smaller groups. This will be useful during the sessions as there will be times when you need support in note-taking. Therefore you may ask participants in future exercises to take notes for you.*

Discussion questions for participants:

Questions in the Empathy cards include:

1. When was the last time you laughed so much you cried?
2. What's the one thing you can do that most people can't?
3. Who in your life inspires you and why?
4. What do you find yourself worrying about the most?

5. What's one thing you're good at and one thing you're bad at?

1B Code of Conduct (plenary)

30 mins

Objectives

The code of conduct is a set of 'rules' that guide the way participants engage and interact with one another. Developed by the participants themselves, these rules are intended to help create a safe, enabling environment where all voices are equally heard and respected.

Guide for Facilitator

Ask the group the following questions:

- How do we want to treat each other?
- What do we like (about how we should be treated)?
- What do we not like (about how we should be treated)?

If participants are unsure of the task, you can provide them with examples, such as "We listen to each other".

- Separate participants in pairs and give them 5 minutes to formulate the principles ('rules') to be followed
- Ask participants to share back their ideas in the larger group
- Make sure that the rules include:
 - We listen to other people
 - We don't interrupt each other, or talk over each other
 - We don't laugh at what other people are saying
 - We don't judge other people
 -

Write out the rules in a large piece of paper/poster.

Write out the rules again, but this time write them out in the first person singular.

TIP: ask a participant to be a volunteer to write out the principles. The participant should know how to read and write comfortably.

The rules should include the following:

- I listen to other people
- I don't interrupt other people, or talk over them
- I don't laugh at what other people are saying
- I don't judge other people
- I am kind to others and I hope other people will be kind to me

Turn the rules into a code of conduct that participants should memorise. Ask one participant to read the code of conduct out loud. After each sentence that the participant reads out, ask the rest of the participants to repeat the sentence. Give participants two minutes to memorise the code of conduct once more.

Recommended Tools

Poster or large piece of paper to write down rules so that they can be displayed at meetings.

1C Draw your group members! (small groups)

20 mins

Objective

Getting to know one another's group members and feeling a sense of collective responsibility for the challenges in their community will enhance the extent to which the community can achieve its own action plan.

Guide for Facilitator

- Divide the participants into groups of 4-5 and allow them a few minutes to get acquainted. This will be the same small group they remain with throughout the duration of CCs.
- Explain to the groups that the Community Conversations are about addressing harmful norms and behaviours in their community, so this must be done collectively – as a group. It's important that they feel collectively responsible for the strength and wellbeing of their community.
- Distribute pieces of paper and markers to each group.
- Ask participants to draw a picture of one member of their group, including their partner's favourite activities or hobbies.
- Encourage the participants – everyone can draw and being the best at drawing is not the goal of this exercise!
- Ask participants to post it on the wall or lay it on the ground.
- Finally, they will present their drawings to the rest of the group (plenary).

The facilitator asks the group to reflect and they respond aloud:

- How did you feel doing this activity?
- What did you learn?

TIP: Encourage the group to assign clear roles, which should alternate for each session. Someone can document (for example, on a poster or flipchart), someone can make sure rules/principles are followed, while someone else can keep an eye on the time. Enable group members to notice and recognise individual contributions within the group.

Recommended Tools

Pieces of paper and markers/pens/pencils

1D Framing the Problem: How will we address harmful practices in our community?

30 mins

Objective

Before participants begin identifying and solving problems related to harmful practices, it is important that they understand what those harmful practices are and discuss what's allowing them to exist.

TIP: Keep an eye on your participants. Identify who is contributing confidently, who is reluctant to answer the questions, and who is getting the answers correct/incorrect. Throughout the facilitation, attempt to draw out those who are less confident to share, amplify the voices of those who have experience and expertise to share, and guide all participants towards correct answers.

Guide for Facilitator

Pose the following question to the small groups to discuss: *What is a (human) right?*

TIP: Say to participants, “don’t be afraid to say a wrong answer, we are learning new things together.” Even if there is silence, wait until someone says something. Encourage people to share their thoughts. After 3 or 4 people have said something, you can say out the answer:

A human right is a basic freedom or protection that all humans are owed. They are not granted by any government or institution, but instead are inherent and apply to everyone equally.

Now as the small groups: *What are children’s rights?*

After they discuss, ask a few people to share some examples aloud (plenary).

Read aloud the following facts:

- Children have rights to get respect from children and adults. Keeping our community strong and healthy means we need to respect the rights of our children.
- The Constitution of Ethiopia, the UN, and the National Children’s Policy uphold about these rights.
 - The rights of the child can be clustered into 4 categories:
 - The right to **survive**.
 - The right to **develop** physically, emotionally and mentally.
 - The right to be **protected** from neglect, abuse, violence, etc.
 - The right to **participate**, meaning every child’s perspective and opinions should be valued.

There are different ways that communities can harm their children or violate their children’s rights. These include: physical violence (hitting, burning, torturing), emotional violence (humiliation, neglect, shaming, isolation), sexual violence (rape, Child Marriage, indecent touching), and other harmful practices (such as FGM) which are practiced for so long in communities that they become acceptable.

Each of these harmful practices violates our children’s rights. They hinder the opportunities that a child has to lead a happy, healthy, successful life.

Recommended Tools

No recommended tools (discussion only).

1E Identification of the problems our community is facing

30 mins

Objective

Letting the participants define the problem space they wish to tackle during the

programme ensures that they feel a sense of ownership over the problem and the solution.

Guide for Facilitator

Read aloud the following questions for the small groups to discuss and document their responses to (for example, on poster or flip charts):

After this, they will share their responses with the group (plenary). They should therefore nominate someone in their small group to present back to the larger group.

Currently in the community:

- What does it mean to have a healthy, productive, happy, safe community? What's required to maintain this? What prevents this from happening?
- How is this different than the way things are now?
- How do children benefit from being raised in this kind of environment?
- At what age are children considered adults/given the responsibilities of adults?
- What are we currently doing to achieve this environment? What are we not doing to achieve this? What could we do better?
- At what age do boys / girls get married? Why?
- How are children "punished"/disciplined?
- Are there different expectations for girls and boys in this community? Why? To what extent does this make our community stronger and healthier?
- How are children's rights being violated in our community right now?

The facilitator should probe and push the participants to consider what an 'ideal' (role model) community would look like. What would certain scenarios or situations be like in that community? Now, use that to describe the attributes of a role model community.

What should happen to create **OUR ROLE MODEL COMMUNITY**:

- What would a community of role models look like?
- How would a role model community "punish" or discipline children?
- At what age would a girl/boy get married in a role model community? Why?
- How can my daughter be a role model in our community?
- How can my son be a role model in my community?
- How can I be a role model in my community?

Let the participants explain this in their own terms. This should be documented on the flip chart – get the supportive facilitator to help to write things down on the flip chart and/or a CC participant to help as well.

Recommended Tools

Flipchart and markers (or blackboard and chalk, if applicable).

1F Share back (plenary)

10 mins

Guide for Facilitator

After holding each Community Conversation, it's important that the group reflects on what they have discussed and learned.

Ask each group to nominate a spokesperson who can share (briefly; and advise them not to share any personal or sensitive details that were shared within the group) a summary of the group's discussion today.

At the end of this session, briefly highlight the importance of remembering the code of conduct that participants have developed themselves. Tell participants that respecting the code of conduct is important in order to have respectful and productive discussions during the sessions and to generally live in harmony.

1E Call to Action

5 mins

Objective

After each Community Conversation, participants leave with a "call to action" which is a simple task that they are given to encourage them to continue thinking about the topics discussed during the session prior to coming back to the next session.

Call to Action

Personal reflection. Ask participants to think about the following questions:

What is one of my unique contributions to making my community a healthy, productive, happy and safe place for our children, adolescent girls and boys (e.g. singing in church, minding my neighbour's children, etc.)?

Session 2 Defining barriers to achieving our ideal community

Session Name

Time

2A Welcome & Checking in on Call to Action (plenary) 20 mins

Guide for Facilitator

As the participants are all gathered, ask them about how they went with completing their Call to Action from Session 1 (to think about their own contributions to their community). They can discuss this with whoever they are sitting next to.

After discussing with someone near them, ask the whole group to reflect on the challenge. Some sample questions for the discussion in plenary: What are some of your reflections on the Call to Action? Was it difficult or easy to answer? Why?

M&E Tip: write down discreetly who says what in the Call to Action Check-in Tool (available on page 122). If you need more help, get the support facilitator to take notes in the call to Action Check-In Tool.

2B Footprints Empathy Activity (plenary)

30 mins

Objectives

In this session, participants will begin discussing specific gender norms and practices so that they connect what they've learned in the Footprints Empathy Activity with what they want for their community.

Guide for Facilitator

Ask the participants to get into the same small groups as Session 1.

In this session we want to support the participants to identify the barriers to achieving their ideal 'role model community' as outlined in Session 1.

The facilitator introduces the 'footprints' exercise to help participants consider the barriers to achieving the role model community.

- A set of 5 footprints are drawn on the floor (either directly on the ground, if outside, or on paper, which is placed on the floor).
- Participants take turns, each standing on one set of footprints. See below.
- The facilitator encourages the participants to imagine that they are an adolescent girl or boy in the community (e.g. their daughter or son, their niece or nephew, etc.) and prompts the participants to reflect upon the following questions:
 - What do [I] want for myself?
 - Who or what is preventing me from being able to do what I want to do? Why?
 - What scares or worries me about marriage? At what age do I wish to marry? Why?
 - How do I get my parents to support me marrying when I am mentally and emotionally mature enough?
 - How can I prevent FGM and other harmful practices in my community?
 - How might I contribute to making my community a role model community?
- Participants should rotate through the footprints after reflecting upon each set of questions. Each time the participant moves to stand on a new

set of footprints, they should reflect.

- Each participant should “stand in the feet” of at least three ‘people’ in their community.
- The facilitator ensures each participant has been able to participate in the exercise, and has reflected upon “standing in the feet” of three different people.

If participants are male adults, they can imagine to be an adolescent girl or adolescent boy (the male adults can choose who they want to be). If participants are female adults, the same principle applies - each participant can choose to be adolescent boy or girl

2C Discussion

30 mins

Objective

In this session, participants will begin discussing specific gender norms and practices so that they connect what they’ve learned in the Footprints Empathy Activity with what they want for their community.

Guide for Facilitator

Ask participants to get into their small groups from Session 1. Read the following questions aloud and ask the groups to discuss them:

- How did the Footprints Activity feel? What did you learn?
- What do we want our ‘role model community’ to be like for *girls*? Why?
- What do we want our ‘role model community’ to be like for *boys*? Why?
- Are our expectations different for boys and girls? Why/why not?
- Why is marriage important to our community? What are our expectations for our daughters and sons when it comes to getting married?
- What determines when your son or daughter gets married? Why? Who determines when your son or daughter gets married? Why?
- How can we ensure that marriage occurs between “role model” young men and “role model” young women?
- What does a safe environment for children look like? How does this contribute to a role model community?

TIP: make sure to balance the voices in this activity. Try to encourage those who have not yet participated to answer with gentle encouragements. Acknowledge the contributions of those who have been more confident, while also trying to create space for others.

Recommended Tools

Flip chart and markers (or blackboard and chalk, if applicable)

2D Defining our Role Model Community

30 mins

Objective

In this session, participants create a shared vision of their role model community, and through that define their own indicators of ‘success’

by defining a set of criteria for achieving a role model community.

Guide for Facilitator

In their small groups, encourage the participants to come up with a set of 3 criteria for a “role model community” as they’ve described it. They can document these on flipchart or posters.

The facilitator is responsible for ensuring that the ‘role model community’ discourages CM and FGM and promotes delaying marriage and keeping girls uncut.

While the facilitator should not tell participants what to write or how to think, they should probe and guide the participants to ensure the role model community does not reinforce or endorse harmful norms or practices like CM and FGM.

Each group shares their 3 criteria with the larger group, and the facilitator summarises them into a clear set of criteria (about 10-15 total criteria). Groups can put their criteria up on the wall or on the ground, so that the larger group can see them as they present them.

Explain to the group that these criteria will guide the remaining sessions together, as they define what we are hoping to achieve through the Role Model Academy.

Recommended Tools

Flip chart and markers (or blackboard and chalk, if applicable)

2E Share back

5 mins

Guide for Facilitator

After holding each Community Conversation, it’s important that the group reflects on what they have discussed and learned.

Ask each group to nominate a spokesperson who can share (briefly; and advise them not to share any personal or sensitive details that were shared within the group) a summary of the group’s discussion today.

The facilitator should summarise some of the key elements of a role model community, emphasising the reduction of harmful gender norms and protecting the ‘purity’ and ‘wholeness’ of our children for their safety and wellbeing.

Recommended Tools

Flipchart and markers (or blackboard and chalk, if applicable).

2F Call to Action

5 mins

Objective

After each Community Conversation, participants leave with a “call to action” which is a simple task that they are given to encourage them to continue thinking about the topics discussed during the session prior to coming back to the next session.

Call to Action

Tell participants that they should speak with 3 other people in the community (They can be anyone! Son or daughter, friend, religious leader, etc.) and ask them what a role model community is. How does it support both women and men to succeed in having a healthy, safe life together?

Session 3 Prioritising the barriers to our ‘role model community’

Session Name

Time

3A Welcome & Checking in on Call to Action (plenary)

15 mins

Guide for Facilitator

As the participants are all gathered, ask them about how they went with completing their Call to Action from Session 2 (speaking about the role model community with 3 people). They can discuss this with whoever they are sitting next to.

After discussing with someone near them, ask the whole group to reflect on the challenge.

Some sample questions for the discussion in plenary:

What did you learn from others?

What did you agree/disagree with? Why?

Did you find the exercise difficult or easy to do? Why?

M&E Tip: write down discreetly who says what in the Call to Action Check-in Tool (available on page 122). If you need more help, get the support facilitator to take notes in the call to Action Check-In Tool. Afterwards, you should summarise the discussion in a way that discourages CM and FGM and promotes delaying marriage and keeping girls uncut. You should say that girls and boys should finish their education or vocational training.

3B Examining the Barriers to Achieving our Role Model Community

45
mins

Objectives

Now that we have defined the Role Model Community, participants need to examine what is preventing them from achieving this. This will inform the action planning process later by helping participants identify a clear pathway to success.

Guide for Facilitator

Ask the participants to get into the same small groups as the previous session. Encourage the groups to explore the following topics/questions:

- What are all of the **barriers** that prevent us from achieving our 'role model community'? How are we falling short of achieving this 'role model community' now?
- Which barriers are more commonly experienced within our group? Why?
- Which barriers have the most significant impact on our community? Why?
- How are these barriers different for women and men?
- Which barriers prevent our children from reaching their full potential? Why?

TIP: Encourage the group to assign clear roles, which should alternate for each session. Someone can write down the main points that the group discusses (for example, on a poster or flipchart), someone can make sure rules/principles are followed, while someone else can keep an eye on the time. Enable group members to notice and recognise individual contributions within the group.

3C Grouping the barriers to achieving our role model community

15
mins

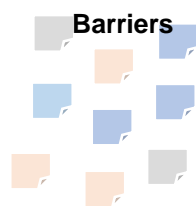
Objective

Now that we have defined the Role Model Community and brainstormed on different barriers that prevent us from achieving our Role Model Community, participants need to identify common trends and patterns across the barriers they've identified. What are common barriers that they can see?

Guide for Facilitator

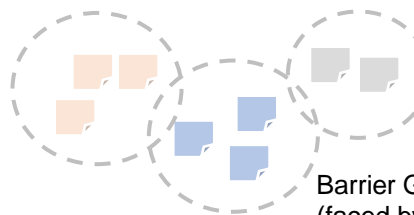
Participants should identify patterns of barriers and group them according to whether they are faced by girls, boys, adult women and adult men. (As a facilitator you should ensure participants mention FGM and CM). Grouping barriers allows participants to best define the core problems. This can be done by saying a few of the barriers out loud to the participants, and drawing connections between them, to encourage participants to begin grouping the barriers. See on following page.

TIP: Get the supportive facilitator to write down notes on the flipchart, and/or 1 participant if more help is needed.



Barriers

Barrier Group 1
(faced by girls)



Barrier Group 2
(faced by boys)

Barrier Group 3
(faced by adult men)

Recommended Tools

Sticky notes, if possible (or paper and markers, with adhesive for the wall or floor)

3D Prioritising the barriers and discussing child marriage

45
mins

Objective

Now that groups of barriers have been made, participants need to begin prioritising the barriers so that they can utilise their resources to address only what matters most.

Guide for Facilitator

Encourage the participants to look at the groups of barriers and consider the following questions: Which are most important to resolve? What impacts our community the most? What impacts our adolescents the most? What do the participants have the ability to solve challenges within their local context? Which are most urgent? Why? Ask groups to choose the top 3 barriers they see that affect children.

This means, get the groups to prioritise the three most important barriers that prevent children in their community from reaching their full potential as adults in the community. Then ask groups which top 3 barriers they have identified, and draw a dot or a circle next to the 3 barriers they have identified.

FOCUSING ON CHILD MARRIAGE

After each group has identified 3 barriers, whether groups have identified Child Marriage (CM) as a barrier or not, you should now guide the discussion so that people focus on discussing Child Marriage. You can say to participants “One barrier which is particularly important to protecting children’s rights (as they discussed in Session 1) is child marriage or early marriage (CM).”

Give groups time to discuss CM among themselves. Tell them the facts on the following page and ask them some sample questions about Child Marriage (which you can find also on the following page) so that they can have a more productive discussion.

TIP: Float (move) from group to group to listen to what they are saying, and answer any questions they may have. Your job will be easier if you know the key facts about CM in the next page by heart.

Key Facts & Sample Questions For Small Group Discussions on CM

FACTS

As the small groups discuss this, you may share the following facts aloud:

- The legal marriageable age of boys and girls is eighteen. Every marriage conducted by the spouses below the marriageable age is called child marriage. Consent and age are the two most “Essential Conditions of Marriage” according to the FDRE constitution, which states
- Article 6. – Consent. A valid marriage shall take place only when the spouses have given their free and full consent.
- Article 7. – Age. I) Neither a man nor a woman who has not attained the full age of eighteen years shall conclude marriage. Notwithstanding the provisions of Sub-Article (I) of this Article, the Minister of Justice may, on the application of the future spouses, or the parents or guardian of one of them, for serious cause, grant dispensation of not more than two years.
- Among those marrying early, some are forced into this union and others are simply too young to make an informed decision. Somebody else provides consent on the child’s behalf. The child does not have the opportunity to exercise her right to choose her mate. As a result, child marriages could be regarded as forced marriages.
- According to the FDRE Constitution, whoever concludes marriage with a minor apart from circumstances permitted by relevant Family Code is punishable with:
- rigorous imprisonment not exceeding three years, where the age of the victim is thirteen years or above; or
- rigorous imprisonment not exceeding seven years, where the age of the victim is below thirteen years.
- (If regionally appropriate, the facilitator can also introduce marriage by abduction, where a man with an intent to marry a woman abducts her by violence, or commits such an act after having obtained her consent by intimidation, threat, trickery or deceit.)

QUESTIONS

Some questions that may be discussed among the small groups are:

- Why does CM occur? What are some examples?
- Is CM a violation of our children’s human rights? Why or why not?
- How has the community changed its attitude toward CM since your parents’ generation? Why?
- How do the issues around CM that we’re talking about affect you personally?
- What personal experiences have you had? How about people around you – family, friends, neighbours, others – what have they experienced?
- When you think about CM and the related issues, how do you feel about them? Why do you feel this way? How do you think other people in other parts of the community feel about this?
- Does our ‘role model community’ support marriage under 18 years old? Why or why not? (Facilitator explains the illegality of this and the consequences of child marriage in the specific regional context...)
- Facilitator asks the groups to discuss what kind of harm or risks they perceive CM to cause. How might these norms or practices cause harm?
- Each group should list at least 5-8 risks or harms...try to think outside of health. For example, how does having healthy/strong marriages contribute to our ‘role model

community’?

- Encourage a member of each group to report back to the larger group. What risks or harms do they believe FGM poses? Why?
- To what extent is FGM practiced in your community? Is this practice changing from generation to generation or is it staying the same? Why do you think this is?

Recommended Tools

Flip chart and markers (or blackboard and chalk, if applicable)

3E Share back

**5
mins**

Guide for Facilitator

After holding each Community Conversation, it’s important that the group reflects on what they have discussed and learned.

Ask each group to nominate a spokesperson who can share (briefly; and advise them not to share any personal or sensitive details that were shared within the group) a summary of the group’s discussion today.

Recommended Tools

Flipchart and markers (or blackboard and chalk, if applicable).

2F Call to Action

**5
mins**

Objective

After each Community Conversation, participants leave with a “call to action” which is a simple task that they are given to encourage them to continue thinking about the topics discussed during the session prior to coming back to the next session.

Call to Action

Instruct participants to speak with 3 other adults in the community and ask them:

What have been your thoughts and feelings about CM in the past, and how have those changed as you got older (if at all)? Who or what influenced you to change (if applicable) and why?

Session 4 Defining the root causes of CM in our community

Session Name

Time

4A Welcome & Checking in on Call to Action (plenary)

15 mins

Guide for Facilitator

As the participants are all gathered, ask them about how they went with completing their Call to Action from Session 3 (speaking with 3 adults about Child Marriage). They can discuss this with whoever they are sitting next to.

After discussing with someone near them, ask the whole group to reflect on the challenge. Some sample questions for the discussion in plenary:

- What did you learn from others?
- What did you agree/disagree with? Why?
- Did you find the exercise difficult or easy to do? Why?

M&E Tip: write down discreetly who says what in the Call to Action Check-in Tool (available on page 122). If you need more help, get the support facilitator to take notes in the call to Action Check-In Tool.

4B Impact Stores OR Role Play on Child Marriage (small groups)

1 hr

Objectives

In this next section, you can choose between Activity 1 - reading some stories out loud OR Activity 2 - allowing participants to act out some scenarios.

By telling stories about CM the aim is to get participants to open up about their opinions (and maybe experiences) regarding CM. Stories are important ways of understanding how people live, how they behave and what factors influence the choices they make in their lives. Stories touch listeners more than theories or statistics do.

Stories and proverbs are traditionally how people understand their own actions and their impact on other people. Role play is also an effective way of addressing some serious issues in a more informal manner which makes people feel more comfortable to open up.

OPTION A: Impact Stories on Child Marriage

Objective

Storytelling will:

- enable participants to explore values and attitudes influencing individual and collective behaviour.
- demonstrate the use of stories as a tool to create conducive atmosphere to instigate self-expression.
- mobilise the community to anticipate changes.
- enable participants to discuss harmful norms and related issues in detail.

Guide for Facilitator

Ask the participants to get into the same small groups as the previous session.

Remember:

The 3 CM stories here are examples. Feel free to use them as they are, or to adapt them. Remember that each story should present a different challenge.

The facilitator will read out loud a set of three stories based on the specific community context. The groups will listen to the stories as the facilitator read them out loud (to all groups at once). The stories must:

-
- Contain a character that faces a dilemma related to Child Marriage and does not know what to do.
- Highlight a specific concern or problem related to CM that was identified in the previous session.
- Show the real, day-to-day real life of the community and capture the participants' attention. This in turn will have a significant impact on the discussion and reflections afterward.
- Be short, precise, realistic and relevant.

***TIP:** Ensure individual names, places and other matters are commonly used and avoid misunderstanding (i.e. do not use a name of a prominent individual or someone in the group, or a famous situation that happened in the community, if possible).*

Story 1

Getachew is a proud father of his daughter. He believes in education, and his daughter Meskerem is still in high school. He has received many offers from men in the village who want to marry their sons to Meskerem, who is very beautiful. The first offer of marriage happened when Meskerem was 13. Getachew always refused these offers because he wanted Meskerem to finish high school first, but Meskerem is now sixteen years old and men and women in the community are starting to say that she will soon be too old to be a desirable bride. Most girls in the community marry at around 15, 16.

While he wants Meskerem to pursue an education, he is also afraid that if she is too educated, she will never marry and will be alone forever. He also fears that she will face stigma in the community for being an unmarried adult woman.

What should he do about Meskerem? If there is another offer should he take it up? Or should he refuse it? What are the consequences for Getachew if he does not marry Meskerem? What can the consequences be for Meskerem if she does not marry soon?

Story 2

Bizunesh is a mother of three girls who are 15, 13 and 10. She has no sons. Bizunesh did

not finish primary school, like most girls in her community. When she married her husband and moved to his community, most of the women there had finished primary school, and some even secondary school. This gave Bizunesh the desire to make sure that her daughters are educated until they finish secondary school at least. Bizunesh is very close to her oldest daughter, who is called Mashilit. Mashilit used to be very good at school, but in the last few months she has performed very poorly at school. Mashilit trusts Bizunesh and tells Bizunesh her secrets, and the other day she admitted that she is in love with a boy at her school that she wants to marry. Bizunesh knows many of Mashilit's friends. Some of them dropped out of secondary school to marry, while others have said they want to finish secondary school before marrying. Bizunesh wants Mashilit to finish high school first, but she is scared that Mashilit will run away with the boy and bring shame to the family.

What should Bizunesh do? What should she say to Mashilit? Whom can Bizunesh ask advice to? What advice would you give to Bizunesh? And what advice would you give to Mashilit?

Story 3

Tesfaye and Liya are farmers. They have three sons who are 18, 15 and 12. They also have a daughter who is 13, called Sindu. There has been drought these past two years and the crops have failed. Tesfaye and Liya desperately need money. All of their friends seem to be marrying off their daughters as a way to survive. Their neighbour has made a proposal for his son to marry Sindu, as a way of helping Tesfaye and Liya financially, because they will receive a generous dowry. In the meantime, the oldest son, Dessalegn wants to marry a girl from the village who is 16. Tesfaye has refused to allow Dessalegn to marry this girl because he thinks that both Dessalegn and the girl are too young (and he would have to pay dowry). However, he is not sure whether to accept his neighbour's offer. His daughter Sindu has said she does not want to marry the neighbour's son. His wife Liya refuses to take the offer. Liya does not care what the circumstances are, she wants her daughter to continue in school, even if there are less and less girls in school. Tesfaye has always been a gentle father with Sindu, letting her do what she wants. But now things are different as the family survival is at stake.

What should Tesfaye and Liya do? What would you advise them to do? What are the consequences for Liya if she marries? And if she does not marry?

After sharing all three stories, encourage the participants to reflect by responding to the following questions aloud:

- Which story did you like most? Why?
- To what extent do you think each of these would realistically happen in our community? Why or why not?
- What surprised you in the stories? What was familiar?
- If it were you, were there any issues in the stories that you would change or do differently?
- What have you learned from these stories, if anything?

Capture the participants' reflections on the flip chart, or get the support facilitator and/or 1 or 2 participants to support with note taking.

TIP: Remember, as the facilitator it is up to you to adapt this session as you think is best. If reading out loud three stories takes too long, you can read only one story out loud and

then ask participants questions so they have a discussion about only one story. Alternatively, you can shorten the stories to make them more simple for participants to remember. It is up to you to decide what to do given the time you have.

TIP: when participants are answering questions, you can probe deeper into their answers and ask clarifying questions. While it is important to reassure participants that there are no ‘wrong’ answers, it is good to understand why participants have responded in a particular way, and what the reasoning behind their responses is.

Recommended Tools

Flip chart and markers (or blackboard and chalk, if applicable)

OPTION B: Role Play on Child Marriage

Guide for Facilitator

Note: if the group is uncomfortable with role play, the facilitator can read out the story or stories in Option A-

- STEP 1. Explain the following: “Today we’re going to talk about when people get married in our community, especially about the timing of when they get married. We know that getting married is very important, but there can be great benefits if girls and boys wait until they are 18 or above to get married, so that they can grow a bit more and finish school.”
- STEP 2. Say: “Let’s do a short drama that will help us think and talk about some of these issues.”
- STEP 3. Find seven volunteers to play seven characters (Boy, Boy’s mother, Boy’s father, Girl, Girl’s sister, Girl’s mother, Girl’s father). You can give each character a typical local name.
- STEP 4. Say “I will explain the role-play situation to you. Next you will take a few minutes to talk with each other, make a plan and practice the role-play. Then, present the role-play to the whole group.”
- STEP 5. Explain to the rest of the group: “We are now going to watch a common situation between two young people. While you watch the role-play, the group should think about the reasons why these young people should delay their marriage.”

Please ask participants to role play a typical marriage scenario in their community. The situation is this: there is a girl who is good at school and nearly finished, but she wants to marry a boy that is older than her. She is afraid if she gets married now she will not go back to school, but if she waits the boy might marry someone else. She speaks to a family member who is a teacher for advice.

- STEP 6. When the volunteers have finished practicing the role-play, ask them to present.
- STEP 7. After the role-play ends, explore the situation with the group by making two

lists on the blackboard or flipchart: “Reasons for Getting Married Right Away” and “Reasons for Waiting to Get Married.”

- STEP 8. Ask: In the role-play, what reasons to get married were given?
- [for example: to prevent the relationship from ending, because everyone else is married, because it felt right, because one partner convinces the other that there will be no problems, both are comfortable with the decision, it is expected that by age 14 one can get married]
- STEP 9. Ask: What reasons to delay marriage were given?
- [for example: education aspirations–completing school, allowing the relationship to grow more first, other forms of affection are possible, religious beliefs–sex before marriage is not allowed, do not feel ready, are too young]
- STEP 10. Go through the “Reasons to Say Yes to Marriage” list from the first question and discuss:
 - What are the good reasons?
 - Less convincing ones?
 - What might be the consequences of each situation?
 - What should the boy and girl do?
 - What reasons might be the strongest or most important for them?
- STEP 11. Now, focus on the “Reasons to Say No” list and attempt to expand on it with the group by asking:
 - Are there any additional reasons to delay marriage to 18 years and above?
 - If you see the participants struggle to come up with good reasons to delay marriage, you can cite these reasons as examples for them to consider:
 - Delaying marriage means girls and boys are older when they get married, and therefore more ready to shoulder responsibilities of adulthood, especially if they stay in school and finish their education. They will become more educated adults, and therefore more ready to deal with finding jobs, earning an income and other challenges that come with becoming an adult (including marriage and having children).

**This has been adapted from an exercise provided by Population Council in their manual, ‘Health and Lifeskills Curriculum – Wajir’ for the Adolescent Girls Initiative – Kenya.*

4C Root Causes

45 mins

Objective

Having taken in the stories or acted out scenario, the group will now return to the barriers defined in the previous session. Identifying the *root causes* of these barriers ensures that the action plan addresses the fundamental areas which need to change in order to achieve the vision of a role model community.

Guide for Facilitator

Ask the participants to get into the same small groups from the previous session. Reviewing the prioritised barriers and issues related to CM from the previous session, the group will ask itself: what are the root causes of each of these barriers?

Demonstrate asking “Why?” 5 times to get to the ‘root cause’ explanation of why these barriers exist. Reviewing the barriers and issues related to CM from the previous session, what are the root causes of each of these barriers?

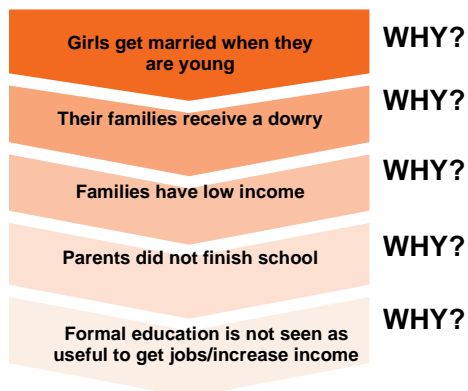
In their small groups, encourage participants to list out the root causes for each of the prioritised barriers on a poster or flip chart.

TIP: remember to encourage participants to divide their roles. One person can take notes of what his/her group members say. Another can keep an eye on the time.

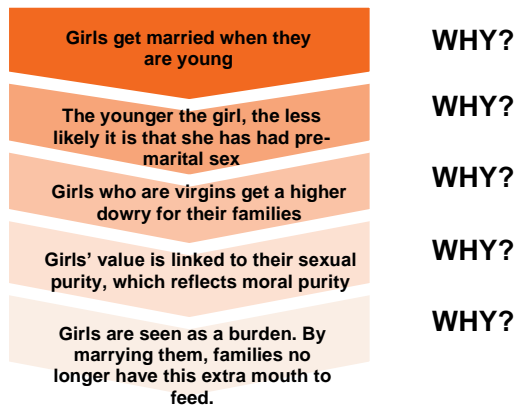
Participants should then present their root causes back to the other groups, to see what were the common root causes identified.

Below are some examples of root causes to help you guide participants.

Barrier #1 to achieving Role Model Community that perpetuates CM: Poverty



Barrier #2 to achieving Role Model Community that perpetuates CM: Cultural Norms



After holding each Community Conversation, it's important that the group reflects on what they have discussed and learned.

Ask each group to nominate a spokesperson who can share (briefly; and advise them not to share any personal or sensitive details that were shared within the group) a summary of the group's discussion today.

4D Call to Action

5 mins

Objective

After each Community Conversation, participants leave with a “call to action” which is a simple task that they are given to encourage them to continue thinking about the topics discussed during the session prior to coming back to the next session.

Call to Action

After this session, the facilitator will give participants 2 tasks:

- 1) The facilitator will instruct participants to speak with someone they trust in the community: Tell them about what you’ve been doing in the Role Model Academy and ask them: Are these activities practical? What other actions might we do to address these root causes of CM in our community?
- 2) The facilitator will instruct participants to invite up to 2 friends/family members (someone they trust) to the next session that will be with a health expert.

Session 5 HEW Session: Your Health and Harmful Practices

Session Name

Time

5A Welcome & Checking in on Call to Action (plenary)

15 mins

Guide for Facilitator

As the participants are all gathered, ask them about how they went with completing their Call to Action from Session 4 (to speak with someone they trust about the Role Model Academy and what actions can the community do to address the root causes of CM). They can discuss this with whoever they are sitting next to.

After discussing with someone near them, ask the whole group to reflect on the challenge. Some sample questions for the discussion in plenary:

- What did you learn from others?
- What did you agree/disagree with? Why?
- Did you find the exercise difficult or easy to do? Why?

M&E Tip: write down discreetly who says what in the Call to Action Check-in Tool (available on page 122). If you need more help, get the support facilitator to take notes in the call to Action Check-In Tool.

5B Understanding FGM (plenary)

1.5 hrs

NOTE: This session should be facilitated by the Community Health Worker / Health Extension Worker/health expert (from now on the health expert). Make sure that you have briefed them in advance of this session. The facilitator should be available to support the health expert if needed, but the health expert should lead this session.

The health expert will speak to the group about general health including the issues they are seeing in the community and what to do about them. They should also speak about FGM and its relevance to the overall health of women and girls, but also the benefits of not practicing FGM for the boys and men. Please leave plenty of time for questions and discussions.

The health expert should cover the following:

- Health issues in the community for adolescent boys and girls – what they are and what to do about them.
- What FGM is and how it happens, the risks and how there are no health or religious reasons to do this.
- That FGM is a human right violation and girls have the fundamental right to decide, in an informed manner, about their lives and their bodies.
- That there is no health or religious reason to perform FGM.

The health expert will then invite another guest speaker, 1-2 women who have undergone FGM to talk about how it has changed their lives and their health. They will be able to convey real experience they have lived and take questions.

Q&A Session

Following both speakers, questions can be taken. If participants are shy or not speaking, you or the health expert can prompt them with the following questions:

- What health issues are you worried about?
- What questions do you have about FGM that you are too shy to ask your friends or other adults?
- Why do some people practice FGM? What about in this community?
- What happens to girls that do not undergo FGM?
- What questions do you have about your health that you cannot ask other people?
- Do boys have to worry about being 'pure'? Why or why not?

You can also prompt participants with the list of questions in the following page.

TIP: allow for half of the session for the health expert and guest women speakers to talk. And the other half of the session to be a Q&A session where participants are free to ask their questions.

Some additional facts and questions for discussion about FGM in our community

FACTS

Facilitator explains the illegality of this and the consequences of practicing FGM in the specific regional context...

- FGM represents a violation of human rights.
- FGM has been prohibited by Ethiopia's National Constitution since 2004.
- Article 4 of Ethiopia's National Constitution states: "Women have the right to protection by the state from harmful customs. Laws and practices that oppress them and cause bodily or mental harm to them are prohibited."
- The Ethiopian Criminal Code punishes female circumcision with imprisonment.
- Article 565 on Female Circumcision states that "whoever circumcises a woman of any age, is punishable with simple imprisonment for not less than three months, or fine not less than five hundred Birr."
- Article 566 on Infibulation of the Female Genitalia states that: "(1) Whoever infibulates the genitalia of a woman is punishable with rigorous imprisonment from three years to five years. (2) Where injury to body or health has resulted due to the act prescribed in sub-article (1) above, subject to the provision of the Criminal Code which provides for a more severe penalty, the punishment shall be rigorous imprisonment from five years to ten years".

QUESTIONS

- What does our community understand about the health, social and economic problems caused by FGM? (Facilitator can give some examples)
- Why is someone motivated to do this? What are some of the arguments and considerations?
- What kinds of harm or risks they perceive FGM to cause. How might these norms or practices prevent us from achieving our vision of being a role model community?
- How has the community changed its attitude toward FGM since your parents' generation? Why?
- How do the issues around FGM that we're talking about affect you personally?
- What personal experiences have you had? How about people around you – family, friends, neighbours, others – what have they experienced?
- When you think about FGM and the related issues, how do you feel about them? Why do you feel this way? How do you think other people in other parts of the community feel about this?
- Does our 'role model community' support FGM? Why or why not?

5C Share back

20 mins

Guide for Facilitator

After holding each Community Conversation, it's important that the group reflects on what they have discussed and learned.

Ask each group to nominate a spokesperson who can share (briefly; and advise them not to share any personal or sensitive details that were shared within the group) a summary of the group's discussion today.

5D Call to Action

5 mins

Objective

After each Community Conversation, participants leave with a "call to action" which is a simple task that they are given to encourage them to continue thinking about the topics discussed during the session prior to coming back to the next session.

Call to Action

The facilitator will instruct participants to talk to 3 friends or family members about what they learned today from the health expert.

M&E Tip: At the end of this session, make sure you and the support facilitator quickly administer the Flash Survey for Guest Participants to guest participants individually. See page 123 to see this survey.

Session 6 Defining the root causes of FGM in our community

Session Name

Time

6A Welcome & Checking in on Call to Action (plenary)

15 mins

Guide for Facilitator

As the participants are all gathered, ask them about how they went with completing their Call to Action from Session 5 (which consisted of talking to 3 friends or family members about what they learned from the health expert). They can discuss this with whoever they are sitting next to.

After discussing with someone near them, ask the whole group to reflect on the challenge. Some sample questions for the discussion in plenary:

What are some of your reflections on the Call to Action? Was it difficult or easy to answer? Why?

M&E Tip: write down discreetly who says what in the Call to Action Check-in Tool (available on page 122). If you need more help, get the support facilitator to take notes in the call to Action Check-In Tool.

6B Impact Stories on FGM (plenary)

1.5 hrs

Remember: The 3 FGM stories here are examples. Feel free to use them as they are, or to adapt them. Remember that each story should present a different challenge.

Guide for Facilitator

Story A: Deera's story

Deera is a mother who underwent FGM as a child and has had health problems and pain from it as an adult. Because of this, she has decided not to cut her young daughter but it has not been an easy decision. Her husband is also against cutting and supports this decision.

Deera's mother is also cut and believes this is essential for any girl in order to be respected by the community and to marry. She insists that the daughter must be 'pure' by being cut and will be considered 'bad' otherwise. Her mother has put a great deal of pressure on her to cut her daughters and this has strained their relationship. She is also afraid that her mother may take her daughters to be cut without her knowledge.

More and more women around Deera are deciding not to have their daughters cut, but she is very concerned that if she does not do what her mother wants, she will be a bad daughter.

Discussion questions:

- How does Deera's story make you feel? What would you do in this situation?
- Why do you think Deera's mother thinks a girl needs to undergo FGM to be pure and good?
- Why do you think people say girls have to be 'good' and 'pure.' Do people say the same for boys? Why is it different?
- Can you be pure and good without undergoing FGM?

Story B: Edna's Story

Edna is a 14-year-old girl with a big group of friends who she likes very much. They talk about everything and share secrets.

Edna's family is secretly against FGM and is not planning on forcing her or any of her sisters to undergo it. But many of Edna's friends have undergone FGM and she hears them say bad things about girls who have not undergone FGM – that they are 'dirty', 'bad', 'out of control' and will never find husbands.

This makes Edna worried – she does not feel like she is any of these things and she worries about finding a husband later. She knows that her parents will not take her to be cut, but she is thinking of asking if one of her friends or friend's parents can help her get cut.

Discussion Questions:

- How does Edna's story make you feel? What would you do in this situation?
- Why do you think Edna's friends say mean things about girls who are not cut? Why do you think Edna's family are against FGM?
- Why can uncut girls still be 'good' and 'pure'?

TIP: Remember, as the facilitator it is up to you to adapt this session as you think is best. If reading out loud two stories takes too long, you can read only one story out loud and then ask participants questions so they have a discussion about only one story. Alternatively, you can shorten the stories to make them more simple for participants to remember. It is up to you to decide what to do given the time you have.

TIP: Encourage participants to have a discussion when you finish reading each story. The discussion questions should guide the discussions. When participants are answering questions, you can probe deeper into their answers and ask clarifying questions. While it is important to reassure participants that there are no 'wrong' answers, it is good to understand why participants have responded in a particular way, and what the reasoning behind their responses is.

After sharing **both** stories, encourage the participants to reflect by responding to the following questions aloud:

- Which story did you like most? Why?
- To what extent do you think each of these would realistically happen in our community? Why or why not?
- What surprised you in the stories? What was familiar?
- If it were you, were there any issues in the stories that you would change or do differently?
- What have you learned from these stories, if anything?

Capture the participants' reflections on the flip chart.

6C Root Causes (small group)

45 mins

Objective

Having taken in the stories, the group will now return to the barriers defined in the previous session. Identifying the *root causes* of certain challenges ensures that the action plan addresses the fundamental areas which need to change in order to achieve the vision of a role model community.

Guide for Facilitator

Ask the participants to get into the same small groups from the previous session. Recall the issues related to FGM presented to us in the three stories. Encourage the group to ask itself: what are the root causes of each of these issues? Why does FGM occur in our community?

Some additional questions for discussion are found on the following page.

Demonstrate asking “Why?” 5 times to get to the ‘root cause’ explanation of why these barriers exist. Reviewing the issues related to FGM from the stories, what are the root causes of each of these issues?

In their small groups, encourage participants to list out the root causes for each of the prioritised barriers on a poster or flip chart.

Participants should then present their root causes back to the other groups, to see what were the common root causes identified.

6D Share back

20 mins

Guide for Facilitator

After holding each Community Conversation, it’s important that the group reflects on what they have discussed and learned.

Ask each group to nominate a spokesperson who can share (briefly; and advise them not to share any personal or sensitive details that were shared within the group) a summary of the group’s discussion today.

6E Call to Action

5 mins

Objective

After each Community Conversation, participants leave with a “call to action” which is a simple task that they are given to encourage them to continue thinking about the topics discussed during the session prior to coming back to the next session.

Call to Action

After this session, the facilitator will give participants 2 tasks:

- 1) The facilitator will instruct participants to speak with someone they trust in the community:

Tell them about what you’ve been doing in the Role Model Academy and ask them: Are these activities practical? What other actions might we do to address these root causes of FGM in our community?

- 2) The facilitator will instruct participants to invite up to 2 friends/family members (someone they trust) to the next session that will have a guest speaker to talk about livelihoods.

***TIP:** If you already know who will be coming to talk in the next session (e.g. a farmer, entrepreneur etc.) you can tell the participants. If you do not yet know, just tell participants that someone with an interesting job will come to talk.*

Session 7 Future role models and future work

Session Name

Time

7A Welcome & Checking in on Call to Action (plenary)

15 mins

Guide for Facilitator

As the participants are all gathered, ask them about how they went with completing their Call to Action from Session 6 (to speak with someone they trust about the Role Model Academy and what actions can the community do to address the root causes of FGM). They can discuss this with whoever they are sitting next to.

After discussing with someone near them, ask the whole group to reflect on the challenge. Some sample questions for the discussion in plenary:

- What did you learn from others?
- What did you agree/disagree with? Why?
- Did you find the exercise difficult or easy to do? Why?

M&E Tip: write down discreetly who says what in the Call to Action Check-in Tool (available on page 122). If you need more help, get the support facilitator to take notes in the call to Action Check-In Tool.

7B Inspiring talk from Role Model – entrepreneur, farmer, etc. (small group)

1.5 hrs

Objective

The objective for this session is for participants to be exposed to someone with first hand experience of an issue about livelihoods that they find important.

Guide for Facilitator

You should find an inspiring person, such as an entrepreneur or business person, to facilitate and speak at this session (see page 17 for more information). They will need to speak about issues of concern to the community - for example - if the community is a farming community then the speaker could talk about being a successful farmer. Or, if people are more engaged in business or a market, they could hear from a person engaged in that. The point is that the person will get adolescents talking about their futures and livelihoods. This can lead into discussions about women having independent income and agency.

The facilitator should speak about the following topics:

The importance of their work

How their financial freedom helps to make a better life for both them and their family
If they are a woman, they can talk about the importance of financial freedom and the ability to work.

The speaker should then take questions and allow participants to share their experiences, if they also have experience in business/farming/etc. .like the guest speaker.

Recommended Tools

Flip chart and markers (or blackboard and chalk, if applicable)

7C Share back (plenary)

20 mins

Guide for Facilitator

After holding each Community Conversation, it's important that the group reflects on what they have discussed and learned.

Ask each group to nominate a spokesperson who can share (briefly; and advise them not to share any personal or sensitive details that were shared within the group) a summary of the group's discussion today.

7D Share back

20 mins

Guide for Facilitator

After holding each Community Conversation, it's important that the group reflects on what they have discussed and learned.

Ask each group to nominate a spokesperson who can share (briefly; and advise them not to share any personal or sensitive details that were shared within the group) a summary of the group's discussion today.

7E Call to Action

5 mins

Objective

After each Community Conversation, participants leave with a "call to action" which is a simple task that they are given to encourage them to continue thinking about the topics discussed during the session prior to coming back to the next session.

Call to Action

The facilitator will instruct participants to talk to 3 friends or family members about what they learned today with the guest speaker.

M&E Tip: At the end of this session, make sure you and the support facilitator quickly administer the Flash Survey for Guest Participants to guest participants individually. See page 123 to see this survey.

Session 8 Future role models and future work

Session Name

Time

8A Welcome & Checking in on Call to Action (plenary)

15 mins

Guide for Facilitator

As the participants are all gathered, ask them about how they went with completing their Call to Action from Session 7 (of telling 3 people what they learned about the role model guest speaker). They can discuss this with whoever they are sitting next to.

After discussing with someone near them, ask the whole group to reflect on the challenge. Some sample questions for the discussion in plenary:

- What did you learn from others?
- What did you agree/disagree with? Why?
- Did you find the exercise difficult or easy to do? Why?

M&E Tip: write down discreetly who says what in the Call to Action Check-in Tool (available on page 122). If you need more help, get the support facilitator to take notes in the call to Action Check-In Tool.

8B Action Planning (small group)

1.5 hrs

Guide for Facilitator

Ask the participants to get into small groups of 3-4 (randomly, is fine). They will be discussing an entirely new topic, so it can be useful to shuffle the group composition.

Motivate the participants by telling them that today, as a community, we are going to come up with an action plan that will help us address the harms and risks that are hurting our community.

Ask participants to get into small groups.

On the flip chart, each group captures all potential actions they could take to address FGM and CM.

The actions should be divided into three categories: individual actions, family or household actions, and community actions.

For something to be an action, it must:

- Be specific and clear
- Be action-oriented (i.e. not a vague concept or desire)

To help define clear actions, the participants can use a framework such as “in order to _____, we must_____.”

Ask the groups to bring all of their actions together to the front of the room/space to share with one another. All together, the group needs to prioritise actions that they can achieve. Note: the recommended possible interventions need to consider the capacity, resources and skills of the community.

To prioritise the actions, encourage the community to consider the following aspects:

Urgency: From among the recommended interventions, the relatively urgent and the most pressing ones deserve priority.

Capability: This refers to the evaluation of the community's capacity and resources (to complete their actions and achieve their goals), as well as simplicity of implementation. How might completing one action make another action easier to complete?

Recommended Tools

Flip chart and markers (or blackboard and chalk, if applicable). Prioritisation can be done through voting or ranking.

8C Creating the Action Plan

30 mins

Guide for Facilitator

Creating the Action Plan

It's not enough to have a set of actions – we need a unified plan to address these harmful norms and get us one step closer to our role model community!

Encourage the community to think about how they will put together a plan that will help **them** achieve these actions.

Planning is a key building block in the community-led capacity building and problem-solving process.

The action plan must...

- Respond to questions related to what, how, who, when and where.
- Include actions that are: agreed-upon, realistic, clear and specific

Draw the palm of your hand on the flip chart with five fingers.

Each finger relates to one of the five key words that represent the pillars of planning: WHO, WHAT, WHEN, WHERE, HOW.

- **What** – which activities should we execute?
 - e.g. talk to people we know about what we have learned about FGM to discourage them to do practice it on their daughters
- **How** – how are we going to achieve this? What are the specific steps we need to take to accomplish our goals? What are the inputs required to achieve this?
 - e.g. make a list of people you can talk to and invite them to your house for a coffee with you
- **Who** – Who will be responsible for each action?
 - e.g. Each of us present in this room
- **When** – When is the appropriate time to take the action?

- e.g. as soon as possible
- **Where** – Where does each action take place?
 - e.g. in our homes

The key components of the action plan are:

- Actions
 - These can be most easily defined by:
 - What should we **stop** doing?
 - What kinds of behaviour should we **discourage**?
 - What kinds of behaviour should we **encourage**?
 - What should we **start** doing (create or initiate)?
- Objectives of those actions (i.e. what do we expect to happen as a result of doing this action?)
 - Who's responsible for completing or reporting against this action
 - Timeframe
 - Progress indicators for each action (e.g. key milestones)
 - Budget
 - Expected inputs for the community (e.g. resources)

This action plan must also refer to the 'criteria' for a Role Model Community defined in Session 2.

Allow the group to discuss this and define a clear set of activities. Help the group understand why planning is important in the process of implementing the agreed interventions that address community concerns. Each person has a role to play in contributing to our 'role model community'.

8D Share back (plenary)

20 mins

Guide for Facilitator

After holding each Community Conversation, it's important that the group reflects on what they have discussed and learned.

Ask each group to nominate a spokesperson who can share (briefly; and advise them not to share any personal or sensitive details that were shared within the group) a summary of the group's discussion today.

8E Call to Action

5 mins

Objective

After each Community Conversation, participants leave with a "call to action" which is a simple task that they are given to encourage them to continue thinking about the topics discussed during the session prior to coming back to the next session.

Call to Action

Go and speak with someone you trust in the community. Discuss with them what you've been doing in the Role Model Academy. Ask them: Has our community ever taken united

action like this before? If so, what did we learn from the last time that we can do to improve our actions this time? If not, what challenges do we foresee with this process and how can those be resolved early?

Session 9 Resource mobilisation to achieve the action plan

Session Name

Time

9A Welcome & Checking in on Call to Action (plenary)

15 mins

Guide for Facilitator

As the participants are all gathered, ask them about how they went with completing their Call to Action from Session 8 of talking to someone about the Role Model Academy and asking them if the community has ever taken united action before). They can discuss this with whoever they are sitting next to.

After discussing with someone near them, ask the whole group to reflect on the challenge. Some sample questions for the discussion in plenary:

- What did you learn from others?
- What did you agree/disagree with? Why?
- Did you find the exercise difficult or easy to do? Why?

M&E Tip: write down discreetly who says what in the Call to Action Check-in Tool (available on page 122). If you need more help, get the support facilitator to take notes in the call to Action Check-In Tool.

9B Mobilising Our Resources to Achieve the Action Plan (plenary)

1 hr

Guide for Facilitator

Ask the participants to get into small groups of 3-4 (randomly, is fine). They will be discussing an entirely new topic, so it can be useful to shuffle the group composition.

Remind the participants of the Action Plan by reviewing the outputs from the previous session (using the flip charts).

Social Assets & Resource Mobilisation

In order to achieve the action plan, we must first understand our own strengths as a community and what resources need to be mobilised.

Social assets are the societal, cultural identity and communal relationships, customs and community-based strengths shared by a given society that interconnects each other.

Encourage the participants to consider their social assets as a community and how this will help them achieve the action plan.

Some questions to help the group discussion:

- What are the resources, capacity and skills, currently used to achieve the action plan and eliminate FGM or CM?
- How might we use these resources, capacity and skills to celebrate our community's progress against the action plan?
- How might we use these resources, capacity and skills to deter behaviours which go against our action plan? Facilitator provides examples, such as anti-harmful practices committees, religious leaders, Community Care Coalitions, clubs, and more.

Ask the participants to get into the same small groups as before.

9C Defining a Clear Set of Roles (plenary)

30 mins

Guide for Facilitator

As the participants complete their own action plan, encourage them to clarify roles and responsibilities early so that they can work through their actions efficiently. Remind them that this should have a positive tone, that they are working to achieve a stronger and healthier community that protects its children's and adolescents' rights. The action plan should avoid a focus on punishment, since there are other legal measures for this, and instead should focus on celebrating positive behaviour.

For example, is there something community members can wear or display in their household that signifies their compliance with the action plan and the criteria of a "Role Model Community"? This is one small way to celebrate the positive change in the community.

9D Share back (plenary)

20 mins

Guide for Facilitator

After holding each Community Conversation, it's important that the group reflects on what they have discussed and learned.

Ask each group to nominate a spokesperson who can share (briefly; and advise them not to share any personal or sensitive details that were shared within the group) a summary of the group's discussion today.

8E Call to Action

5 mins

Objective

After each Community Conversation, participants leave with a “call to action” which is a simple task that they are given to encourage them to continue thinking about the topics discussed during the session prior to coming back to the next session.

Call to Action

Go and speak with someone in your community and tell them about what you’ve been discussing in the Role Model Academy about the action plan. Reflect with them about what they can contribute in terms of resources to help you achieve the action plan.

Session 10 Reflecting and planning for a strong future

Session Name

Time

10A Welcome & Checking in on Call to Action (plenary)

15 mins

Guide for Facilitator

As the participants are all gathered, ask them about how they went with completing their Call to Action from Session 9 (speaking with someone about the Action Plan and reflecting on how that person could get involved). They can discuss this with whoever they are sitting next to.

After discussing with someone near them, ask the whole group to reflect on the challenge. Some sample questions for the discussion in plenary:

- What did you learn from others?
- What did you agree/disagree with? Why?
- Did you find the exercise difficult or easy to do? Why?

M&E Tip: write down discreetly who says what in the Call to Action Check-in Tool (available on page 122). If you need more help, get the support facilitator to take notes in the call to Action Check-In Tool.

10B Agree or Disagree (Group Discussion)

1 hr

Guide for Facilitator

The participants can remain in the larger group (plenary) during this session.

This is the final session with adults only. Sessions 11 and 12 will include the adolescent Role Model Academy participants.

In this final session for adults, the Facilitator will encourage the group to step away from the action plan temporarily to reflect on the entire Community Conversation process so far as a whole.

This process has been about recognising the damage (harm, risk) created by some of the community's practices and norms. The Facilitator will encourage the group to reflect on this process and how they feel they have changed as a result.

Agree or Disagree Reflection

The Facilitator will read each of the following statements aloud (or the Facilitator can adapt these based on the region or the particular discussions in previous sessions). The group is to decide whether they agree or disagree with each statement and why.

For each statement:

The Facilitator reads the statement, then asks agree / disagree.

The Facilitator asks why.

The Facilitator asks how they think their answer would have been different at the beginning of the Community Conversations experience.

Examples of statements:

- Boys should go to school longer than girls.
- When a girl turns 18, she is already too old to marry.
- When a boy turns 18, he is too young to marry.
- Only girls who have been cut are eligible to marry.
- Men only want to marry girls who have been cut
- Everyone should be married when their parents want it.
- FGM causes harm to my daughter's health.

Recommended Tools

Flip chart and markers (or blackboard and chalk, if applicable).

10C Share back

30 mins

Guide for Facilitator

Ask the group to reflect on the process broadly. What have they learned? How has the process felt? Will they recommend it to others in the community?

10D Call to Action

5 mins

Objective

After each Community Conversation, participants leave with a “call to action” which is a simple task that they are given to encourage them to continue thinking about the topics discussed during the session prior to coming back to the next session.

Call to Action

Same as last time, tell participants to go and speak with someone in your community and tell them about what you’ve been discussing in the Role Model Academy about the action plan. Reflect with them about what they can contribute in terms of resources to help you achieve the action plan.

NOTE

Facilitators should let participants know that the final two sessions convene all the Role Model Academies (adolescents & adults).

Session 11 Cross-community value sharing (all CC groups)

NOTE: All Role Model Academy Groups (Adolescent Girls, Adolescent Boys and Adults) shall join together for this session and the following one.

Session Name

Time

11A Blind Trust (plenary – all groups)

45 mins

Guide for Facilitator

Get CC groups together and introduce the activity. Once this is done, divide the groups into unmarried men, unmarried women, married women and married men. Within these groups, divide participants into pairs.

One partner is blindfolded (with a cloth or whatever is at hand) and the other partner turns them around 5 times.

The blindfolded partner needs to get from point A to point B (such as from one side of the room to the other) safely without hurting themselves and without opening their eyes. Their partner needs to give them instructions on how to get there safely, without touching them. e.g. "walk 10 steps to your right", "turn to your left and walk straight" etc.

Rules: Partners are allowed to hold hands for 3 steps only.

Repeat game with partners switching roles.

When the game is finished remind everyone the takeaway message of the game:

- Communication is very important!
- A strong community is made up of people who help each other, who talk to each other, who guide each other and trust each other.
- Trusting someone may not be easy at first - it requires courage.
- We need to be brave and trust each other and support each other to do the right thing.

Materials

Blindfold or cloth

11B Strong Families - Role Play & Discussion (small groups of 5 people each)

1 hr

Guide for Facilitator

Divide participants into their original CC groups. Within these groups, divide participants into groups of 5. These groups will be given situations that they must act out as if they were a real family. These situations will help them to review what has been spoken about throughout the CC, but confirm their abilities to solve problems together.

Situations can include:

- Reacting to pressure from the community to cut the daughter.
- Reacting to a suitor's request at getting the daughter cut.
- Reacting to pressure from some people to get their daughter married young.

Facilitator facilitates discussion on the role play. Guiding questions include:

- How similar was this to a discussion you would have in your own families? What is different? What is similar?
- What did you learn about strong families? How could you make your family stronger?
- What could we do as a community to ensure all of our families are strong families, made up of strong mothers, strong daughters, but also stronger fathers and strong sons?

11C Creating a pledge (plenary)

30 mins

Guide for Facilitator

Transitioning from the discussion, participants will now create a pledge. The facilitators should bring out the papers/cloths with the records of what adolescent participants wrote in exercise 9E "Believing in yourself and having confidence" (from the Adolescent Toolkit). These will help remind everyone what they discussed and help create the pledge. These should be displayed for everyone to see.

In small groups (unmarried men/adolescent boys, unmarried women/adolescent girls, married men, married women), participants should first walk around to each collection of paper/cloths of what adolescents wrote down for exercise 9E.

Following this, each person should write down each thing they can do to ensure stronger families in their community, (suggest stopping FGM and delaying marriage until adulthood should be part of their consideration).

Each person must think of at least one thing they can do individually, and one thing they can do as a group. They discuss in their small groups.

The facilitators go round each group noting people's ideas and clarifying their doubts.

The facilitators then share with the big group people's ideas.

Facilitators inform participants that they will transform people's ideas into a text that will constitute the pledge that they will sign at the last gathering. A pledge that is different according to men, women, adolescent girls/unmarried women and adolescent boys/unmarried men.

11D Closing

5 mins

Guide for Facilitator

Announce that the last session is a celebration and a special pledge. Participants should dress up and wear their special clothes.

Session 12 Coming together for a strong future (all CC groups)

NOTE: All Role Model Academy Groups (Adolescent Girls, Adolescent Boys and Adults) shall join together for this session and the following one.

Session Name

Time

12A Opening Speech (plenary)

30 mins

Inspiring talk and congratulations from community leader. This should touch on the progress everyone has made, how it contributes to a stronger community and protects the health and happiness of girls and boys – a proud community against FGM and child marriage.

12B Warm up activity (plenary)

15 mins

Guide for Facilitator

Group exercise. The following will help people feel energised and engaged for the event.

The facilitator should ask the big group to act out some the following:

Can you....

- 1) Pounce like a lion.
- 2) Pretend that you are a cat.
- 3) Can you act like you just got out of bed.
- 4) Pretend you are floating on water.
- 5) Pretend you are climbing a rope.

You can add additional exercises if you like.

***Adapted from 'Ideas for Physical Activity Breaks in Meetings' provided by Jump In For Healthy Kids.*

12C Presentation of the Pledge (plenary)

1 hr

Guide for Facilitator

The pledge is printed in a massive scroll of paper or cloth and unveiled by the community leader who gave the opening speech. (The pledge can also be written on pieces of paper if this is the only thing available).

Facilitators ask literate participants to read out a sentence each (ideally one man, woman, girl, boy).

When this is finished encourage applause.

When this is finished, facilitators read out the name of each participant, and one by one they go to sign the pledge.

The facilitator can say something like the following: This marks the end of our first community conversations cycle together, I look forward to seeing you in future community conversations so we can continue this journey together to create stronger boys and girls and closer communities.

12D Party



Eating, coffee, dancing, music, celebrating!



CONSIDER



PREPARE



CONDUCT



LEARN

PART FOUR

Tracking Change

Tailored Measurement Tools to Support Learning & Improvement

4.1 Introduction

In this section of the toolkit, the facilitator – and external observer – is provided with a set of templates and tools for tracking/measuring progress as well as a guide to how CCs are measured as a whole.

As detailed in the following pages, the measurement tools are categorised under three overarching objectives:

- 1) Monitoring to assure quality and adherence to process measures.
- 2) Monitoring the diffusion of information of CCs
- 3) Measuring the participant's behaviour change journey through the CCs

Learning events:

Wherever resources permit, it is recommended that BoWCY facilitates quarterly Learning Events (Successes, adaptations & learnings) with CC facilitators per region. This provides an opportunity to adapt and evolve the model as needed.

1. Monitoring to assure quality and adherence to process measures

Below is a set of tools that are intended to support quality assurance of the delivery of CCs and routine reporting. Most tools are for the facilitator to use, except for the observation guide and observation template, which are intended to support external observers (such as woreda representatives) in the quality assurance of CCs. However the facilitator can also refer to the observation guide and template as a way of reflecting and improving their practice and, if necessary, adapting the CCs to the needs and priorities of the participants, while remaining inside the scope of action of addressing Harmful Practices (HP).

What we want to understand/learn from	How it will be documented	Who is responsible	When	Frequency	Observations
CCs are reaching the most influential people in the community and the most affected by these topics [FGM/CM]	1.1 Attendance Logs	Facilitator	During CCs	Every session	
Community is regularly convening to	1.1 Attendance Logs + 1.2 Record	Facilitator	During CCs	Every session	

have critical dialogues	Keeping Tool				
Ensuring the facilitator is not reverting to conventions around lecture-based learning and is allowing for open dialogue & critical reflection led by the community	1.3 Observation Guide	Woreda administrators/external observer	During CCs	On an occasional basis (every 3-6 months)	The Observation Guide is intended to support woreda administrators/external observers when evaluating the sessions they observe during random field visits (spot checks)
Adherence to CC Toolkit	1.3 Observation Guide + 1.4 Observation Template				
CCs are being adapted and optimised in response to the community's priorities & needs			During CCs		

1.1 Attendance Log (Names + Contact Details)

Objective: Understand who is attending regularly and who is not. This may be used by the facilitator to follow-up with participants who have stopped attending regularly, for example, and encourage them to return. Understand how regularly the sessions are being held.

Use: The facilitator should fill this in at the beginning of each session, following the example provided below. The facilitator should make sure to write down the date of every session.

	Name + Contact	Session 1 Date: 1/02/2022	2 Date:___ -	3 Date:___ -	4 Date:___ -	5 Date:___ -	6 Date:___ -	7 Date:___ -	8 Date:___ -	9 Date:___ -	10 Date:___ -	11 Date:___ -	12 Date:___ -
1	Amina 0740005967	x	x	x	x	x		x					
2	Getnet 0754359870	x	x	x		x	x	x					
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

1.2 Session Record-Keeping Tool

Objective: This tool keeps a record of to what extent the CCs have provoked critical dialogue and reflection toward the intended outcomes. It also supports continuous improvement of the model.

Use: The facilitator should fill this out after each CC session.

Reporting Requirements: To be determined in consultation with BoWCY.

Zone	
Woreda	
Kebele	
CC Group Name (Adults or Adolescents)	
Group Leader Name	
Facilitator Name	
Facilitator Name (if more than one)	
Date	

Session #	Number of participants (Attendance)	Sensitive issues that came out from the community conversation	Notes (especially proposed adaptations or changes to next session)

1.3 Observation Guide

Objective: Tool to provide guidance on different elements to keep in mind when evaluating the overall delivery of CCs.

Use: External observers, such as woreda representatives should refer to this guide when occasionally observing CC sessions during random field visits. Prior to the sessions, they should familiarise themselves with the observation questions and considerations below. They should go into each session with these in mind as they watch the interactions between the participants and facilitators. Facilitators can also refer to this observation guide to help them evaluate the performance of their sessions and adapt if necessary.

Observation category	Observation questions & considerations
Interest in the program	Do participants seem comfortable with the discussion in the sessions? What are the varying levels of engagement in the sessions? Do participants seem to have mentioned CC to friends outside of the group, or to family members?
Orientation towards discussion topics	Are participants seem to be excited about the discussion topics? Do people seem embarrassed or afraid to talk about anything? What sort of reactions do you observe when talking about FGM and Child Marriage? Which topics or sessions seem to be the most difficult for participants to appreciate or understand?
Engagement & length	Are participants seeming bored or tired? Are there varying levels of engagement? Does their attention seem to be dropping as the sessions go on? When do they seem the most and least energised?
Body language	How do participants physically appear during the session? For instance, do they cross their arms? Do they smile or frown? Do they shake their heads? What is the overall tone of conversation during the session - serious, playful...?
Small vs. large group	What differences in behaviour/energy levels/attitude do you observe between the large groups (plenary) versus smaller groups (breakout groups)? Do participants seem to like larger or smaller groups more?
Facilitator	How is the facilitator interacting with the participants? Are there any power dynamics (hierarchy)? What is the facilitator doing that seems to be working well (is effective)? What's not? What are the different communication styles of the different facilitators, and which style seems to be the most effective?

1.4 Observation Template

Objective: Tool for the external observer to write down his/her impressions of the overall delivery of CCs, paying attention to the different observation categories.

Use: Observations from sessions should be written down in this template AFTER the session, and not during the session, in order to avoid creating power relations between observer and facilitator and

participants and inhibiting participants' behaviour during sessions. The external observer should also prioritise filling in this template, in private, out of sight from participants and facilitators.

Observation category	Your observations
Interest in the programme	
Orientation towards discussion topics	
Engagement & length	
Body language	
Small vs. large group	
Facilitator	

2. Monitoring the diffusion of information of CCs

Below is a set of tools to measure the diffusion of information process from CCs to community. The Call to Action Check-in Tool and the Flash Survey are integrated into the CC routine, i.e. they should be filled in during the sessions. In contrast the post-session survey should be administered after the 12th session by an external observer (not by the facilitator to avoid conflict of interest).

What we want to understand/learn from	How it will be documented	Who is responsible	When	Frequency	Observations

Understand how CC participants are talking about CC sessions to their friends/family & how the latter are interpreting and reacting to this information.	2.1 Call to Action Check-in Tool	Facilitator	During CCs	Each session in which the previous challenge involved speaking to people (during exercise “Checking in on Challenge from Previous Session)	The facilitator (or volunteer) should take notes discreetly of what participants say during the discussion.
Understand how CC participants are talking about CC sessions to their friends/family & how the latter are interpreting and reacting to this information.	2.2 Flash Survey for Guest Participants	Facilitator	During CCs (only sessions that have a guest speaker)	At the end of a session that has a guest speaker	The facilitator (or volunteer) should administer this survey only to participant guests individually (i.e. one by one) ideally in a space that offers privacy to avoid being heard by other people.
Understand how CC participants are talking about CC sessions to their friends/family & how the latter are interpreting and reacting to this information.	2.3 Post Session Survey	Not the facilitator	At the end of CCs	After the last session (either on the day or during door-to-door visits)	Even though the post-session survey asks questions related to different areas of inquiry, it should be administered completely by the same person (who is not the facilitator, and neither a representative of local authorities).

2.1 Call to Action Check-In Tool

Objective: This tool aims to measure diffusion of information from the CCs to the outer community by keeping a record of the experience that participants report about the take away challenges that involve speaking to community members about topics related to the CCs.

Remember: The *Calls to Action* built into the sessions of the Role Model Academy are intended to support an organised diffusion process within the community. Participants are held accountable to completing this at the outset of every session when they are asked to discuss it with the person sitting next to them.

Use: At the beginning of the CC, during the check-in on the Call to Action, make notes discreetly of what participants say to each other and in the plenary discussion.

Session #	What challenge of previous session consisted of	Who did people speak to	How did people outside of CCs react to participants' information (what did they say and do)	What was easiest/hardest aspect of challenge for participants
4	speaking with 3 adults about child marriage	-Aunts -Uncles -Friends of same age -Sisters -brothers		

2.2 Flash Survey for Guest Participants

Objective: This tool aims to measure diffusion of information from the CCs to the outer community by keeping a record of what motivated guest participants to join a session, including documenting how they found out about the session (and who told them) and what their understanding is of what the session was going to be about.

Use: The facilitator should administer this flash survey at the end of the session only to guest participants (i.e. who were invited by regular CC participants for one particular session). It should take 5 minutes for each guest participant to answer the whole survey.

Topic/Theme	Questions	
Key Questions	1. Before attending, what did you think the session was going to be about?	
	2. Now that you have attended, what was the session about?	
	3. Why did you come?	
	4. How did you find out about today's session? Who told you about it? What did they say when they told you about it?	
	5. Would you like to come back to another session? If yes/no - why?	
Demographic Questions	Age	
	Marital Status – married or unmarried	
	Educational level (until what year did you attend school)	
	Gender	
	Occupation	
	Religion	

2.3 Post-Session Survey

Objective: This tool – specifically Topic C – aims to measure diffusion of information from the CCs to the outer community by keeping a record of participants’ overall experience speaking with community members about what was discussed in the CCs. Topics A & B aim to understand participants’ experience of the CCs, including their evaluation of the performance of the facilitator.

Use: This survey should be administered as an individual interview to participants after session 12, whether right after the last session, or during door to door visits. The facilitator should not administer the survey to avoid influencing participants' responses and generating a conflict of interest. Rather, an external observer should administer the survey, such as someone hired by regional or woreda BoWCA or a civil society organisation.

Topic/ Theme	Questions	
A) Experience with CCs	In general, how did you find the CC sessions? (probe further beyond just "good" or "bad", e.g. useful? boring? fun? etc.)	
	What did you think about the LENGTH of the sessions? (too long/too short?)	
	What did you think about the TIMING of the sessions? Did it work for you or did it not work for you?	
	What did you think about the CONTENT of the sessions? (probe further, by saying, what did you think about the discussion topics?)	
	Did you learn anything new during these sessions? If yes, what did you learn that was new?	
	What topics were you already familiar with in these sessions?	
	Did you talk about topics that you wanted to talk about in the CCs? If not, what would you want the CCs to talk about?	
	Which activities from the CC did you like most? Least?	
	How did you find the homework? Was it easy/difficult to do? Why?	
	How could the CCs be made better so that you really want to attend them? (Probe to try and get an answer - avoid 'I would change nothing' and 'it was good'.)	

	What kinds of 'role models' would you like to see in future sessions (examples: business people, teachers, etc)?	
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Topic/ Theme	Questions	
B) Feedback on facilitator	How did you find the facilitator of the CC? What did you like? What did you not like?	
	How could the facilitator improve the way s/he facilitates the sessions?	
	Would you ever want to facilitate a CC? Why or why not?	
C) Diffusion of messages	Did you mention to family or friends that you were taking part in CCs?	
	If yes, what did you tell them exactly? How did you describe the sessions?	
	How did they react? What did they say?	
	Did any of them show interest in participating? Or no interest? Why do you think this is?	

3.Measuring the participant’s behaviour change Journey through the CCs

Below is a set of tools that are intended to understand participants’ perceptions about harmful practices BEFORE CCs take place and AFTER CCs take place in order to measure the participants’ behaviour change journey through the CCs. Facilitators (or external observers) should conduct vignette surveys several times: before the CCs begin (technically after session 1 and before session 2), after sessions 5 or 6 and after session 12.

Note: The pre-session survey also aims to collect information that will allow the facilitator to customise sessions in order to generate more interest from the community (e.g. understanding what kind of role model to invite, such a farmer or a businessperson, depending on what community members value).

What we want to understand/learn from	How it will be documented	Who is responsible	When	Frequency	Observations
Create a baseline of participants’ perceptions of key issues their community faces related to livelihoods (that are beyond CM and FGM); who participants admire (who their role models are); what elements of the CCs would attract more people	3.1 Pre-session survey	Facilitator	Before Session 2	Once	Administer to one third (1/3) of participants
Participants’ <i>empirical</i> expectations about FGM and CM (beliefs about what other people do)	3.2 Empirical Expectations – Vignette survey	Facilitator	1st time: before Session 2 2nd time: after Session 5 3rd time: after Session 12	3 times	Administer to one third (1/3) of participants. Each time administer to a different third.

Participants' <i>normative</i> expectations about FGM and CM (beliefs about what other people <i>think should be done</i>)	3.3 Normative Expectations – Vignette survey	Facilitator	1st time: before Session 2 2nd time: after Session 5 3rd time: after Session 12	3 times	Administer to one third (1/3) of participants. Each time administer to a different third.
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3.1 Pre-Session Survey

Objective: To collect a baseline of participants' beliefs about harmful practices, mainly FGM and CM and to better understand the characteristics of the community in order to customise certain aspects of the CC.

Use: Despite the name “pre-session survey”, this survey should be conducted AFTER Session 1 as during Session 1, participants and the facilitator will have time to develop rapport. Therefore, administering the survey after Session 1 but before Session 2 will tend to elicit more honest answers from participants, as they will understand better what the CCs are about and will be more comfortable to respond to the questions truthfully.

Topic/Theme	Questions	Answers
A) General Community Profile/ personal values	1. Who do people admire in the community? Why?	
	2. Who do YOU admire? (it can be anyone - someone in the community, someone famous etc.) Why?	
	3. What do you YOU think is a good life? (What kind of life would you like to have?)	
	4. Is this similar or different to what do people in this community believe is a good life? Why?	
	5. What do you worry about most for yourself and your family?	

	6. What would you say are the biggest challenges facing your community right now?	
	7. What would help to solve these challenges?	
B) Desirability CC	1. What is a Community Conversation?	
	2. What would motivate you to participate in a CC?	
	3. What do you think people should talk about in these Community Conversations? What would you like to talk about in the CC?	
	4. What are you tired about hearing from NGOs?	

Topic/Theme	Questions	Answers
C) Expectations about marriage (continued)	When someone gets married, who chooses their husband/wife? Is it themselves? or the parents? or someone else?	
	What is a good bride? How does a good bride behave?	
	What is a good bridegroom? How does a good bridegroom behave?	
	What should a woman do in order to find the right husband?	
	What would prevent a woman from getting married? Why?	
	What should a man do to find the right wife?	

	Why do you think some people in other communities still practice FGM? ...still practice Child Marriage?	
D) Demographic data	Gender	
	Age	
	Occupation (if no longer in school)	
	Education level	
	Family size (how many people do you live with and who are they – parents/siblings etc.)	
	Religion	

3.2 Vignettes: Empirical Expectations

Objective: To understand participants’ empirical expectations about FGM and CM (beliefs about what other people do). By administering these vignettes at three different points of the CC season, the aim is to track any changes in participants’ empirical expectations about FGM and CM.

Use: This vignette survey should be administered as an individual interview to a quarter of participants three times: at the beginning, middle and end of the CC season. Ideally the vignettes presented to participants the 2nd and 3rd time should contain different stories, but the same questions. Facilitators can adapt the vignettes to better suit the contexts where they are operating.

Vignette	Questions	Answers
Vignette 1 – Child Marriage Empirical Expectations Mr Berhanu has been visited by a very respectable family who want their son to marry Mr Berhanu's daughter. It is a very good opportunity, but Mr. Berhanu's daughter is 15 years old and still	1. In your opinion, will Mr Berhanu ultimately agree to the marriage of his daughter? [behaviour] Why? [preferences]	
	2. What (if anything) might drive Mr Berhanu to agree to the marriage? [preferences]	

going to school. Most girls in the village marry before they are 16 years old.	3. What (if anything) might drive Mr Berhanu to say no to the marriage? [preferences]	
	4. Do you think Mr Berhanu should agree to the marriage? [personal normative belief]	
Vignette 3 – FGM Empirical Expectations Liya's husband and mother-in-law want to circumcise Hiwot, their oldest daughter, who is 12 years old. Liya is herself circumcised and does not want to circumcise Hiwot, but she does not want to have a conflict with her husband. Most girls in the village are circumcised before age 10.	1. In your opinion, will Liya ultimately agree to the circumcision of her daughter? [behaviour] Why? [preferences]	
	2. What (if anything) might drive Liya to agree to circumcise her daughter? [preferences]	
	3. What (if anything) might drive Liya to say no to circumcising her daughter? [preferences]	
	4. Do you think Liya should agree to circumcise her daughter? [personal normative belief]	

Vignette	Questions	Answers
Demographic Data	Gender	
	Age	
	Occupation (if no longer in school)	
	Education level	
	Family size (how many people do you live with and who are they – parents/siblings etc.)	

Religion	
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3.3 Vignettes: Normative Expectations

Objective: To understand participants' normative expectations about FGM and CM (beliefs about what other people think should be done). By administering these vignettes at three different points of the CC season, the aim is to track any changes in participants' normative expectations about FGM and CM.

Use: This vignette survey should be administered as an individual interview to a quarter of participants three times: at the beginning, middle and end of the CC season. Ideally the vignettes presented to participants the 2nd and 3rd time should contain different stories, but the same questions. Facilitators can adapt the vignettes to better suit the contexts where they are operating.

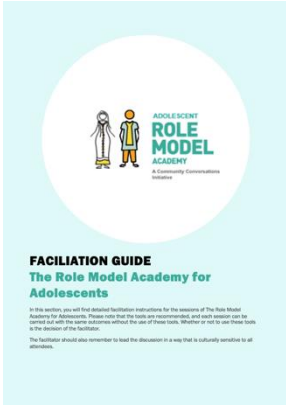
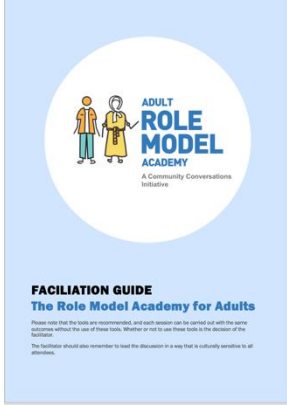
Vignette	Questions	Answers
Vignette 2 – Child Marriage Normative Expectations Mr Berhanu has been visited by a very respectable family who want their son to marry Mr Berhanu's daughter. It is a very good opportunity, but Mr. Berhanu's daughter is 15 years old and still going to school. People in the village say a good father arranges a good marriage as soon as a good opportunity arises.	1. In your opinion, will Mr Berhanu ultimately agree to the marriage of his daughter? [behaviour] Why? [preferences]	
	2. What (if anything) might drive Mr Berhanu to agree to the marriage? [preferences]	
	3. What (if anything) might drive Mr Berhanu to say no to the marriage? [preferences]	
	4. Do you think Mr Berhanu should agree to the marriage? [personal normative belief]	
Vignette 4 – FGM Normative Expectations Liya's husband wants to circumcise Hiwot, their oldest daughter, who is 12 years old. Liya is herself circumcised and	1. In your opinion, will Liya ultimately agree to the circumcision of her daughter? [behaviour] Why?	

<p>does not want to circumcise Hiwot, but she does not want to have a conflict with her husband, and does not want people to gossip. People in the village say a good mother these days does not circumcise her daughter before marriage.</p>	[preferences]	
	2. What (if anything) might drive Liya to agree to circumcise her daughter? [preferences]	
	3. What (if anything) might drive Liya to say no to circumcising her daughter? [preferences]	
	4. Do you think Liya should agree to circumcise her daughter? [personal normative belief]	
	Questions	
	Gender	
	Age	
	Occupation (if no longer in school)	

	Education level	
	Family size (how many people do you live with and who are they – parents/siblings etc.)	
	Religion	

4.2 Summary of Tracking Tools

The following pages provide a summary of when to use the M&E tools. Below is a list of all the tools. The list includes who should administer them and when.

WHAT	WHO	WHEN	
		 <p>FACILITATION GUIDE The Role Model Academy for Adolescents</p> <p><small>In this booklet, you will find detailed facilitator instructions for the sessions of The Role Model Academy for Adolescents. Please note that the tools are recommended, and each session can be carried out with the same objectives without the use of these tools. Whether or not to use these tools is the decision of the facilitator. The facilitator should also remember to lead the discussion in a way that is culturally sensitive to all attendees.</small></p>	 <p>FACILITATION GUIDE The Role Model Academy for Adults</p> <p><small>Please note that the tools are recommended, and each session can be carried out with the same outcomes without the use of these tools. Whether or not to use these tools is the decision of the facilitator. The facilitator should also remember to lead the discussion in a way that is culturally sensitive to all attendees.</small></p>

1. Monitoring to assure quality and adherence to process measures			
1.1 Attendance Log (Names + Contact Details)	Facilitators	All sessions	All sessions
1.2 Session Record-Keeping Tool	Facilitators	All sessions	All sessions

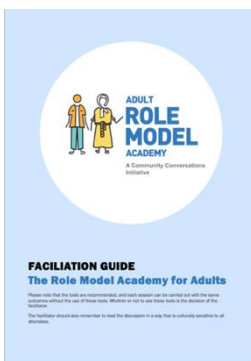
1.3 Observation Guide	External Observers	At random	At random
1.4 Observation Template	External Observers	At random	At random

2. Monitoring the diffusion of information of CCs

2.1 Call to Action Check-In Tool	Facilitators	Sessions 3, 4, 5, 6, 9,10	Sessions 2, 3, 4, 5, 6, 7, 8, 9,10
2.2 Flash Survey for Guest Participants	Facilitators	Sessions 5,6	Sessions 5,7
2.3 Post-Session Survey	External Observers	Session 12	Session 12

3. Measuring the participant's behaviour change journey through the CCs

3.1 Pre-Session Survey	Facilitators	Session 1	Session 1
3.2 Vignettes: Empirical Expectations	Facilitators	Sessions 1,5,12	Sessions 1,5,12
3.3 Vignettes: Normative Expectations	Facilitators	Sessions 1,5,12	Sessions 1,5,12



4.2.2 Role Model Academy for Adults: Tracking Tools Overview

SESSION 1

During

After

1.1 Attendance Log

1.2 Record-Keeping Tool

- 3.1 Pre-session survey
- 3.2 Empirical Expectations – Vignette survey to 1 quarter of the participants
- 3.3 Normative Expectations – Vignette survey to 1 quarter of the participants

SESSION 2

During	After
--------	-------

- | | |
|--|-------------------------|
| 1.1 Attendance Log | 1.2 Record-Keeping tool |
| 2.1 Call to Action Check-in Tool about session 1 | |

SESSION 3

During	After
--------	-------

- | | |
|--|-------------------------|
| 1.1 Attendance Log | 1.2 Record-Keeping tool |
| 2.1 Call to Action Check-in Tool about session 2 | |

SESSION 4

During	After
--------	-------

- | | |
|--|-------------------------|
| 1.1 Attendance Log | 1.2 Record-Keeping tool |
| 2.1 Call to Action Check-in Tool about session 3 | |

SESSION 5

During	After
--------	-------

- | | |
|--------------------|----------------------------|
| 1.1 Attendance Log | 1.2 Record-Keeping Tool |
| | 2.2 Flash Survey for Guest |
| | 3.1 Participants |

Pre-session survey

3.2

Empirical Expectations – Vignette survey to 1 quarter of the participants (different from session 1)

2.1 Call to Action Check-in Tool about session 4

3.3

Normative Expectations – Vignette survey to 1 quarter of the participants (different from session 1)

SESSION 6

During

After

1.1 Attendance Log

1.2

Record-Keeping tool

2.1 Call to Action Check-in Tool about session 5

SESSION 7

During

After

1.1 Attendance Log

1.2

Record-Keeping tool

2.1 Call to Action Check-in Tool about session 6

2.2

Flash Survey for Guest Participants

SESSION 8

During

After

1.1 Attendance Log

1.2

Record-Keeping tool

2.1 Call to Action Check-in Tool about session 7

SESSION 9

During

After

1.1 Attendance Log

1.2

Record-Keeping tool

- 2.1 Call to Action Check-in Tool about session 8

SESSION 10

During		After	
1.1	Attendance Log	1.2	Record-Keeping tool
2.1	Call to Action Check-in Tool about session 9		

SESSION 11

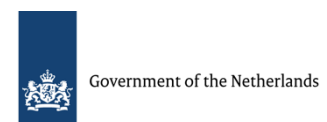
During		After	
1.1	Attendance Log	1.2	Record-Keeping tool

SESSION 12

During		After	
1.1	Attendance Log	1.2	Record-Keeping tool
		2.3	Post-session survey
		3.2	Empirical Expectations – Vignette survey to 1 quarter of the participants (different from session 1 and 5)
		3.3	Normative Expectations – Vignette survey to 1 quarter of the participants (different from session 1 and 5)

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COMMUNITY CONVERSATIONS TOOLKIT

Eradicating Harmful Practices through
The Role Model Academy

