COMMUNITY CONVERSATIONS TOOLKIT

Eradicating Harmful Practices through

Safe Spaces for Change

ALTERNATIVE TOOLKIT FOR HUMANITARIAN & EMERGENCY SETTINGS

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Ministry of Women and Social Affairs

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for every child

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NATIONAL ALLIANCE TO END FGM & ECM

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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.

GIRLS ROLE MODEL ACADEMY

A Community Conversations Initiative

SAFE SPACES FOR CHANGE

A Community Conversations Initiative

BOYS ROLE MODEL ACADEMY

A Community Conversations Initiative

ADULT ROLE MODEL ACADEMY

A Community Conversations Initiative

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 female genital mutilation and child marriage 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 Mabirizi, 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 -20 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 10 sessions in total which 7 are structured and 3 open sessions.

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 in humanitarian setting- Safe spaces: safe and private conversations among groups of community members aimed at empowering and facilitating participants to take immediate personal action which helps in reducing vulnerabilities to the risk of CM, FGM, and other GBVs based on prevailing current realities of families and communities affected by the crisis. Enabling them to manage the pressure they face due to the temporary situation of the crisis and avoiding the risk of making decisions that result in a permanent impact on the lives of girls and the entire family. The discussions are facilitated among the wider members of 15 to 20 in plenary as well as smaller groups to further enhance safe space for discussion including sensitive and private concerns.

The Safe Space Toolkit is intended to be utilised in settings which have been disrupted and stressed due to humanitarian crisis/emergency. This includes but is not limited to: refugee and host communities, internally displaced populations (IDPs), migrants, and more.

Exit Interview: it's a tool that aims to measure the 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.

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 service provision, 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.

Pledge: this refers to a promise that CC participants are encouraged to make to contribute to ending harmful practices. In session 9, 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 10

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.

Record-Keeping Tool: is a tool to measure and evaluate impact. This tool records the extent to which the CCs have provoked critical dialogue and reflection toward the intended outcomes. It also supports continuous improvement of the model. The facilitator should fill this out after each CC session.

Role Model Academy: Leveraging the Community Conversations methodology for the Ethiopian context in the development setting, 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.

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.

Table of Contents

FOREWORD 1

ACKNOWLEDGEMENTS 4

ACRONYMS 5

GLOSSARY 6

PART ONE 10

AN INTRODUCTION TO METHODOLOGY AND PURPOSE 10

Understanding Community Conversations 10

1.1 Introduction 11
- Purpose of this toolkit 11
- Sowing Seeds of Social Norm Change: 12
- The structure & goals of the CC toolkit 12
- How the toolkit is structured: 12
- Focusing on CM and FGM across Ethiopia 13
- CCs as an SBCC Tool for Addressing CM and FGM 13
- CCs in Humanitarian Settings 13
- Key Distinctions between the Full CC Toolkit (Role Model Academy) and this Alternative Version for Humanitarian/Emergency Settings (Safe Spaces for Change) 14
- Toolkit Redesign Process 15

Using this Toolkit for Gender Transformative Social Norm Change 16

Why an Alternative Toolkit 17

for Crisis & Stressed Settings? 17
- Humanitarian Settings in Ethiopia 17
- How Social Norms Shift in Emergency/Humanitarian Settings 17
- CCs for Humanitarian Settings 18
- Intended Audience for Safe Spaces for Change 19

1.2 Community Conversations 19
- What are Community Conversations? 19
- Key Objectives of Community Conversations 20
- Principles of Community Conversations 21
- Planning a Community Conversation 22
- Skills and Behaviour of Community Conversation Facilitators 23
- Your Role as a Facilitator 24

1.3 How do CCs contribute to real change? 27
- Expected Outcomes of Community Conversations 27

PART TWO 28

SAFE SPACES FOR CHANGE 28
Using Community Conversations to address FGM and CM in Ethiopia's Humanitarian Settings 28

2.1 Introduction 29
Purpose of this toolkit 29

Community Conversations for humanitarian and crisis-affected settings 30
Community-led problem-solving to shift 30
community norms & practices around FGM and child marriage 30
Introducing Safe Spaces for Change 30

2.2 Safe Spaces for Change 31
A Community Conversations Initiative 31
Key Elements of Safe Spaces for Change 33

2.3 Safe Spaces for Change 34
Safe Spaces for Change: How it Works 34
What is it? 34
Objectives 34

PART THREE: IMPLEMENTATION GUIDE: SAFE SPACES FOR CHANGE 35

3.1 Summary of Sessions 36

Phase 1 Preparation 39

Demographics & Logistics 39

Phase 2 Training 39

Skill-building & Site Identification 39

Phase 3 Rollout 41

Launch of Safe Spaces for Change sessions within the community 41

3.1 Session Structure 37
Why an alternating structure? 37

PART FOUR 57

TRACKING CHANGE 57
Tailored Measurement Tools to Support Learning & Improvement 57

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 describes 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 thequality of the model as it is delivered.

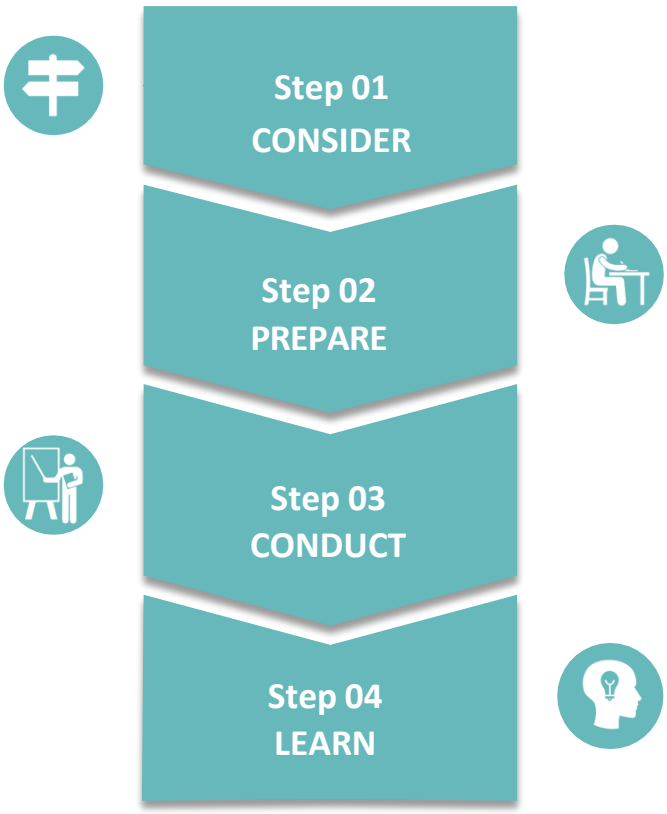
CCs ensure that communities are given space to identify concerns, reflect on shared challenges, deliberate on solutions and map out courses of action around HPs, such as child marriage (CM) and female genital mutilation (FGM). CCs seek toaddress how communities can actively participate and 'own' the 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 rape, 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 communications (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.

CCs in Humanitarian Settings

In all humanitarian settings, whether due to conflict, natural disaster or otherwise, social norms are subject to change. Some evolve to imply the acceptance of a 'new normal,' while others are reinforced or reaffirmed. Collective strife or trauma, such as a humanitarian event, can often be a powerful way to reinforce a community's identity – and thereby, reinforce shared expectations of community members' behaviour.

Because of this, humanitarian settings also influence the way that people manage risk and consider their vulnerabilities. Coping mechanisms can develop that are driven by fear, often leading to harmful, destructive and/or unsustainable practices. For example, in times of drought,

UNICEF's research has shown that child marriage rates increase. This is due to several reasons: the need for income (in the form of a dowry payment), stability and security (for their daughter, who will be perceived as financially protected through marriage) or more.1 In some regions of Ethiopia, drought is cyclical and this kind of risk to child protection can be anticipated and mitigated before the community begins to rely on such harmful practices in order to cope.

These trends point to a clear need for CCs that address the unique norm change contexts of humanitarian settings. This version of the CC toolkit is intended to provide a clear, simple and easy-to-use guide for carrying out the CC methodology even in stressed or disrupted settings. The focus is on acknowledging and identifying risk, while addressing immediate need. That is, the conversations are still intended to focus on eradicating harmful norms by deconstructing why they exist and how to address that root driver, but the conversations also highlight immediate priorities such as connecting vulnerable people directly to support services whenever needed. In short, the community is urged to confront the fact that events like drought and conflict are temporary (ideally) and should be approached as such. The community should not make lasting decisions in a temporary situation, but instead should work toward a future state that's constructive and healthy for all.

Key Distinctions between the Full CC Toolkit (Role Model Academy) and this Alternative Version for Humanitarian/Emergency Settings (Safe Spaces for Change)

In the full CC toolkit, the programme is premised on the concept of a Role Model Academy – an interactive experience that's focused on future-oriented thinking, long-term aspirations and personal growth and development as a 'role model' for the community. The Role Model Academy seeks to overturn harmful social norms by encouraging critical reflection and dialogue about how the community collectively seeks to protect its children's rights to live a healthy, happy life free from harm and injustice.

In the full toolkit, participants of CCs 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.

In this alternative version of the CC Toolkit for humanitarian and emergency settings, the overarching goals remain the same but the pathway for change is much different. The way people consider risk and vulnerability in humanitarian and emergency settings tends to be quite different than in times of relative stability. The way they cope with challenges and perceive threats, especially if they have experienced trauma, shifts – in turn, social norms and expectations about behaviour also shift. Where it is a gender imbalance due to armed conflict, for example, or a new context (e.g. an IDP settlement) forcing the formation of new social networks, humanitarian and emergency settings present a different set of challenges with respect to social norm change.

Recognising this, this version of the CC toolkit differs from the development CC toolkit in the

[1] Ethiopia Humanitarian Situation Report (No.4 and 5)

following key ways:

- **Ensuring CCs are synonymous with a safe, private and constructive setting.** This requires a different kind of preparation upfront for facilitators and local stakeholders (e.g., mapping referral networks, explained further in this toolkit).
- **Rather than catalysing norm change through aspirational long-term goals, the focus is what needs to change 'here and now.'** It can be difficult to shift entrenched, longstanding customs and norms. In times of instability and change, however, it can be easier to call these practices into question. While the development CC toolkit practices a 9-12-month journey of establishing new norms an preventing harmful behaviours, this toolkit focuses much more succinctly on the current realities of FGM and CM, and encouraging participants to take immediate personal action against these harmful practices. The "Safe Spaces for Change" narrative is about protecting the community's strength (wellbeing, 'wholeness') by acknowledging that certain practices threaten that strength.
- **From community-wide, public commitments to personal and immediate actions.** Rather than deterring harmful behaviours and norms through long-term personal development, this toolkit promotes a collective desire to actively and immediately reduce harm.
- **Direct connection with resources and services makes immediate behaviour change more practical.** Participants will be connected with resources and services directly, to ensure they can take action if risks or harm have been acknowledged. Greater involvement from service providers in this change process can also help shift mindsets and catalyse norm change.
- **The structure is minimalist and flexible.** The structure of these sessions is less reliant on external tools and materials, nor does it require a dedicated venue or space (the toolkit describes what a "safe space" is and how to locate one)
- **Alternating sessions create greater flexibility to respond to the needs of the community.** Sessions alternate between being structured and unstructured, allowing for changes in the mental and emotional state of participants as their environments may change in response to crisis

Like the development CC toolkit, the content of CCs has been informed by research conducted in all six regions (Afar, Amhara, Gambella, Oromia, SNNP and 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 Social Affairs (BoWCSA) 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 Pathwaymore 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 BoWCSA and the communities where CCs will be delivered.

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 lesson the 'good' and 'pure' designations
- Looking at empowering things girls andwomen can do independently by developing skills and the possibility of earning income
- Encouraging reflection and discussion of'good' boys, men, husbands and fathersin relation to their expectations of womenin their communities
- Building empathy for the opposite genderthrough 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.

Why an Alternative Toolkit for Crisis & Stressed Settings?

Humanitarian Settings in Ethiopia

The Ethiopian context faces a range of humanitarian crises, some of which can be anticipated and many which cannot. These include cycles of drought, civil war, and more. Each of these crises has the potential to dramatically impact the wellbeing and safety of children by limiting their current and future protection. When it comes to displaced peoples and/or disrupted livelihoods, children are consistently among the most vulnerable. When these events happen, there is often an increase in child marriage and other harmful practices that exacerbate children's vulnerability.

UNICEF has been gathering evidence regarding the help-seeking behaviours of girls, boys and women in refugee and host communities in response to violence and other threats such as child marriage and female genital mutilation.[2] While there has been documented progress around FGM and child marriage across Ethiopia, the findings still show that local customs can compete with federal law – and even so, these normative expectations can also shift and evolve in response to threats to livelihood, social standing, wellbeing and more. Because of this, greater attention must be paid to how communities anticipate and protect children against the effects of such threats.

How Social Norms Shift in Emergency/Humanitarian Settings

In some parts of Ethiopia (e.g. Somali region), elements of crisis – and the associated risks – can be anticipated and mitigated early with the right intervention. For instance, cycles of drought occur in the Somali region which places a strain on the household. Reporting from the 2022 drought has shown that the crisis has had significant, negative effects on indicators of child protection and social protection. This is because women and girls are displaced, forced into crowded living conditions, forced to take up work outside of the household which exposes them to additional vulnerability and risk of GBV, etc.[3] Because water availability is a major concern during this time, women and girls often occupy the role of fetching water for the household. This daily errand, along with gathering firewood, exposes them to new risks related to harassment and assault.

UNMAS reports have shown that the presence of explosive-ordinance related incidents also has an impact on vulnerability, because these devices can lead to loss of life or mobility, affecting job prospects and thereby limiting household income.[4] These kinds of financial stressors have a clear correlation with rates of child marriage and the associated practices to 'prepare' an adolescent for marriage (e.g. FGM).

Whether the humanitarian crisis involves drought or any other emergency, the disturbance to

[2] *Assessment of barriers to accessing violence against women and children response services in refugee and host communities of Ethiopia* .Chaffin et al. Child Frontiers for UNICEF Ethiopia. July 2020.
[3] Joint Report: Multi-Agency Initial Rapid Assessment –The drought situation in Dawa Zone Somali Region 15– _26 June 2022
[4] UNMAS Post Mission Report for field visits in Jara IDP site, Kobo, Wedliya and Gashena
(Amhara Region, Northern Ethiopia). 12 - 16 April, and 16 - 21 May 2022.

daily life and the introduction of new factors in family decision-making must be confronted. Community Conversations, as a community-led methodology for critical dialogue and reflection about harmful practices, is an opportunity to combat these harmful practices in a time where influences on decision-making and normative behaviours are in flux. Community Conversations also represent an opportunity in which the facilitator can point participants towards support services including health services, psychosocial support, and legal aid services, to name a few.

CCs for Humanitarian Settings

CCs represent a way to address this, by offering adolescents and adults a ***safe space*** in which to have needed conversations about how crisis affects their lives and their decision-making. Decisions are normally made based on a variety of different factors, but when basic needs are threatened, the considerations around decision-making tend to become much simpler and more dramatic. For instance, decision-making related to the financial security of the household can lead families to relocate for better job opportunities or make a decision to marry their daughter(s) off in order to secure a short-term gain in the form of a dowry payment.

Humanitarian situations can disrupt not only physical space, but also the needs, capacities, attitudes and beliefs that define social expectations and interactions within a given community. In times of duress, people tend to respond to situations out of fear, looking for opportunities to mitigate risk and protect their households from further destruction – whether that be physical, financial or emotional/psychological. These opportunities may present trade-offs, such as sacrificing a daughter's education for her perceived 'safety' through marriage. By being both a sociocultural rite as well as having a financial component, marriage is a clear and simple way of reacting to crisis without sacrificing social standing. That is, marriage is sometimes used as way of proactively 'protecting' a girl from bringing shame to her family in the form of premarital relationships. Marriage is also perceived as a kind of austerity measure when finances are restricted – by marrying a daughter off and moving her out of the household, you are lightening the demands on household resources. Child marriage and other harmful practices that relate to being eligible or prepared for marriage, such as FGM, are therefore a major risk to adolescent girls when crises occur.

The full CC Toolkit (version focused on development settings) recommends a six-month programme of critical dialogue, reflection and steady but progressive growth toward a set of both personal and community goals. It is focused on investing in adolescents' personal growth journeys and aspirations as a way of activating long-term 'change agents' who will set new norms as they grow older. This version of the toolkit therefore is referred to as The Role Model Academy. Both adolescents and parents join sessions to explore what it takes to be a 'role model', and how harmful practices like CM and FGM contradict the community's efforts toward being a role model community. In humanitarian settings, however, the CC methodology can play a similarly important role but must be adapted. When a household's priorities have changed so dramatically due to crisis, shifting their focus toward tackling harmful practices can be challenging. UNICEF, MoWSA and regional BoWCSAs recognise that a revised methodology is needed in order to catalyse sustainable behaviour change in such settings. This alternative version of the toolkit was established to address that need.

Intended Audience for Safe Spaces for Change

This version of the toolkit ("Safe Spaces for Change") is intended to be utilised in settings which have been disrupted and stressed due to humanitarian crisis/emergency. This includes but is not limited to: refugee and host communities, internally displaced populations (IDPs), migrants, and more.

Please note that this toolkit is intended for communities in humanitarian settings only. While 'stability' can be difficult to define in a universal way, it is strongly recommended that the full CC toolkit ("Role Model Academy"; the version for development settings) be used in times of relative calm. This can loosely be defined as situations where basic institutions and services are functioning and recovery and reconstruction efforts are underway. This is highly important because the original version of the CC toolkit is designed to offer communities a way to build their 'role model community.' The Role Model Academy programme is forward-looking, highly aspirational and encourages practical action toward a shared goal. It is intended to complement development and reconstruction efforts nicely by targeting a community's long-term thinking and collective planning efforts.

In general, this toolkit is intended for a wide audience of actors who are interested in eradicating FGM and child marriage and other harmful practices.

1.2 Community Conversations

What are Community Conversations?

CCs happen when a small group of 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 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 theproblem, 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 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 10+), 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 thecommunity for the anticipated changes and help transfer the experience to other communities

Flexibility

Attendees must be consulted at all times on the topics discussed. They are going to be ones making changes in their communities, so they should be constantly involved in the process and agenda. 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 andopenly 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 training, but do not need to hold formal qualifications. Further information on the ideal profile of a facilitator is included in this toolkit. 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?

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.

Moreover, it is important that those who participate in Community Conversations represent a diverse set of perspectives, opinions and beliefs. The conversations will bemore useful to the community if they include people who represent the full spectrum of behaviours and attitudes

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 wecome together to talk about the things thatare important to us, we open up to new possibilities, and unleash new potentials – for thinking, and for action.
In the Safe Spaces for Change programme, our focus is on addressing CM and FGM specifically.

How often will we meet?

In this toolkit, the recommended frequency of the conversations is 2-3 times per month for 3-5 months. The community should aim to complete at least 10 consecutive sessions within a 5-month period.

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 Safe Spaces for Change 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.

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 mycommunity 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 CommunityConversations.
- I understand how to navigate differences of opinion and support people to reach a mutualrespect.
- I understand how to withhold judgement ofother's opinions and ideas, and to promoteempathetic listening.
- I am available to facilitate these conversationstwice 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. eradicationof FGM and CM).

SKILLS

- I can read and write.
- I am comfortable completing thiswork 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

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...

- Community's uptake of health and related services (e.g. psychosocial support) will be improved.
- The number of women vulnerable to FGM/CM shall be minimized
-

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.

PART TWO

Safe Spaces for Change

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

2.1 Introduction

Purpose of this toolkit

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's humanitarian settings.

This is accomplished through a few key elements which distinguish this toolkit from the full CC Toolkit (version for development settings):

- **Ensuring CCs are synonymous with a safe, private and constructive setting.** A higher level of preparation is required upfront, as local teams will need to understand the networks of CSOs and service provision available to participants. Recognizing that safe spaces do not always exist within the community, or are (re)negotiated in the wake of crisis or conflict, facilitators will need to work closely with humanitarian partner organisations (e.g. CCCM, CP AoR / implementing partners) in identifying "safe spaces" where conversations can be held.

- **From future-focused to 'here and now'.** While the full CC toolkit focuses on a 6-month journey of establishing new norms and preventing this behaviour in the future, this toolkit focuses much more on the current realities of FGM and CM, and encouraging participants to take immediate personal action against these harmful practices. Crisis-affected communities face major shifts in priorities, and long-term goals may appear threatened. While focusing on the 'here and now,' it will also be important for communities to maintain a sense of hope and aspiration beyond the challenges immediately facing them. The Safe Spaces for Change programme should focus on supporting the community to manage the pressure coming from a temporary situation and avoiding making permanent decisions (e.g. discontinuing schooling, FGM) as a result of it.

- **From community-wide, public commitments to immediate personal actions.** Rather than action planning as a community or household, personal commitments will be made for immediate action against these practices. The facilitator will also promote a broader campaign in the community, under which all this sits, which reminds people of the key warning signs for FGM and CM (e.g. signalled through a set of gestures, rhyming phrases, etc).

- **Diffusion of information as part of personal actions.** As part of participants' personal commitments for immediate action against harmful practices, one explicit "task" during the duration of the CCs will be for them to discuss their learnings of the sessions – including reflections about harmful practices and access to support services – with the people around them, whether, family, neighbours or people they generally trust who are also in the same humanitarian setting as they are. The objective is to set in motion a network of advocates against harmful practices, thereby creating an organic mode of diffusion of information and advocacy beyond the sessions.

- **Direct connection with resources and services makes immediate behaviour change more practical.** Facilitators will be trained on access to service delivery/referral pathways for participants who may require this. Participants will be connected with resources and services discreetly and directly, to ensure they can take action as needed.

- **Conversations leverage small group discussion where possible to allow for a higher degree of candour about potentially sensitive topics.** This occurs through groups of 15-20 (who can then be broken up into smaller conversation groups during the session, as needed) 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.

- **Sessions promote change as a personal journey rather than a collective one.** Participants, therefore, are not expected to attend CCs as part of a progressive, lengthy journey of self-development (as they are in the full CC toolkit). Instead, due to their crisis/stressed setting, participants can enter the sessions at any point along their personal change journey and still find them useful.

Community Conversations for humanitarian and crisis-affected settings

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

SAFE SPACES FOR CHANGE

A Community Conversations Initiative

Introducing Safe Spaces for Change

Safe, private and constructive settings where communities can have needed conversations about harmful norms which threaten their collective resilience, such as FGM and CM.

For both adolescents and adults, Safe Spaces for Change enables communities to uncover the risk factors for harmful practices, define how this threatens community's sense of strength and resilience, and take immediate action to promote the eradication of FGM and CM.

Safe Spaces for Change also ensures that adolescents (ages 10+) and adults/caregivers have a set of clear referral pathways to psychosocial support services, social and child protection services, essential health services and more. Connecting community actors to these support systems is another important way that Safe Spaces for Change contributes to community wellbeing.

2.2 Safe Spaces for Change

A Community Conversations Initiative

Safe Spaces for Change is the adapted version of the Role Model Academy for crisis and emergency settings. This version leverages the Community Conversations methodology to support communities who are in stressed and unstable environments to hold 'safe spaces' for addressing urgent needs and providing clear linkages to support services.

Because of the instability of the community context, Safe Spaces for Change is recommended to take place as regularly as possible. Having this regularity can bring structure and a sense of stability to the community.

While the sessions are recommended to be held regularly, the frequency of the sessions is the prerogative of the communities. They can have them weekly, monthly, every two weeks, etc. At a minimum, we recommend monthly meetings. In humanitarian contexts, a lot can change in a short amount of time and demand for services can be time-sensitive, so we do not advise holding these sessions any less frequently than monthly.

Safe Spaces for Change is comprised of four key phases:

1	**Preparation** Demographics & Logistics
2	**Training** Skill-building & Site Identification
3	**Rollout** Launch of Safe Spaces for Change sessions within the community
4	**Tracking** Collecting Data & Reporting

The programme is intended to establish an empowered network of change agents in the community who:

- Promote community resilience by defending social norms that promote cohesion, strength and resilience
- Identifying harmful practices that threaten community resilience, such as FGM and CM, and promote solutions that avoid and overcome these practices
- Provide other community members with access to support services as needed
- Become advocates for the new norm and are strongly encouraged to diffuse key messages within their social networks

Key Elements of Safe Spaces for Change

The Safe Spaces for Change programme has 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 Safe Spaces for Change

Safe Spaces for Change: How it Works

What is it?

A series of facilitated conversations, held at a pace (frequency) determined by the community, where a community can source needs and concerns (particularly those that threaten community strength and resilience) and take immediate action to address those needs and concerns. Because attendance at Safe Spaces for Change is likely to fluctuate, and because participants may acknowledge personal or sensitive needs, each session is designed to stand on its own (not link to any other session). Each session follows the same format, but the priority themes and topics are sourced directly from whoever is present that session.

Objectives

Adolescents and adults should leave each session feeling empowered as contributing members of the community in a multitude of ways, including the knowledge and tactics for promoting norms that combat FGM and CM.

The theme of these sessions is to prepare boys and girls for strong marriages by helping them to understand what is needed for a successful, respectful and equal marriage.

The sessions should seek to establish an empowered network of change agents in the community who actively build agency and self-efficacy to promote positive attitudes and beliefs; link community members to support services; and reliably contribute to eradicating FGM and CM in the interest of community strength and wellbeing.

Desired Outcome

To delay marriage until adulthood (18+) and to reframe social expectations and shift norms using positive deviants around purity and desirability to avoid practicing FGM and child marriage

How will it work?

At each session, adolescents will have separate small group discussions from adults. The plenary discussion is generally comprised of 15-20 people (with smaller groups splintering off at about 4-6 people per group for deeper or sensitive conversations). These small groups, where possible, should also be divided by gender.

This is further explained in the session breakdown on the following pages.

There will be 1-2 facilitators per session who act as ‘curators’ for the small group discussions. Small group conversations should be facilitated by a young man or woman (aligned to the gender of the group).

PART THREE

Implementation Guide: Safe Spaces for Change

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 Session Structure

The Safe Spaces for Change Program is comprised of 10 consecutive sessions. While each session will be unique to some extent, the sessions are designed to take place over the course of about 2 hours.

Why an alternating structure?

Note that the 10 sessions contain 7 structured conversations and 3 unstructured conversations. Session 5 is unstructured and contains a guest speaker. Including unstructured sessions provides the facilitator with some flexibility and helps lower the pace of the programme in recognition of the instability of participants' surrounding environment.

Structured	Unstructured
Sessions 1,3,6,7,8,9,10	Sessions 2,4,5

For each of the structured sessions, the flow of activities is as follows:

- Facilitator will determine, along with attendees, which leisure activities the group will do (drama, sports, drawing etc.).
    - This should be something appropriate to the local context and relevant to attendees (e.g. age appropriate).
    - These activities are intended to make sure participants are comfortable, relaxed and in a positive mindset prior to having the critical dialogue of a CC.

- After the leisure activity, the facilitator(s) ask participants to acknowledge a set of key priorities (see Line of Inquiry section above) in the community. This is a critically important portion of the Safe Spaces for Change programme, because without guiding the audience to the desired topic areas, the facilitator risks opening up a sensitive or high-intensity conversation (e.g. about priorities and immediate needs) that occurs in an unstructured and unproductive way.
- The criteria for key priorities are:
    - These priorities can be categorised as shared needs, concerns, risks, etc.
    - They should be of immediate concern to at least one of the target groups (adolescent girls, adolescent boys, adult males or adult females).
    - Each priority should link to a harmful practice that threatens community resilience, wellbeing or strength.
    - Ideally, the community should focus on at least 3 and no more than 5 priorities each session.
    - Some prompt questions that can be used by the facilitator to source these priorities are:
        - What are the most common conversations in your household and in the village lately? What is most important to our community lately?
        - What kind of threats are we experiencing to our livelihood? To the wellbeing of our families?
        - How are our adolescent girls and boys affected? What kind of future do we want to give them, and what is preventing us from doing that?

- Once a set of key priorities have been identified, the groups should arrange themselves into small groups of 3-4 (aligned by gender and age, if possible).
    - The facilitator encourages each small group to focus on one priority at a time. For each priority, the group should discuss:
        - how it's affecting them (each individual and his/her household), such as telling a story or giving a scenario where this priority has been experienced recently
        - discuss the reasons why they think this is occurring
        - ask why 5 times to get to the root cause of the problem
        - explore potential ways (solutions) to address this problem in 1 week, 1 month and 1 year
    - The facilitator should allow enough time for each small group to go through all of the key priorities. The facilitator should use this time to 'float' across the groups and encourage them. She or he should go to each group and make sure that they are staying on track and focusing on the right elements of the problem.
    - Once this has been completed, the facilitator should hear back from each group:
        - Each group should have an action plan for each priority.
        - Each priority should have an action plan that covers three timeframes: 1 week, 1 month and 1 year.
        - Together, the facilitator and the groups try to merge all action plans into one key action plan per key priority.

- Making the personal commitment. Once the action plans are clear, the facilitator encourages each person to make a personal commitment to achieving the action plans.
    - They can do this all at once, reciting after the facilitator: I promise to…

- Celebrating the commitment. Facilitators will celebrate the group's personal commitments, focusing on keeping the community 'strong' and resilient amidst disruption.

- De-stigmatising support and providing clear access to services. Prior to closing each session, the facilitator acknowledges that FGM and CM may still be occurring, as well as other forms of violence and abuse – especially in times of crisis, emergency, and other disruption. With that said, if anyone in the session requires access to services, he or she should reach out to the facilitator privately to be referred to the necessary support services. [The facilitator should list the kinds of support services available….] Attendees should also be encouraged to consider who they may also know in their own support networks and offer new additions to the list of services if needed.

- Attendees will be given resources around FGM/CM reporting.

The following pages contain the ten sessions, both structured and unstructured, explained in more detail with instructions for the facilitator.

3.3 Summary of Sessions

Phase 1 Preparation

Demographics & Logistics

The Field Officers (BoWCSA team and partners, with support from UNICEF) conduct an initial assessment to understand the specific composition of the community in which the CCs will take place.

The following key demographic points must be taken into consideration.

Key Demographic points:

- Age
- Gender
- Religion(s)
- Culture/origin community
- Main concerns of community, including humanitarian risks/threats

In order to conduct the initial assessment, the Field Officer:

- Gathers **key stakeholders from the community** to conduct a mapping exercise. These stakeholders should be trusted, respected members of the community who can advise on where CCs should occur and begin inviting community members to attend. Such stakeholders might include IDP representatives, community leaders, religious leaders, youth advocates, and more.
- **Map the CSOs** operating in this area – what they do, who they reach out to, where they are located – and highlight whether they are they conducting any CC-type activities
- **Understand if CSOs will collaborate** to conduct activities. CSOs are intended to operate as facilitators and partners in the Safe Spaces for Change programme.
- Map a set of safe, easy to access **gathering points** (e.g. WASH spaces, clinics, temporary learning spaces that may be available certain times of day/week, etc.) where the CCs might regularly take place.
- **Map accessible services and a set of referral** pathways to facilitate linkages and referrals

This initial assessment is designed to help BoWCSA and partners, and the community itself, prepare for the implementation of the Safe Spaces for Change (a Community Conversations Initiative) programme.

Phase 2 Training

Skill-building & Site Identification

After the initial assessment, the Field Officers (BoWCSA and partners, with support from UNICEF) continue making logistical preparations for the Safe Spaces for Change programme

to be successfully carried out:

- **Identify 1-2 facilitators** from the local CSO organisations.
- Field Officers should work closely with interested CSOs to **identify 'safe spaces' that can be used to conduct Safe Spaces for Change** (a Community Conversations Initiative). *NOTE: If in a camp or settlement setting, ensure that you have buy-in from IDP representatives who know both the community and the area well.*
- Identify a minimum of 3 sites.
- Only one site will be used per session, but it is important to have 2-3 'back up' sites that are just as safe and familiar to community members, in case the safety of one is compromised.
- These sites can be anywhere – they just need to provide enough privacy for the demographic group (mothers, adolescent girls or boys etc) and safety for all participants.
- **Organise an orientation (training)** on this toolkit for the CC facilitator(s). This can be conducted however is appropriate for the local context, but we recommend 1-2 full days (minimum) for adequate facilitator training.
- Key stakeholders and facilitators should **begin inviting community members** to attend the CCs.

To support your efforts prior to launching the Safe Spaces for Change programme, see the matrix below for a review of the key roles required for Phases 1 and 2.

Role	Examples	Key Responsibilities (Phases 1 & 2)
Field Officer(s)	BoWCSA representatives and partners	Support all activities, especially the logistical preparations (e.g., identifying suitable venues, providing supplies or materials, mobilizing participants) Lead the identification of sites ('safe spaces'), taking into account the recommendations and contextual knowledge of stakeholders and CC facilitators
Key Stakeholders	IDP representatives, community leaders, religious leaders, youth advocates	Support the Field Officers and CC facilitators in mapping the CSOs (Phase) Support the Field Officers and CC facilitators in mapping of the referral pathways (Phase 1) Support the CC facilitators by inviting community members (Phase 2)
CC facilitator(s)	See page 21 for profile	Undergo training (Phase 2) Drive invitations to the Safe Spaces for Change programme (Phase 2)

Once the facilitators have been trained on the toolkit, a safe space to meet has been identified, and the community members invited, the CCs can begin to occur.

Phase 3 Rollout

Launch of Safe Spaces for Change sessions within the community

Based on the specific needs of the local context (e.g. IDP/Host community considerations, the presence of armed conflict, etc.), engaged CSOs and general availability of participants, the CSO begins rolling out the sessions.

Sessions should always aim to focus around priorities that relate to FGM/CM, with an emphasis on education and immediate action (based on what is most important for attendees).

Defining An Appropriate Line of Inquiry

In crisis-affected settings, it is clear that immediate priorities will mostly relate to basic needs and personal safety. This is indeed critically important. Because the focus of the Safe Spaces for Change programme, however, is the harmful practices that prevent a community from thriving, facilitators are encouraged to guide the conversation toward the question of FGM and CM gently but deterministically nonetheless. Facilitators will therefore need to reflect upon the line of inquiry that they would like to take, so that they are able to guide the conversation into the appropriate place.

Consider the following flow of conversation:

3.3 Facilitation Guide

Session 1 Exploring child marriage

Session Name	Time
Leisure Activity	**30 mins**
Get your CC group to choose an activity that is most suited for adolescents in your community. Some options include: jumping rope, football, volleyball, running, kelebosh or balakaetel. There will likely be different activities for boys and girls.	
Storytelling	**45 mins**
Gather participants to sit down into one group. Read out the following story to them: **Tesfaye and Liya's story** *Tesfaye and Liya are farmers. They live with their three sons who are 19, 18 and 15. They also have a daughter who is 18, called Sindu, who lives with her husband, whom she married five years ago. Tesfaye and Liya decided to accept the marriage proposal because at the time they had been struggling with drought and failed crops for a long time. Their wealthy neighbour told them that he wanted to marry Sindu. Tesfaye and Liya knew that they would receive a generous dowry, which would help them with their financial struggles, but that meant that Sindu would have to drop out of school. Even though both Tesfaye and Liya were reluctant at first (because Sindu had always wanted to finish high school and because she did not want to marry so young) in the end they accepted to marry Sindu to the neighbour to ensure the family survival.* *Five years later, the dowry money has finished and Tesfaye and Liya are still struggling to make a living as farmers. Sindu has two children and her husband has lost his wealth because of the chronic drought. Sindu's life is hard. She resents her parents for having forced her to marriage. Looking back, Tesfaye and Liya regret marrying off Sindu at such a young age. They think Sindu should have finished secondary education. If she had done this she would probably have had professional training opportunities and more employment options and she would be a woman in a stronger position who can choose what she wants in life, instead of having a life be chosen for her.*	

Ask participants to get into small groups. Give them 10 minutes to discuss the following questions among them: • What do you think of Tesfaye and Liya's decision to marry Sindu? • What do you think about how they feel now? • What would you have done in their situation and why? When the 10 minutes are up, ask each small group to share with the larger group what they discussed. Each group has 2 minutes to say their responses.	
Identifying Risks: Child Marriage	**1.5 hr**
In the same small groups, encourage participants to explore the following topics/questions: • What are the current risks or threats that the women in this community are facing? • What are the current risks or threats that the men in this community are facing? • What are the current risks or threats that the girls in this community are facing? • What are the current risks or threats that the boys in this community are facing? • What is preventing our children from reaching their full potential? **FOCUSING ON CHILD MARRIAGE:** After each group has identified one risk for men/women/girls/boys, whether groups have identified Child Marriage (CM) as a risk or not, you should now guide the discussion so that people focus on discussing Child Marriage. You can say to participants "One particular risk that our children face, especially during difficult unstable times is Child Marriage." Give groups time to discuss CM among themselves. To get people talking, ask them these questions to consider: • Why does CM occur? What are some examples? • Is CM a violation of our children's human rights? Why or why not? Then tell them the following facts on Child Marriage: • 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. • Hence, the practice of child marriage violates the rights that are legally and constitutionally regarded as the first two most "essential conditions of marriage". • 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. • (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.)	
Shareback Activity	**15 mins**
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.	

Session 2 Exploring hope

Session Name	Time
Leisure Activity	**30 mins**
Get your CC group to choose an activity that is most suited for adolescents in your community. Some options include: jumping rope, football, volleyball, running, kelebosh or balakaetel. There will likely be different activities for boys and girls.	
Identifying Hope	**45 mins**
Ask participants to get into small groups. Encourage the groups to explore the following topics/questions: • What gives women in this community hope during these difficult times? What do women aspire to? • What gives men in this community hope during these difficult times? What do men aspire to? • What gives girls in this community hope during these difficult times? What do girls aspire to? • What gives boys in this community hope during these difficult times? What do boys aspire to? Allow each small group to take turns to say their responses out loud to the wider group. Once each group has shared their answers, ask them the following question: What can we do to protect from harm the women, men, girls and boys in this community, so that we are in a better position to achieve these aspirations? Ask participants to think, in the same small groups, what each person can do now (today) and next week. After a while, allow each small group to share their responses to the wider group.	

Shareback Activity	**15 mins**
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. Before closing the session, remember to say to participants that *"FGM and CM may still be occurring, as well as other forms of violence and abuse – especially in times of crisis, emergency, and other disruption. With that said, if anyone in the session requires access to services, he or she should reach out to the facilitator privately to be referred to the necessary support services. [The facilitator should list the kinds of support services available….] Attendees should also be encouraged to consider who they may also know in their own support networks and offer new additions to the list of services if needed."*	

Session 3 Exploring FGM

Session Name	Time
Leisure Activity	**30 mins**
Get your CC group to choose an activity that is most suited for adolescents in your community. Some options include: jumping rope, football, volleyball, running, kelebosh or balakaetel. There will likely be different activities for boys and girls.	
Storytelling	**45 mins**
Gather participants to sit down into one group. Read out the following story to them: **The story of Hiwot and her daughters** *Hiwot is a widow who lived in an IDP camp for seven years with her daughters, Abeba and Belkis, who are now 18 and 20 years-old respectively. They fled their home seven years ago when Hiwot's husband died in battle during the war. At first they thought they would not stay long in the IDP camp, where it was difficult to survive. However, as the weeks turned into months and then years, Hiwot managed to make some money selling food and her daughters went to the camp's school. Despite the difficulties Abeba and Belkis faced in order to stay in school, they managed to finish their high school education.* *One of the pressures they had to put up with was the pressure to get*	

circumcised and married young. Most of Hiwot's neighbours circumcised their daughters because they wanted to integrate with the host community, where this practice is predominant. Hiwot's neighbours wanted to increase the chances of marrying their daughters as the dowries would help their families to survive better. Just like her neighbours, Hiwot also came from a community that does not circumcise girls. Unlike her neighbours, Hiwot was always sure that, no matter how many sacrifices she would have to make, she would never circumcise nor marry off her daughters and she would do everything she could to provide them with a complete secondary education. Today, Abeba is pursuing her studies in Addis to become a nurse and Belkis set up and runs her own clothes shop back in their hometown. Hiwot is proud of her girls and proud of her decision.

Ask participants to get into small groups. Give them 10 minutes to discuss the following questions among them:

- What do you think of this story?
- What do you think about Hiwot's decision of not circumcising or marrying her daughters?
- Do you think Hiwot's decision is realistic or not so realistic? Why?
- What would you have done if you were in Hiwot's/Abeba's/Belkis' situation and why?

When the 10 minutes are up, ask each small group to share with the larger group what they discussed. Each group has 2 minutes to say their responses.

Identifying Risks: FGM — 1.5 hr

In the same small groups, encourage participants to explore the following topics/questions:

- What other current risks or threats that the women in this community are facing?
- What other current risks or threats that the men in this community are facing?
- What current risks or threats (other than CM) that the girls in this community are facing?
- What current risks or threats (other than CM) that the boys in this community are facing?
- What is preventing our children from reaching their full potential?

FOCUSING ON FGM:
After each group has identified one risk for men/women/girls/boys, whether groups have identified FGM as a risk or not, you should now guide the discussion so that people focus on discussing FGM. You can say to participants "One particular risk that our children face, especially during difficult unstable times is FGM."

Give groups time to discuss FGM among themselves. To get people talking, ask them these questions to consider:

- 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?

Then tell them the following facts on FGM:

FGM can cause serious health problems to girls, which include severe bleeding and problems urinating, and later fistulas, infections, as well as complications in childbirth and increased risk of newborn deaths.

Short term health problems include:

- severe pain
- excessive bleeding (haemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death

Longer term health problems include:

- urinary problems (painful urination, urinary tract infections);
- vaginal problems (discharge, itching, and infections);
- menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- scar tissue;
- sexual problems (pain during intercourse, decreased satisfaction, etc.);
- increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.);

Shareback Activity	15 mins
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. Before closing the session, remember to say to participants that "*FGM and CM may still be occurring, as well as other forms of violence and abuse – especially in times of crisis, emergency and other disruption. With that said, if anyone in the session requires access to services, he or she should reach out to the facilitator privately to be referred to the necessary support services. [The facilitator should list the kinds of support services available….] Attendees should also be encouraged to consider who they may also know in their own support networks, and offer new additions to the list of services if needed.*"	

Session 4 Exploring Risks

Session Name	Time
Leisure Activity	**30 mins**
Get your CC group to choose an activity that is most suited for adolescents in your community. Some options include: jumping rope, football, volleyball, running, kelebosh or balakaetel. There will likely be different activities for boys and girls.	
Storytelling	**45 mins**
Gather participants to sit down into one group. Read out the following story to them: **The story of Khadija** *Ahmed and Amina live in a conflict zone with their granddaughter Khadija, who is 14 years old. They survived an attack on their village last year. Sadly, in this same attack, Ahmed and Amina lost their son and his wife (Khadija's parents). Since the war began, life is extremely difficult and uncertain. The local school closed last year and Khadija helps her grandmother with the domestic chores. To make things worse, there has been a drought in the past two years and each time Khadija has to go further and further away to fetch water. Sometimes she goes alone because Amina is too tired and old. Ahmed is worried that he is too old to protect Amina and Khadija. He wants Khadija to be circumcised and married so that she can find a husband that will protect her, and hopefully accept Amina to live with them. Khadija is against being cut. She remembers her parents were against this practice also. However, Ahmed is in favour of the practice and his priority is to protect Khadija by finding*	

her a suitable husband with a family that can take care of her. Ask participants to get into small groups. Give them 10 minutes to discuss the following questions among them: • What should Khadija do? • What would you advise her to do? • What risks does Khadija face if she is circumcised and married? And if she is not circumcised and not married? When the 10 minutes are up, ask each small group to share with the larger group what they discussed. Each group has 2 minutes to say their responses.	
Identifying Risks: FGM & CM	**1.5 hr**
Ask participants to get into small groups. Encourage the groups to explore the following topics/questions: • What are the risks or threats that the women in this community face? • What are the risks or threats that the men in this community face? • What are the risks or threats that the girls in this community face? • What are the risks or threats that the boys in this community face? Allow each small group to take turns to say their responses out loud to the wider group. Once each group has shared their answers, ask them the following questions: What kinds of decisions are you forced to confront as a result of these risks and threats? What might the effects of these decisions be in the short-term? The long-term? Are they all positive? What might be some negative effects? Encourage participants to think of the different risks and threats, and therefore decisions, that affect women, men, girls and boys. After a while, allow each small group to share their responses to the wider group. Lastly, ask participants to discuss in their small groups the following question: How might we better protect women/men/girls/boys from harm? After a while, allow each small group to share their responses to the wider group.	

Shareback Activity	15 mins
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. Before closing the session, remember to say to participants that "*FGM and CM may still be occurring, as well as other forms of violence and abuse – especially in times of crisis, emergency and other disruption. With that said, if anyone in the session requires access to services, he or she should reach out to the facilitator privately to be referred to the necessary support services. [The facilitator should list the kinds of support services available….] Attendees should also be encouraged to consider who they may also know in their own support networks, and offer new additions to the list of services if needed*."	

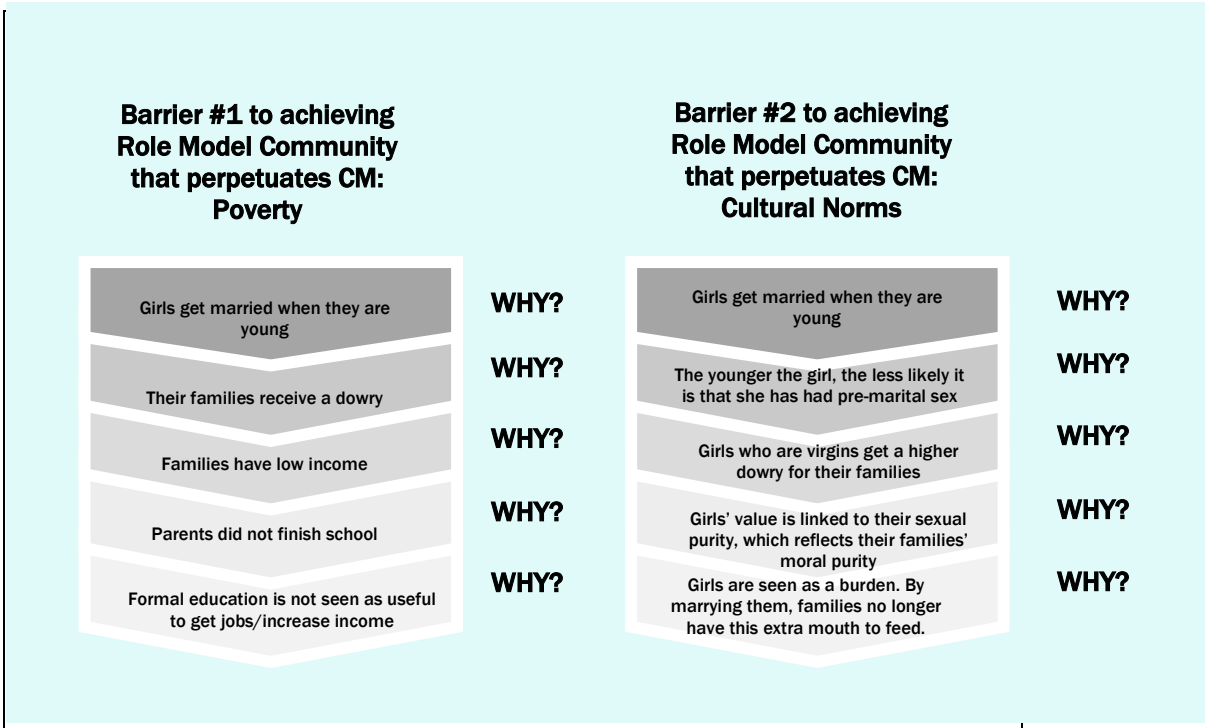
Session 5 Destigmatising Support

Session Name	Time
Leisure Activity	**30 mins**
Get your CC group to choose an activity that is most suited for adolescents in your community. Some options include: jumping rope, football, volleyball, running, kelebosh or balakaetel. There will likely be different activities for boys and girls.	
Destigmatising Support – Guest Speaker followed by Q&A	**45 mins**
Invite a guest speaker (someone from the authorities, or responsible for the services in the IDP camp, etc.) to speak about the available support services for girls at risk of Child Marriage and FGM. The talk should cover the following key points: • What to do if participants know someone who is going to be married as a child or undergo FGM. • What to do if participants know someone who has been married as a child or has undergone FGM. • Which support services are available to girls/children who have been cut and/or married early, before the age of 18 (psychosocial, legal, educational etc.) After the talk, divide participants into small groups and ask them to come up with two questions for the guest speaker to answer. Encourage participants to think of questions they are usually too shy or scared to ask anyone. Reassure them that this is a safe space where they can ask questions, and that there is no such thing as a silly question, or "taboo" question. Each small group should ask their two questions out loud, which the guest	

speaker has to answer immediately before the next small group asks their two questions.	
Shareback Activity	**15 mins**
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.	

Session 6 Exploring the Root Causes of Child Marriage

Session Name	Time
Leisure Activity	**30 mins**
Get your CC group to choose an activity that is most suited for adolescents in your community. Some options include: jumping rope, football, volleyball, running, kelebosh or balakaetel. There will likely be different activities for boys and girls.	
Root Causes Activity	**1 hr**
Ask the participants to get into the same small groups from the previous session. Reviewing the main risks related to CM from session 1, the group will ask itself: what are the root causes for CM, especially in an emergency context? Demonstrate asking "Why?" 5 times to get to the 'root cause' explanation of why CM exists. What are the root causes of CM? In their small groups, encourage participants to list out different root causes for CM on a poster or flip chart, making sure they are answering the "Why" question 5 times. Below are some examples of root causes to help you guide participants.	



After a while, allow each small group to present their root causes to the larger group.	
Shareback Activity	**15 mins**
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.	

Session 7 Defining an Action Plan Against Child Marriage

Session Name	Time
Leisure Activity	**30 mins**
Get your CC group to choose an activity that is most suited for adolescents in your community. Some options include: jumping rope, football, volleyball, running, kelebosh or balakaetel. There will likely be different activities for boys and girls.	
Action Planning	**1.5 hr**
Ask participants to get into different small groups (from the last session). The main question participants are going to answer is "What solutions can we put in	

place to address the problem of Child Marriage?" On the flip chart, each group captures all potential actions they could take to address CM. The actions should be divided into three categories: individual actions, family or household actions, and community actions. For something to be an <u>action,</u> 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_____." To help guide their reflection, participants should respond to the following questions in their action plan: 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)? 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.	

Session 8 Exploring the Root Causes of FGM

Session Name	Time
Leisure Activity	**30 mins**
Get your CC group to choose an activity that is most suited for adolescents in your community. Some options include: jumping rope, football, volleyball, running, kelebosh or balakaetel. There will likely be different activities for boys and girls.	
Root Causes Activity	**1 hr**
Ask the participants to get into the same small groups from the previous session. Reviewing the main risks related to FGM from the previous session, the group will ask itself: what are the root causes for FGM, especially in an emergency context? Demonstrate asking "Why?" 5 times to get to the 'root cause' explanation of why FGM exists. What are the root causes of FGM?	

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

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

After a while, allow each small group to present their root causes to the larger group.

Shareback Activity — 15 mins

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.

Session 9 Defining an Action Plan Against FGM

Session Name	Time
Leisure Activity	**30 mins**
Get your CC group to choose an activity that is most suited for adolescents in your community. Some options include: jumping rope, football, volleyball, running, kelebosh or balakaetel. There will likely be different activities for boys and girls.	
Action Planning	**1.5 hr**
Ask participants to get into different small groups (from the last session). The main question participants are going to answer is "What solutions can we put in place to address the problem of FGM?" On the flip chart, each group captures all potential actions they could take to address 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_____." To help guide their reflection, participants should respond to the following questions in their action plan: 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)? 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. Inform participants that you will transform both action plans – the one against CM and the one against FGM into a pledge that they will sign at the last gathering.	

Before Session 10, the facilitator should write out in one large piece of paper the action plans to end FGM and CM. These contain the actions participants identified were necessary to address FGM and CM	

Session 10 Committing to the Action Plans

Session Name	Time
Presentation of Action Plan & Commitment	**1 hr**
Present the pledge, written out in a large piece of paper, by reading out loud the different actions that participants committed to. Then get participants to repeat each sentence after you: **I promise to….** They can do this all at once, reciting after the facilitator: **I promise to…** Before closing this final session, remember to say to participants that "*FGM and CM may still be occurring, as well as other forms of violence and abuse – especially in times of crisis, emergency and other disruption. With that said, if anyone in the session requires access to services, he or she should reach out to the facilitator privately to be referred to the necessary support services. [The facilitator should list the kinds of support services available….] Attendees should also be encouraged to consider who they may also know in their own support networks, and offer new additions to the list of services if needed*."	

PART FOUR

Tracking Change

Tailored Measurement Tools to Support Learning & Improvement

Objectives

In this section of the toolkit, the facilitator 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 two overarching objectives:

- Monitoring to assure quality and adherence to process measures
- Monitoring the effectiveness of the CCs in relation to broader harm reduction and norm change goals

Adapting CC Measurement Approach to an Emergency Setting

Recognising that this CC toolkit is intended to be used in stressed and crisis-affected settings, the measurement requirements have been scaled back from the development CC toolkit (the Role Model Academy). That is, this approach has taken into consideration the potentially limited capacity of facilitators, the fact that sessions are not expected to occur regularly, and the priorities of the programme in terms of resilience and wellbeing.

Furthermore, in the interest of participant safety, measurement tools have been adapted to ensure greater anonymity and protection (e.g. no personal / identifying information on Attendance Logs).

Roles

While the CC sessions for Safe Spaces for Change will happen as frequently as needed/feasible, BoWCSA will be involved in general oversight and quality assurance for the programme. They will support the facilitator to **routinely collect data** from the CSO (Civil Society Organisation) partner regarding the following:

- Quality of conversation (e.g. Are the key priorities relating back to harmful practices, such as FGM and CM? Are participants getting access to accurate information about support services?)
- Attendance
- Concerns or new considerations for adapting the structure/format

This kind of routine reporting can happen in a format that is suitable to the facilitators and to the local context (e.g. in person, over the phone).

Learning & Adaptation

The Safe Spaces for Change programme is relatively flexible and can be adapted in response to the needs, preferences and changing context of the participants. Given that measuring CCs is in the service of enhancing learning, facilitators are encouraged to document any learnings as they arise. These learnings may be related to process, content, content flow / sequencing of sessions, contextual information that may inform the programme, and more.

Facilitators are encouraged to share learnings with BoWCSA regularly, with adjustments to session format/structure happening based on the facilitator's documentation, in consultation with the facilitators.

Below is a set of tools that are intended to support quality assurance of the delivery of CCs and provide an indication of the extent to which Social and Behaviour Change (SBC) is occurring. Most tools are for the facilitator to use, and they offer proxy indicators for CC effectiveness. The facilitator should approach every tool with the intention of learning, reflecting and improving their practice. If necessary, the facilitator should use the learnings garnered through these tools to adapt the CCs to the needs and priorities of the participants, while remaining inside the scope of action of addressing harmful practices (HP).

What Is Being Measured & How

What we want to understand / learn	How it will be documented	When	Frequency
Quality Assurance (including Reach)			
CCs are reaching the most influential people in the community and the most affected by these topics [FGM/CM]	1.1 Exit Interviews (Part 1)	After CC session	Every session
Community is regularly convening to have critical dialogues	1.1 Exit Interviews (Part 1)	After CC session	Every session
Adherence to CC Safe Spaces for Change Toolkit	1.2 Session Record-Keeping Tool	After CC session	Every session
CCs are being adapted and optimised in response to the community's priorities & needs	Evidence of learnings shared with BoWCSA (e.g. attendance logs, meetings, learning events)	Between CC sessions	As needed
Effectiveness (Indication of SBC)			
Promoting strength, wellbeing, resilience of self & community	1.1 Exit Interviews (Part 2)	After CC session	Every session

Normative expectations related to harmful practice are changing within the community	1.1 Exit Interviews (Part 2)	After CC session	Every session

1.1 Exit Interviews (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)?	

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?	

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)

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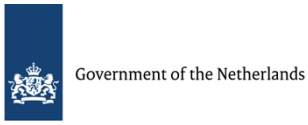

COMMUNITY CONVERSATIONS TOOLKIT

Eradicating Harmful Practices through
Safe Spaces for Change