

FOREWORD

Network against FGC in Somaliland (NAFIS) is an anti-FGC civil society Network that was established in 2006 to work towards ending female genital cutting (FGC) in Somaliland and empower women girls to claim their rights. To reach this ambitious goal of ending FGC, NAFIS utilizes a holistic approach that includes coordination and networking, policy dialogue, research, women's economic empowerment, and enlightening the public.

NAFIS aims to provide a pragmatic framework were evidence based knowledge, and tools can be utilized with anti-female Genital Cutting campaigners and organizations, hence be successful in making sustainable changes to ending Female Genital Cutting. NAFIS is engaged in coordination and networking, policy and legal frameworks, research and documentation activities related to total abandonment of Female Genital Cutting.

Since, 2006 NAFIS has organized conferences, seminars, workshops, promoted public mobilization actions and conducted lobbying and advocacy actions to stimulate political the commitment of institutions, authorities, women's rights activists and communities throughout the six regions of Somaliland. Despite the development of a draft anti-FGC policy and bill, which had taken long to be endorsed by the Cabinet of Ministries and parliament, NAFIS over the years has persistently promoted the adoption of legal measures as positive and long-lasting tools of social progress. As such, NAFIS aims to achieve total abandonment of Female Genital Cutting through:

- (i) Protection by influencing policy change and key decision-makers to take a clear stand against the practice of Female Genital Cutting
- (ii) Prevention of FGC practices by raising awareness and education
- (iii) Provision of services and support needed to help survivors of Female Genital Cutting
- (iv) Knowledge sharing of good practices within the local and international NGOs on how to end the practice of Female Genital Cutting and protect girls from FGC

This manual has been designed to build the capacity of member organizations engaged with anti-FGM programs. This tool will be used to provide training to implementers of the recently developed model called the "Twelve Champions Model for Change" designed to be used to implement interventions that will change the attitude and practices of individuals and the community against FGM through the use of Champions; a group of individuals with the influence of determining whether girls/women will undergo FGM/C or not.

Published by:

NAFIS Network

Hargeisa, Somaliland.

Copyright ©2016 by NAFIS NETWORK. All rights reserved.

TABLE OF CONTENTS

FOREWORD	2
ABBREVIATIONS AND ACRONYMS	3
OPERATIONAL DEFINITIONS	3
ACKNOWLEDGEMENTS	4
MODULE ONE: Principles of the Twelve Champions Model of Change	5
MODULE TWO: The theories of Behavior Change	9
MODULE THREE: Operational Framework of the Twelve Champions Model of Change	13

ABBREVIATIONS AND ACRONYMS

FGM/C Female Genital Mutilation and Cutting
NAFIS Network Against FGM/C in Somaliland

Twelve Champions Model 12 champions Model for Change

for Change

OPERATIONAL DEFINITIONS

Female genital mutilation: (also called 'female genital cutting' and 'female genital mutilation/cutting') refers to all procedures involving partial or total removal of the external female genitalia or another injury to the female genital organs for non-medical reasons.

FGM near misses/survivors: refers to those girls who are almost cut but they narrowly escape the ordeal, and they remain uncut.

FGM victims: refers to those girls or women who have undergone FGM procedure, and they live with the complications or consequences of the practice.

Uncut girls and women: refers to those girls or women who have not undergone female genital mutilation either from the diaspora community or the local community

12 champion's model for change: This refers to a bottom to top approach theory which assumes that a collective decision made by several communities to stop FGM might be a significant strategy towards FGM abandonment as well as influence the government to endorse a zero-tolerance policy to all forms of FGM.

Acknowledgments

The development of the 12 Champions model for change implementors manual was made possible through support provided by donors and the NAFIS Network.

The following sources were drawn upon in the development of this product:

UNFPA (2015). 2014 Annual report of the UNFPA—UNICEF joint program on female genital mutilation/cutting: Accelerating Change. Viewed January 2016. Available at http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_UNICEF_FGM_14_Report_PDA_WEB.pdf

UNICEF (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change, UNICEF, New York.

WHO (2008). Eliminating female genital mutilation: an interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO. Geneva, World Health Organization.

WHO (2012). Understanding and Addressing Violence Against Women. Geneva, World Health Organization.

Yoder PS, Wang S, Johansen REB. (2012). Female genital mutilation/cutting in African countries: estimates of numbers from national surveys. Submitted to Social Science and Medicine, October 2012

We also drew from a variety of publications to include more evidence-based diverse samples in the materials.

We also thank all who have contributed their ideas, efforts, and support to reinvigorate the principles that are at the heart of NAFIS Network vision to realize a society where all forms of violence against women and girls are eliminated

Module 1

Principles of the

Twelve Champions Model for Change

TOPIC 1

Principles of the Twelve Champions Model of Change

This topic introduces the principles of the Twelve Champions Model of Change, the meaning, its aims, and the basic principles of implementing the Twelve Champions' Model of Change program.

Topic objectives

This topic will provide you with the opportunity to:

- Recognize the aims of the 12 Champions Model for Change Program
- Identify and explain the three factors that influence the practice of FGM as classified in the 12 Champions Model for Change
- Comprehend the key factors that influence the practice of FGM as identified in the 12 Champions Model for Change

Meaning of Twelve Champions Model of Change

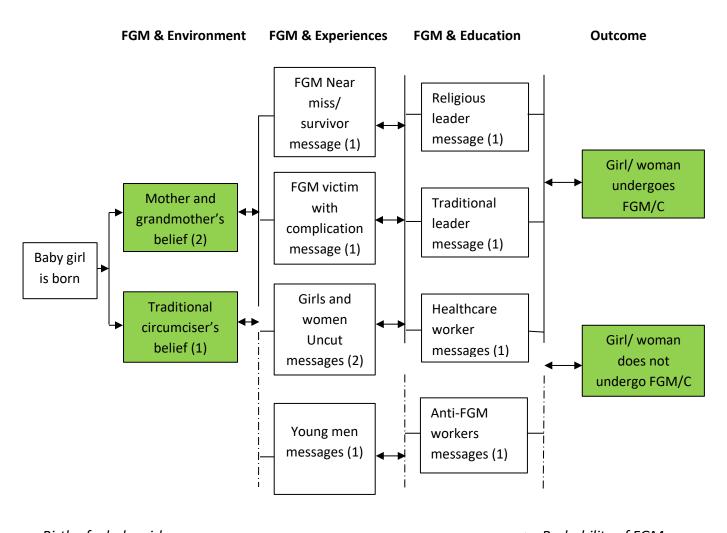
The twelve champions' model for change¹ is a bottom to top approach theory which assumes that a collective decision made by several communities to stop FGM might be a significant strategy towards FGM abandonment as well as motivate the government to endorse a zero-tolerance policy to all forms of FGM.

Therefore, the 12 champions' model of change is designed to be used to implement interventions, that will change the attitude and practices of individuals and the community against FGM through the use of Champions; a group of individuals with the influence of determining whether girls/women will undergo FGM/C or not.

¹ The twelve champions' model for change developed by Kiruja Jonah & NAFIS for FGM eradication in Somaliland

The model is grounded on three key factors influencing the practice of

FGM: Environment, Experiences, and Education.



Birth of a baby girl ----→ Probability of FGM

FGM and Environment

When a baby girl is born, the baby finds herself in an environment that practices FGM. The key individuals who are in control of whether the girl will undergo FGM include the mother, the grandmother, and the traditional circumciser. The theory assumes if the two groups are against FGM, the practice is less likely to be performed. Women believe that the practice is a cultural obligation and religious requirement that has been passed from one generation to another generation, and the practice also strengthens the bond the mothers have with their children. Thus women create the demand for the practice to continue. The traditional circumciser's belief is based on the perception that they have to carry out the practice for cultural and religious reasons.

Hence, they provide services to meet the demand. Therefore changing the perception and attitude of these two key groups is vital towards the realization of a society free from FGM practice.

FGM and Experiences

The experiences that girls and women go through concerning FGM are possible determinants to the eradication of FGM. The key individuals who might greatly influence whether other girls or women will go through FGM include FGM near misses/survivors, FGM victims (cut), the uncut girls and women and the young men. FGM near misses/survivors are those girls who are almost cut, but they narrowly escape the ordeal, and they remain uncut. FGM victims are those girls or women who undergo the FGM procedure, and they live with the complications or consequences of the practice. Uncut girls and women are those who have not undergone female genital mutilation either from the diaspora community or the local community. The young man is a group of males who are willing, and they want to marry uncut girls. The theory assumes that if the four figures make a collective decision to fight against the practice of FGM by sharing information and communicating their experiences with other girls and women. This might be significant towards the eradication of FGM practice.

FGM and Education

Education opens the doors towards understanding the consequences of FGM practice. Education empowers girls, women, and the community at large to realize the effects of FGM. Studies have also shown that the highly educated are less likely to encourage FGM. Regarding this model, the key individuals under this domain who greatly influence the community on FGM practice include Religious leaders, Traditional leaders, Health care workers, and NAFIS member organization representative (Anti-FGM workers). The theory suggests that the information passed to the public by the religious leaders, traditional leaders, healthcare workers and NAFIS member organizations can significantly determine whether women will take their girls for FGM or not and whether traditional circumcisers will abandon the practice.

Reflective Activity 1

- ${\it 1. What are the opportunities and challenges of identifying and recruiting the 12 champions?}\\$
- 2. What perception/attitude will the community have towards the 12 champions?

MODULE 2 THE THEORIES OF BEHAVIOUR CHANGE

TOPIC 2

The theories of Behavior Change

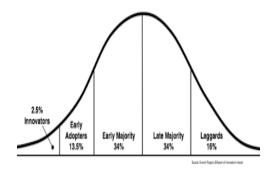
Many models have been developed to understand better behavior change, and most of them are based on the assumption that individuals are able to act upon their intentions. This topic introduces the participant to theories embedded within the operational framework of the 12 champions' model for change for a better understanding of how people change their attitudes or practices. The theories should be applied within the framework of implementing the 12 champions' model for change program.

Topic objectives

This topic will provide you with the opportunity to:

- 1. Understand the diffusion of innovations Model
- Comprehend the stages of adoption model
- Explain the Characteristics of determining an innovation's Speed of adoption and the stages of change model

Diffusion of innovations model



The Diffusion of Innovations Model was developed by Everett Rogers in 1962. The model is not specific to health innovations but pertains to all innovations.

The diffusion of innovations Model

"Rogers defines diffusion as "the process by which an innovation is communicated through certain channels over time among the members of a social system". Using a bell curve distribution, Rogers describes different segments of the general population by their likelihood of adopting an innovation.

Innovators are first individuals to adopt an innovation risk-takers, are younger, financially and socially stable, they interact with other innovators.

Early Adopters: are the second-fastest individuals to adopt an innovation, are high media-users, have vast knowledge in specific areas, their opinion is respected by others, are young, educated, financially and socially stable

Early Majority: are slower to adopt an innovation than innovators and early adopters, are above average social status, contact with early adopters, media-users, good knowledge in specific areas, opinion is respected by others.

Late Majority: they adopt an innovation after the average member of society, are skeptical, below average social status, financially unstable, in contact with others in early and late majority

Laggards are last to adopt an innovation, the are an aversion to change, older, low social status, financially

unstable, few social connections beyond family and close friends

Stages of adoption of innovation

Knowledge: Exposure to the innovation

Persuasion: Interest in knowing more about the innovation

Decision: Decision to adopt an innovation after considering the

innovation's advantages and disadvantages

Implementation: Occasional use and evaluation of the innovation

Confirmation: Final decision to continue using the innovation to its full potential

Characteristics of determining an innovation's Speed of adoption

Relative Advantage: This is the advantage of innovation over existing practices

Compatibility: This is the ease of integration of the innovation into an individual's daily life

Complexity: This is the ease of use of the innovation

Trialability: This is the ability to try the innovation before adoption

Observability: This is the visibility of the innovation in use by others

The Diffusion of Innovations theory suggests that the spread and adoption of new behaviors, such as abandonment of FGM/C practice, throughout a population can be maximized by tailoring interventions to the categories, characteristics, and stages of adoption for individuals in the target population and promoting the intervention's relative advantage, compatibility, complexity, trialability, and observability.

In the framework of the 12 champions' model for change, changing the attitudes and practices of FGM/C must be promoted on multiple levels, in multiple settings, using multiple strategies. Once a critical number of individuals in a population have adopted the change in attitudes and practices, the adoption process becomes self-sustaining.

Reflective activity 1

- 1. Can the diffusion of innovations model be applied in the 12 champions' model of change?
- 2. Categorize where each of the 12 champions' falls in the five segments postulated in the diffusion of innovations model and state the reasons as to why they fit in that segment
- 3. How can the stages of change model be applied in the 12 champions' model of change?

The stages of change model

The model approaches behavior change as a process in which a person moves through five different stages: pre contemplation, contemplation, preparation, action, and maintenance. The person can relapse into an earlier stage at any point in the process. Considering FGM/C is a complex social problem influenced by decisions made not just by an individual but by the community. The theory is applied in the 12 champions' model for change at the individual level and also at the community level. The table below defines the stages in the model and presents potential behavior change strategies for individuals/communities in that stage. Behavioral interventions can be designed to meet the needs of individuals and the community at different stages.

Stage	Definition	Potential Change Strategies		
Precontemplation	No intention of taking action in the foreseeable future	Increase awareness of the need for change, Personalize information about		
		risks and benefits		
Contemplation	Considering behavior change but not yet making a firm commitment to change	Motivate, Encourage making specific plans		
Preparation	Commitment to behavior change in the next 30 days but not yet changing behavior	Assist with developing and implementing concrete action plans, Help set gradual goals		
Action	Has changed behavior for less than six months	Assist with feedback, problem- solving, social support, and reinforcement		
Maintenance	Has changed behavior for more than six months	Assist with coping, reminders, finding alternatives, Avoiding slips/relapses (as applicable)		

The model recognizes that participants in each of the stages need to be approached using different strategies. This is because for example, convincing participants who are in the pre-contemplation or contemplation stage to abandon FGM/C practice requires more intensive interventions than ensuring that participants in the preparation stage will abandon the practice. As well, though participants in the action and maintenance stage have abandoned the practice, ensuring abandoning FGM/C practice is sustained for those in the action stage requires different interventions than for those in the maintenance stage. The model is also used to determine what additional support the participants in each stage of the model may need to abandon the practice of FGM/C.

MODULE 3

OPERATIONAL FRAMEWORK OF THE 12 CHAMPIONS MODEL FOR CHANGE

TOPIC 2

Operational Framework of the Twelve Champions' Model for Change

The topic introduces the participant to the operational framework of twelve champions' model for change program. The topic presents the organization, features, and program methodology.

Organization of the program

The 12 Champions Model for Change is a well-structured and organized plan of activities that will be implemented by a group of 12 key figures per month in each of the six regions to eradicate FGM practice in Somaliland. The twelve champions will comprise:

Topic objectives

This topic will provide you with the opportunity to:

- 1. List the 12 key individuals that form the 12 champions
- 2. Discuss the key features of the 12 Champions' Model of Change
- 3. Describe and discuss the application of the program methodology of the 12 Champions of Change Model in the eradication of FGM/C practice

- Religious leader (1)
- Traditional leader (1)
- Health care worker (1)
- NAFIS member organization representative
 (1)
- The mother and the grandmother in the community (2)
- The traditional circumciser(1)
- FGM near misses/survivors (1)
- FGM victim/cut (1)
- The uncut girl (2) and
- Young men (1)

Features of the program

- The process of abandonment will start with a smaller critical mass of initiators who, through organized diffusion will bring around the greater part of the community, sufficient to stably end the practice, termed the tipping point.
- Effective abandonment will require:
 - (a) Genuine community discussion,
 - (b) Community decision, and
 - (c) Community commitment.
- The program will provide support to the community on a wide variety of concerns through the Self Help Group Program and Drought Mitigation Interventions, and the program will be nondirective in attitude, and positive about the community and its traditions.
- The twelve champions program will operate within the domain of maintaining ethical principles and will be tailored to avoid social isolation or stigmatization of any member.

Program Methodology

- This group will be involved with a range of activities for one month of which at the close of the
 one month each figure will select another key figure who lives close to his community to take
 over his role in the next group. This will go on repeatedly every month for three years. The
 NAFIS member organizations will choose specific representatives to be lead facilitators.
- The primary goal of the twelve champions program will be to build the numbers of the uncut girls and FGM near misses/survivors to at least 1944 and reach out through face to face awareness sessions to at least 207,360 girls, women, and men by 2018.
- The orientation session for the 12 champions during the first week will focus on the aim of the 12 Champions Model of Change, how the program works, what will be required of them during the one month that they will be implementing the program, what are the implications of FGM/C practice, what is the role of each individual in the group and how they will select the next key individual in the village who will take over from him/her to form the next group of the 12 champions.

Reflective Activity

What will be the opportunities and challenges of implementing the 12 Champions Model of Change?

The twelve champions program will run for one month for each group, and the following activities will be carried out for each month.

Table with one-month activities for the 12 champions Model for Change Program

Week	Activity	Venue	Facilitator
1	 (a) Offer a short orientation course to twelve champions in each region (b) The twelve champions to choose either write a poem, song or create a short drafor performance and select a topic in I with FGM eradication 	to ma	Network Coordinator Network Coordinator
2	 (a) The twelve champions to edit and perform the act (b) Record the act (c) Pre-visit tour to the secondary schooleges or universities, mosques, and communities to inform them to prepare the debates (d) Visit two secondary schools to perform act and target at least 240 girls to attended debate sessions on FGM 	Secondary schools for	NAFIS member organization representative
3	 (a) Visit two college or universities to perform the act and target at least 240 girls to attempt the debate session on FGM (b) Visit two mosques and target at least 2 girls/women 	end University	NAFIS member organization representative
4	 (a) Visit two communities (villages) to perform the act and target at least 240 women attend the debate sessions on FGM (b) Each of the twelve champions to select next champion living close to the community to take over the role for the next month (c) A brief report on good practices and lessed learned to share with the next group 	to the nity	NAFIS member organization representative

SUMMARY POINTS

- "Twelve Champions Model for Change" is designed to be used to implement interventions that will change the attitude and practices of individuals and the community against FGM through the use of Champions; a group of individuals with the influence of determining whether girls/women will undergo FGM/C or not.
- The 12 champions' model for change is grounded in three key factors influencing the practice of FGM: Environment, Experiences, and Education.
- In the framework of the 12 champions' model for change, changing the attitudes and practices of FGM/C must be promoted on multiple levels, in multiple settings, using multiple strategies. Once a critical number of individuals in a population have adopted the change in attitudes and practices, the adoption process becomes self-sustaining.
- The stages of change model approach behavior change as a process in which a person moves through five different stages: pre-contemplation, contemplation, preparation, action, and maintenance.
- Effective FGM/C abandonment will require genuine community discussion, community decision, and community commitment.
- The primary goal of the twelve champions program will be to build the numbers of the uncut girls and FGM near misses/survivors to at least 1944 and reach out through face to face awareness sessions to at least 207,360 girls, women, and men by 2018.

Developed by NAFIS Network in consultation with Jonah Kiruja © 2016