

**"The child and the ant are always made to suffer."**

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# **Towards the Elimination of FGM: Communication for Change**

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**CURRICULUM FOR TRAINERS OF PUBLIC HEALTH WORKERS,  
COMMUNITY ORGANIZERS, YOUTH ADVOCATES, AND TEACHERS**

***path***

**Program for Appropriate Technology in Health**

## Acknowledgements

*Communication for Change* draws on training materials developed over the last twenty plus years. Without the conceptual input, creativity, and field-testing of the following people and organizations, this project would never have been completed.

The counseling and materials development modules developed by the Program for Appropriate Technology in Health (PATH) in collaboration with the Johns Hopkins University/Population Communication Services (JHU/PCS) Family Health Services Project in Nigeria formed the basis for the sections on interpersonal communication and materials development; the maternal health training materials of the MotherCare Project at John Snow, Inc. were immensely helpful in the development of the section on community assessment. Concepts and exercises from training materials of Advocates for Youth (AFY) in advocacy and youth programming also contributed to the development of this curriculum. *Tools for Community Participation*, developed by Lyra Srinivasan for PROWESS/UNDP provided very helpful concepts and exercises for use in participatory training. Most inspirational were the works of Ann Hope, Sally Timmel, and C. Hodzi, who developed the *Training for Transformation* series. These training manuals never lose sight of the real purpose of programs like this: to empower people to think and act freely and compassionately.

We thank our many PATH colleagues, past and present, whose efforts helped ensure that this curriculum saw the light of day: Nancy Newton for her revolutionary thinking, encouragement, and review, Amy Scanlon for her writing and editing contributions, and Nancy Ali for her helpful comments. Former program officer and director of communication Carol Corso made FGM eradication a priority at PATH and spearheaded the organization's early collaboration with African and U.S.-based organizations committed to FGM eradication.

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Finally, we wish to acknowledge the work and spirit of the late Gordon Wallace, whose vision of a world free from female genital mutilation made this work possible.

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## **Forward**

This training program represents the culmination of several years of study, program implementation, and evaluation in the area of female genital mutilation and other harmful traditional practices. It is the outgrowth of work in Nigeria, begun by the Program for Appropriate Technology in Health (PATH) and the National Association of Nigeria Nurses and Midwives in 1985 (NANNM) and continued in a collaboration between PATH and the Kenyan women's organization, Maendeleo ya Wanawake starting in 1993. During the design and implementation of these projects, program workers collected data and field experiences that begged to be organized and formalized in a way that would help health workers and activists to work more effectively with communities to eliminate the practice FGM wherever it is practiced.

The curriculum was field-tested in 1994 and 1997 in Kenya and Somalia. In Kenya, the training was twice presented in two separate workshops, in 1994 as part of the project with Maendeleo ya Wanawake, and in 1997, with the Seventh Day Adventist project. In Somalia, revision and field-testing continued in 1997 in collaboration with the United Nations Fund for Children (UNICEF).

Trainers carried out about 75% of the training activities covered in the curriculum as part of a single, 11-day national workshop.

## Introduction

### The problem

Female genital mutilation, excision, female circumcision—all are terms for a custom found in much of the northern and middle belts of Africa. This custom of removing some or all of a woman's external genitals is widely, but not universally, practiced in these regions. Many Africans identify FGM as a problem, but it persists in spite of the warnings of health officials and women's groups and the protests of those girls and women who try to resist it. Why it is practiced, why health workers and advocates for social justice oppose it, and ways to help communities discontinue its practice are the topics of this training program.

### Communication for Change

The basic premises of this curriculum are that the discontinuation of FGM is largely a matter of social, rather than individual change, and that such matters must be addressed by communities where it is practiced rather than solely by policymakers, educators, or health professionals. Traditional societies are long-practiced in the art and science of thinking about, discussing, and resolving matters of importance to them in a community context. The role of those working to discontinue FGM is really the role of tapping local potential and animating the interest of the community with a new way of looking at an old practice.

Paolo Freire<sup>1</sup>, an adult educator and advocate for the poor and powerless, described the process of "conscientisation," in which the community articulates and solves its own problems. This approach is what we strive for in "Communication for Change." We have defined a problem and envision a society free of that problem, but we must trust and nurture the potential of community members to define the problem and form a response. Interpersonal communication is the heart of this approach, in participatory research, the give-and-take of community dialogue, and the teamwork of people in the community as they build consensus. This is not to say that there is no role for other media in raising consciousness and providing information, but when we consider the very nature of FGM—virtually a form of communication itself—it is clear that it is the discussion of families and peers that will ultimately determine the fate of FGM.

Studies show that the practice of FGM is on the decline in some areas. Research reveals that the higher a woman's education, the less likely she is to be circumcised or circumcise her daughters. Circumcision rates are lower in younger women than in older women. FGM is less likely to be practiced among certain Christian sects in areas where the practice is otherwise widespread. These data demonstrate the effect of "Westernization" on the practice. We might argue that if we let "development" do its work, the practice will eventually die a natural death. But leaving the decline of FGM to Westernization or development has several drawbacks.

First, traditional development has a habit of "throwing out the baby with the bath water" and ignoring values and customs that worked for generations upon generations in Africa and

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<sup>1</sup>The ideas of Paolo Freire are discussed in greater depth in the publications *Training for Transformation, Book 1*, and *When People Play People: Development Communication Through Theatre*. Both are cited in the reference materials section of this curriculum.

elsewhere. This sometimes results in a backlash on the part of community members who feel that their interests have been betrayed. Second, it is slow to work. The assimilation of values as a result of technological and economic change can take many years. Third, it is capricious: a valuable practice is lost because the economic base has changed; another stays because it is one significant way people can identify with their culture. Breastfeeding declines because women must work in urban centers and because other social changes have removed traditional protection against continuous pregnancies, but FGM stays because it is one way a community can distinguish itself in the homogenization of modern life.

Through Communication for Change we are helping communities think about this practice in the context of their culture. Development that does not encourage a thoughtful review of what is being adopted and what is being left behind is a Pandora's box of unintended consequences. "Conscientisation"—communication for change—is a way of involving the community in thoughtful choices.

### **Curriculum goal**

The purpose of this curriculum is to introduce community workers to the concept of "communication for change" and to inspire and transfer skills for community-based approaches to problem-solving. Trainers using this curriculum will help community workers explore why FGM is a problem and what their communities can do to help them eradicate the practice.

By the end of the curriculum, participants will be able to identify and articulate their own values and those that strengthen their communities; apply basic theories relating to perception, change, and communication; demonstrate processes involved in planning and implementing communication for change; and show skills in developing and conducting participatory, community based approaches to discontinuing the practice of FGM.

By the end of the curriculum, participants will have grown in appreciation for their own values and those of their community; demonstrated knowledge of the philosophy of communication for change, understanding of basic theories relating to perception, change, and communication; demonstrated awareness and understanding of the processes involved in planning and implementing communication for change; and shown skill in developing and conducting participatory, community-based approaches to discontinuing the practice of FGM.

### **Objectives of the curriculum**

Participants trained using this curriculum will:

1. Affirm the importance of trust in themselves, each other, and the community in identifying and solving social problems.
2. Demonstrate application of understanding the role and interactions of personal, community, and cultural values in shaping perceptions of and attitudes toward the practice of FGM.
3. Demonstrate application of knowledge of the principles and processes of community assessment, specifically through the use of quantitative and qualitative research techniques.

### **Communication for Change**

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4. Develop skill in helping individuals and groups interpret and reframe those values that serve to support FGM in the communities in which they are working.
5. Compare and evaluate approaches to social change.
6. Demonstrate skill in developing program objectives.
7. Demonstrate understanding of the principles involved in identifying potential community change agents and key intervention groups specific to their communities.
8. Demonstrate an understanding of and appreciation for the dimensions and role of advocacy at the personal, local, and national levels.
9. Demonstrate skill in developing community-specific strategies appropriate to various interest groups to achieve these objectives.
10. Demonstrate ability to choose appropriate education approaches.
11. Demonstrate skills in interpersonal communication and group facilitation for social change.
12. Draft evaluation indicators and plan.
13. Demonstrate increased knowledge and skill in managing and implementing a local communication for change program.
14. Develop an appreciation for the meaning and value of team approaches to program development and implementation.

## MODULE CONTENT

### MODULES

I.	Why We're Here: Ourselves, FGM, and Some Thoughts on Change	
	Workshop Introductions	30-45 minutes
	Workshop Kit	10-15 minutes
	Workshop Ground Rules	20-30 minutes
	FGM Facts and Figures	1-2 hours
	Workshop Objectives	20-30 minutes
	Defining the "Problem" in Context	60 minutes
	Whose Rights?	40-50 minutes
	Envisioning	60-90 minutes
	Frameworks for Change: Traditional (Directed) Education vs. Growth-Centered (Participatory) Approaches	45 minutes
	Estimated module length	6-8 hours
II.	Ourselves, Our Communities, Our Cultures	
	Who Am I? Identity Game	30-45 minutes
	Priorities Problem Solving	40-60 minutes
	Values Conflicts	40 minutes
	Gender Values Poll	40 minutes
	Language: What's in a Name?	40 minutes
	Culture and Our Perceptual Filter	20-30 minutes
	Culture and Our Behavioral Map	40-50 minutes
	Estimated module length	4-5 hours
III.	Principles of Communication: Building Knowledge and Skill	
	What Goes Around Comes Around: Rumors Game	40 minutes
	Visual perception: Eye-Sight Game	20 minutes
	Introduction to Communication	10 minutes
	Characteristics of Interpersonal Communication	40 minutes
	Feedback: A Communication Exercise	20 minutes
	Feelings Charade: Nonverbal Communication Exercise	20 minutes
	Voice Your Feelings: Verbal/Nonverbal Communication Exercise	10 minutes
	"Translating" into Simple Language	20-30 minutes
	Types of Questions	30 minutes
	Listening Pairs	30 minutes
	Putting Interpersonal Skills to Work in the Person	30-45 minutes
	Estimated module length	4.5-5 hours
IV.	Frameworks for Understanding Change	
	Behavior Change Exercise	30 minutes
	Decision-Making	45-60 minutes
	Process of Adopting Change	45-60 minutes

	Estimated module length	2-2.5 hours
V.	Community assessment	
	Getting to Know the Community	60-90 minutes
	How and How Many? Quantitative and Qualitative Research	40 minutes
	Formative Research Methods	1 hour
	Ethical Issues in Research and Evaluation	40 minutes
	Auto-Diagnosis	60-90 minutes
	Planning a Community Assessment	4 hours
	Community Assessment Field Visit	2-4 hours
	Follow-up and Analysis	1-3 hours
	Estimated module length	11.3-17.3 hours
VI.	Focus Group Research	
	Introduction to Focus Group Research	90 minutes
	FGD Techniques: Probing for Meaning	40 minutes
	FGD Techniques: Preparation of the Topic Guide	90 minutes
	FGD Techniques: Note-taking	15-20 minutes
	FGD Techniques: Role-play Practice	90 minutes
	Setting up FGDs	40 minutes
	FGD Analysis: Didactic	40-60 minutes
	FGD Field Practice	2-3 hours
	FGD Analysis and Report Writing: Practical (evening)	3-4 hours
	FGD Report Presentations and Discussion	1-2 hours
	Estimated module length	12.5- 16 hours
VII.	Frameworks for Change: Individual, Group, and Community-wide Approaches	
	Achieving Real Participation	1 hour
	Overview of FGM Programs	1 hour
	From Vision to Program: Setting Goals for Social Change	1 hour
	Analyzing "Problems," Generating Solutions, and Setting Objectives	1 hour
	Principles and Components of Strategy Development	1 hour
	Change Agents	30-45 minutes
	Common Channels of Communication	30-45 minutes
	Advocacy	60 - 90 minutes
	Case Study: Putting a Strategy Together I	2 hours
	Estimated module length	9-10 hours
VIII.	Materials Development	
	Introduction to Message Development	60 minutes
	Message Development, Continued	60 minutes
	Skill Building: Message Development	90 minutes
	Choosing a Medium	30 minutes
	Choosing a Message Approach	40 minutes
	Skill Building: Materials Design	3-4 hours

	Principles of Pretesting: Why, What, With Whom, and How	50 minutes
	Preparation for Pretesting	20 minutes
	Pretesting Materials Other Than Print	40 minutes
	Recording Responses	30 minutes
	Skill Building: Pretesting Role-play	70 minutes
	Preparation of Pretesting forms for Field Visit	40 minutes
	Skill Building: Pretesting Fieldwork	3 hours
	Purpose and Steps of Analysis and Revision	40 minutes
	Skill Building: Analysis and Revision	2 hours
	[Second Round of Pretesting (time permitting)]	3 hours]
	[Second Round of Analysis and Revision (time permitting)]	2 hours]
	Estimated Module Length	18.5-23.5 hours
IX.	Program Implementation: Guidance Skills	
	Leadership Styles	30-45 minutes
	Guided Group Discussion as a Program Activity	40 minutes
	How to Plan for Effective Guided Group Discussions	20 minutes
	Facilitating a Guided Group Discussion	20 minutes
	Skill Building: Leadership Practice	1 ½ - 2 hours
	Skill Building: Conflict Mediation	30-45 minutes
	Conflict Resolution: Pairs Role-play	50 minutes
	Group Negotiation: Group Role-play	40 minutes
	Counseling for Social Change	40 minutes
	FGM Counseling Role-play	70 minutes
	Estimated Module Length	7-8 hours
X.	Program Implementation: Program Development	
	Criteria for Choosing Programs for FGM Integration	40-50 minutes
	Approaches and Implementation of Integrated Programs	40-60 minutes
	Integrating an Activity: Role-Play	60-75 minutes
	Sharing Information: Key Themes and Fact Sheets	90 minutes
	Skill Building: Designing an Activity	70-90 minutes
	Skill Building: Developing and Using Facilitation Aids	2 hours
	Planning a Workshop	60-90 minutes
	Carrying Out a Program Activity	60 minutes
	Estimated Module Length	9-11 hours
XI.	Project Coordination	
	Program Planning and Coordination	60 minutes
	Budgeting	40 minutes
	Contracting Services	40 minutes
	Estimated module length	2.3 hours

**XII. Monitoring and Evaluation**

Monitoring	30-45 minutes
Evaluation: What, Why, and When?	40-50 minutes
Applying the Evaluation Process	40 minutes
Evaluation of Training Programs	40-60 minutes
Estimated module length	2.3-3.3 hours

**XIII. Team building**

Tree of Life: Trust-Building	60 minutes
Roles	60 minutes
Self-Esteem Rip-Off	20 minutes
Team Management: An Exercise	60 minutes
A Challenge to Organize	**4-6 hours
Drafting a Group Position Statement	1-2 hours
The Sneezing Community of Kulbeba and Other Frolics for a Closing Ceremony	**3-4 hours
Estimated module length	11.3-14.3 hours

Estimated length of workshop: 100 – 126 hours

\*can be arranged as a day-to-evening activity

## HOW TO CONDUCT A "COMMUNICATION FOR CHANGE" WORKSHOP

**What is the philosophy of this training program?** This curriculum takes a "learner-centered" approach to education. That is, it focuses on meeting the needs of the learner. It also aims at creating an environment in which the potential of all participants (including trainers) can unfold. It is meant to be used in a way that encourages maximum participation from the learners. To the extent possible, trainers should use participant input, reactions, and resources to design, conduct, and adapt the activities presented in this manual for the best possible process, outcome, and impact. Other materials that can help the trainer are listed in the trainers' reference section. We urge everyone using "Communication for Change" to take advantage of the many fine materials on participatory approaches to training and community work in every stage of their FGM work. But above all, trust in your own talent, imagination, and experience—and those of your fellow trainers and participants.

**Who will benefit from this training?** This program is intended for use with groups who are working in the community. They may be community organizers, health workers, teachers of youth or adults, in formal or informal settings, administrators, social workers, youth advocates, women's group members, volunteers, extension workers, counselors, government or religious outreach workers, or technical experts—or any other "worker." They are preferably members of a team or several teams drawn together for the common purpose of FGM "conscientisation" who will work together during and after the training.

**How is the curriculum organized?** The curriculum contains 13 modules organized around related topics. Each **module** includes several activities that support the learning objectives of that module. Each module includes an overview, which discusses the main themes and background information relevant to the material covered in the activities. The **overview** section outlines the learning objectives, the module contents and estimated time required for each activity, and the **materials** used or recommended for review (including handouts, training aids, and other resource materials). Each activity includes the **purpose, format, time, materials, preparation, procedure, and key points** pertaining to the activity. If advance reading or other assignments are required, this requirement will be noted in the "preparation" section. Most **handouts and training aids** are included at the end of each module unless otherwise noted. The curriculum builds in practical **field visits**.

**What preparations does the *Communication for Change* training require?** Trainers have personal styles and preferences. A guiding principle for organizing and conducting the workshop is the participatory approach advocated throughout this Communication for Change curriculum. Trainers need to be acquainted and comfortable with this philosophy and its methodology, but should feel free to work within the participatory framework to adapt and improve the curriculum according to local conditions and their needs and know-how. Gaining familiarity with adult learning theory is helpful preparation for this workshop.

One key to this process is knowing the needs, experience, and interests of the learners. This will help determine whether certain activities are needed, how much time modules or the activities within them require, and how the material should be covered. For example, if participants are

knowledgeable about the FGM situation in their area and acquainted with research, little time will be needed for the FGM Facts section. If they need more information, this activity will have to be expanded. For details, see also Module X, Activity: Planning a Workshop, and Module XII, Activity: Evaluation of Training Programs. Workshop goals and means of evaluating the workshop should be determined in advance. A pretest questionnaire, filled out by participants at the time they reply to their invitation or when they register for the workshop prior to the first activity, will provide a baseline for measuring the outcome at the conclusion of the workshop, but will not measure the long-term impact of the workshop.

If you are conducting this training in a region that is unfamiliar to you, make a point to familiarize yourself with the major themes, concerns, and current events. Draw heavily on the knowledge and experience of local co-facilitators and participants.

Well in advance of the training, think about the project's research needs and review all previous studies done on the topic in the area where the project is taking or will take place. Decide what kind of studies are needed to formulate working strategies and materials. Design a plan for the research you will conduct as a part of this workshop and begin making preparations to conduct this research before the workshop begins, even though you will involve the participants in the decision-making process during the workshop.

Steps to help you organize and conduct this training follow:

1. Review *Communication for Change* in its entirety so that you are familiar with the scope of the training.
2. Enlist a training team that includes one or more trainers with expertise in the areas covered and one or two with local expertise, preferably from the program you are working with.
3. Determine the time-frame.
4. Determine from the outset of the planning process how you are going to evaluate the training and at what level. TA XII.3, "Some Things to Consider When Evaluating Training Programs," describes four different levels of evaluation that apply to training.
5. Conduct a pre-workshop needs assessment or pretest with prospective participants.
6. Issue invitations to the workshop (steps 4 and 5 may be combined).
7. Review results of the assessment.
8. Review and tailor curriculum objectives (this may also be done with participants at the beginning of the workshop).
9. Review module overviews and training aids in detail and choose activities from each module.
10. Determine which training aids you wish to use as overheads or handouts.
11. Copy handouts and other materials that you wish to distribute to participants.
12. Modify activities as needed.
13. Compile workshop kits described in the first module.
14. For modules that contain "experiential" or practical learning experiences, obtain necessary clearances and make arrangements for field visits.
15. Review all materials and preparation notes in advance.

**How do I use the “Communication for Change” training manual? Tips follow:**

- For the benefit of the trainer, each module overview contains information pertinent to the learning objectives of the module, including the information presented in the activities in the form of **key points**. A summary of each module’s key points is compiled as a handout for participants, but to the extent possible, they should be integrated into each activity and discussed. Review key points ahead of time and determine ahead of time how the key points will be covered and whether details contained in the overview would be helpful to include as a preface, conclusion, or to illustrate key points.
- Most activities involve some hands-on task, game, or discussion. As much as possible, involve the participants themselves in raising questions, drawing on their own experience, and exploring hypotheses. Resist the temptation to lecture and you will be rewarded with enthusiastic participation.
- Cultivate the curiosity of participants by demonstrating your own interest in learning about the community and the issue. Collect media and materials on FGM and make them available to participants throughout the workshop. Many recommended resources are listed at the end of this section. In addition, bring in articles, anecdotes, and observations from the community.
- While each activity works at weaving the central themes of communication for change, reinforcing these themes through local proverbs, informal conversations, and “homework assignments” such as interview practice, reading, and case-study analysis.
- While some activities will require evening assignments, try to ensure that there is free time for socializing. If you schedule videos or other program activities in the evening, make them as fun and informal as possible. Evening activities will be more difficult to organize if the workshop does not include accommodations, as participants will very likely prefer to relax at home following a full day of learning.
- Regular check-ins to assess participants’ understanding of workshop content as well as their feelings about the process are vital. Ideas for monitoring this feedback are included in the Module XII activity, Evaluation of Training Programs.
- Between (and during) sessions, break up the routine with energizers—short games, singing, dancing—whatever appeals to the group. Often, because of the intense effort required in many of the sessions, participants lose momentum after lunchtime. Try to make even mundane tasks, such as choosing a group for small group work, fun, or take a break and let people share stories. Ideas for energizers are provided at the end of this section.
- Seek feedback—daily check-ins, rapporteurs, a “mood meter” on which people can check their mood (bored, indifferent, angry, happy, elated, to name a few), anonymous question box, and one-on-one or small group interaction during tea breaks or during lunch help you to understand how people are reacting to the workshop.

**When should the training be conducted?** The curriculum is designed with a practical application—an FGM program—in mind. If the training will prepare participants for a particular program, then it is most helpful to begin during the planning stages of the program, after team members have been recruited.

**Where will the training be held?** This training can be held in any setting that provides comfort, freedom from distraction, and access to a community where participants can apply workshop knowledge and skills. If the workshop is conducted in one or two sessions, and if the budget permits, it is advisable to arrange accommodations so that participants are staying together at the workshop site. Many of the activities require evening work, and participants and trainers can benefit from opportunities for informal discussion and team building after hours. This curriculum, or portions of it, can also be integrated into social work, community and public health, religious, and adult education programs.

**How long does the training take?** Taken together, the thirteen modules of the curriculum add up to about 100-126 hours of training, depending on participants' prior exposure to the issue, language facility, and literacy. This can be done in a three-week period of five to six 7-hour days. If time and funding permit, however, there are several advantages to breaking the training into two or three shorter components. This curriculum combines new ways of thinking about problems with new ways of solving them. New experiences require time for trial, processing, and reflection and require lots of flexibility in session length and "free time" to process, experiment, and recreate.

**How should the training be organized?** If possible, the curriculum works well when broken down into major project tasks. For example, since a project can easily be thought of in terms of three or four components, it might be useful to organize the training according to the orientation, skills, and knowledge needed for each of those components. Project staff must come together as a team and learn about FGM and their community before they can plan strategies, develop materials, and implement the project. In the ideal approach, the research and materials development segments of the workshop are conducted separately, on site in the community. During the research segment, participants learn to conduct research and gain hands-on experience, then apply it in their communities. The results are then analyzed and used in a second strategy workshop. They are also used in training participants to develop materials through at least two rounds of pretesting over several days. This three stage approach may not be possible in a large workshop on a national or multi-national scale, as organizing separate workshops at distant sites is costly in both time and funds.

When organizing the workshop, keep in mind how time can best be used. Certain activities (marked in the table of contents) require a few hours of time by participants working in small teams. To the extent possible, these activities should be scheduled to take advantage of evenings or weekends, so that the teams can work independently for as long as they need. Reviews (for example, of materials developed) can follow the next morning prior to the start of another activity.

The following is a possible training scenario:

Workshop 1 (1 ½ to 2 weeks):

Day	Module	Module name and activity	Estimated Time
1	I XIII	Why We're Here: all activities Team building: Tree of Life Reading assignments	6-8 hours  1 hour (evening) (evening)
2	XIII II       III	Team building: Tree of Life—process Ourselves, Our Values, Our Culture: Who Am I? Identity Game Ourselves, Our Values, Our Culture: Priorities Problem Solving Values Conflicts Gender Values Culture and our Behavioral Map Language: What's in a Name? Principles of Communication What Goes Around Comes Around: Rumors Game Visual Perception: Eye Sight Game	30 minutes 1 hour   1 hour 1 hour 30 minutes 30 minutes 20-30 minutes  40 minutes 20 minutes
3	III  IV	Principles of Communication Intro and all skill building activities Frameworks for Understanding Change Behavior Change Exercise Decision-making Process of Adopting Change	4 hours   30 minutes 45-60 minutes 45-60 minutes
4	V      VI	Community Assessment Getting to Know the Community How and How Many? Quantitative and Qualitative Formative Research Methods Ethical Issues in Research and Evaluation Auto-Diagnosis Focus Group Research Introduction to Focus Group Research Assignments to different assessment teams (in-depth, focus group, autodiagnosis, community mapping, survey, etc.)	60-90 40 60 40 60-90  90 20 minutes

5	VI V and VI	FGD techniques (all activities)  Planning a Community Assessment/FGDs	5-6 hours  3 hours (afternoon- evening)
6	V and VI	Finalizing FGD and Community Assessment plans Field Practice Follow-up, Analysis, Report Writing	1 hour 2-4 hours 3-4 hours (include evenings)
7	V and VI XIII	Presentations  Team-Building: Roles	4 hours  60 minutes

Between this workshop and the next, research can be carried out with the communities. With the help of workshop trainers, teams can analyze and write up results in preparation for the next workshop:

#### Workshop 2 (1 ½ to 2 weeks)

Day	Module	Module title and activity	Estimated Time
8	V and VI	Community assessment and FGD data presentation (if further research conducted between workshops)	4 hours
	VIII	Materials development: Introduction to Message Development	60 minutes
	VII	Frameworks for Change: Individual, Group, and Community-wide approaches Achieving Real Participation	60 minutes
	XIII	Team-building: A Challenge to Organize	afternoon- evening

9	VII	Frameworks for Change: Individual, Group, and Community-wide approaches	
		Overview of FGM Programs	60 minutes
		From Vision to Program: Setting Goals for Social Change	60 minutes
		Analyzing "Problems," Generating Solutions, and Setting Objectives	60 minutes
		Principles and Components of Strategy Development	60 minutes
		Change Agents	30-45 minutes
		Common Channels of Communication	30-45 minutes
		Team-building:	20 minutes
	XIII	Self-esteem rip-off	evening
		Assignment: video and	
		Reading for Case Study: Putting a Strategy Together	
	VII		
10	VII	Frameworks for Change:	
		Advocacy	60-90 minutes
		Case Study: Putting a Strategy Together	2 hours
		If research phase completed: Strategy Development: Practical (for actual projects, presentations included)	4 hours + evening
11	IX	Program Implementation: Guidance Skills	
		All activities	7-8 hours
	XIII	Team building:	
		Team Management: An Exercise	60 minutes (evening)
12	X	Program Implementation: Program Development	
		Criteria for Choosing Programs for FGM	
		Integration	40-50 minutes
		Approaches and Implementation of Integrated Programs	40-50 minutes
		Integrating an Activity: Role-play	60-75 minutes
		Sharing Information: Key Themes and Fact Sheets	90 minutes
		Skill Building: Designing an Activity	70-90 minutes
		Skill Building: Developing and Using Facilitation Aids	2 hours (plus evening)

13	X	Program Implementation: Program Development Planning a Workshop	60-90 minutes
	XI	Carrying Out a Program Activity Project Coordination	60 minutes
	XII	Program Planning and Coordination Budgeting Contracting Services Monitoring and Evaluation Monitoring Evaluation: What, Why, and When? Applying the Evaluation Process Evaluation of Training Programs	60 minutes 40 minutes 40 minutes 30-45 minutes 40-50 minutes 40 minutes 40-60 minutes
14	VIII	Materials Development: Message Development, continued Skill Building: Message Development Choosing a Medium Choosing a Message Approach Skill Building: Materials Design	60 minutes 90 minutes 30 minutes 40 minutes 3-4 hours (include evening)
15	VIII	Materials Development: Review of materials Principles of Pretesting Preparation for Pretesting Pretesting Materials Other Than Print Recording Responses Skill Building: Pretesting Role-play Preparation of Pretesting Forms for Field Visit	60 minutes 50 minutes 20 minutes 40 minutes 30 minutes 70 minutes 40 minutes
	XIII	Preparation for Field trip (redrafts, forms, etc.) Team Building: The Sneezing Community of Kulbeba (enlist volunteers, give scripts, run through) Other drafting of poetry, etc. for closing ceremony	afternoon as needed evening
15	VIII	Materials Development: Skill Building: Pretesting Fieldwork Purpose and Steps of Analysis and Revision Skill Building: Analysis and Revision Review	3 hours 40 minutes 2 hours 1 hour
	XIII	Rehearsal for closing ceremony	

16	XIII	<b>Team Building:</b> Drafting a Position Statement Evaluation: filling out post-workshop questionnaire Wrap-up: Discuss follow-on activities, workplans, materials development, etc. Closing ceremony	1-2 hours 30 minutes  90 minutes
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Many factors, such as project time-frames and other commitments on the part of participants and trainers, will influence the best way of organizing your workshops. If the training is to be held locally, rather than at the regional or national level, it might be easier to conduct smaller, two-day trainings over a period of several weeks. The trainers who will use this curriculum should discuss together and with prospective participants all possible configurations to determine the best arrangement for them.

### POINTS TO CONSIDER IN ADULT LEARNING SITUATIONS

**Group size:** Ideally, the group size should be small enough to allow participation by every member. A workshop that focuses on skill building relies on a relatively small size (15-20) to allow all participants to practice skills. Certain activities rely on smaller groups of 3, 4, or 5 members to achieve their purpose. The participant group can be organized into smaller teams or buzz groups for discussion, tasks, and exercises as needed. These small groups can then "report" out to the larger group to ensure that important information and experiences are shared.

**Seating:** As in the case of other group transactions, seating is very much a factor in determining participation and feelings of involvement on the part of adult learners. Ensure that seating is egalitarian and that you are part of the group, visible and audible to all and able to see and hear all participants.

**Format:** There is a wide variety of methods for imparting information to learners. The participatory approach favors those methods that involve participants and trainers in an exchange of information and allow participants to build on their own experience and skill. Wherever possible, use "experiential" formats that allow people to *DO*, rather than only see or hear. Different formats follow:

**Lecture/mini-lecture:** Commonly used in education, the lecture is a structured presentation of information by an expert (the trainer) to the learners. Lectures are an efficient means of imparting information but run the risk of boring participants. Shorter and more informal lectures, or mini-lectures, allowing exchange between participants and lecturer, are often more appropriate.

**Discussions:** Discussions are verbal exchanges on a specific purpose and topic. Through this process, all discussion participants have an opportunity to listen to, consider, and share different facts, concepts, and points of view.

The optimal size of the group depends on the topic and purpose; generally, sharing exercises demand a small group size, while informational discussions can be carried out in a larger group.

- Behavior modeling:** Trainers can serve as models by demonstrating the skills, attitude, and knowledge that they are trying to reach, both formally and informally. Generally, learners learn best when they see something done. Performing a task or demonstrating a technique will help trainees understand more concretely what is expected.
- Brainstorming:** This technique relies on an informal, nonjudgmental atmosphere in which participants are encouraged to take chances and be as creative as possible. Brainstorming is used effectively as the first step in problem-solving or concept development. Following the free-flowing exchange of ideas, the group evaluates the contributions together.
- Audio-visual:** The use of audio-visual aids (film, video, slides, for example) can enhance a learning experience by providing a stimulus for discussion. A/V aids should be judged according to whether they advance the objectives of the training program and whether they are relevant to the audience.
- Role-play:** Role-playing can be used to achieve a variety of learning objectives. Role-plays allow participants to enter into the experience of a person, practice a skill, and learn from others' insights or difficulties. Not all participants are comfortable playing parts. In these instances, role-playing works better in a small group or in pairs. When using role-play before the large group, ask for volunteers rather than assigning the role-play.
- Guest speakers:** Guest speakers may include people with a special expertise or role whose insights and experience would enhance participants' understanding. Guests can supplement the trainers' knowledge or skill. Points to consider when enlisting guest speakers:
- Is the speaker comfortable with and knowledgeable about the topic?
  - Is the speaker experienced with the participant group?
  - Is approval needed?
  - Have you and the speaker arrived at a clear understanding of expectations?
- Structured activities:** All kinds of **games, exercises, and tasks** can be used to enhance the learning experience. Such activities should have a clear purpose and should be "processed"—that is, followed by a discussion that clarifies the points the activity is intended to illustrate.
- Practical Experience:** Learning is most likely to occur when people can apply their new skills, knowledge, and outlook immediately. This is known as "learning by

doing,” practical, or experiential learning. This curriculum is designed to include at least two field visits, where participants can apply their learning experiences in a real-life setting.

Team work:

Team-oriented activities help build relationships among group members. Team-building is an objective of this program. There are at least two ways use team or small group work. It can be used to bring people who are now and/or will be working together to get to know one another, develop healthy working relationships, and form bonds. Teamwork can also be used as an opportunity for participants from different regions who don’t often, if ever, work together to become acquainted. In countries where there is interregional strife or isolation, this latter approach can help build bridges that strengthen not only the specific program objectives but potential for collaboration for other purposes. A combination of these team-building approaches is healthy.

When choosing teams, let people self-select as much as possible. The trainer can occasionally compose groupings, depending on the objective of an exercise. Different techniques for small group formation can be used: random group selection using a “fishpond game,” counting off, or imposing arbitrary conditions (everyone with a certain letter, color dress, birthday month, etc.) is a good way to mix people who might not know one another well.

Role-model:

Decision making is key to changing community norms regarding FGM. A presentation by a mother or a father who has decided not to circumcise his or her daughter or by a girl whose is uncircumcised is an excellent learning experience for trainees. Presentation of the role models’ experience in the community can help participants anticipate and work through potential problems as well as familiarize participants with the issues. This approach helps to demonstrate that change is indeed possible.

Proverb of the day:

A proverb of the day that reflects a dominant theme or otherwise ties in with the day’s focus is a fun way to start the day or end it. This gives people a chance to relate topics of learning to their culture and something they already know in a familiar, comfortable way.

Debate:

Use debate as a technique to help participants clarify values and knowledge concerning a topic and to become more confident of their positions and their ability to express them.

Projects:

Evening projects related to the day’s topics help strengthen skills and confidence. Interviewing each other or community members, designing and activity or practicing an activity they have designed, analyzing a case study are some examples of this.

## FACILITATORS' RESOURCE MATERIALS

### Handouts (HO)

- HO I.1 Workshop Kit\*
- HO I.2 Copies of workshop goal and objectives\*
- HO I.3 Fact Packet (compiled by trainers, to include Country Fact Sheet, newspaper articles, copies of FGM information as appropriate to this group); reports of quantitative or other studies relevant to region.\*
- HO I.4 "Conventions: Convention on the Rights of the Child; Convention on the Elimination of all forms of Discrimination Against Women; African Charter on Human and People's Rights"
- HO I.5 "Code for Nurses" of the American Nurses' Association
- HO I.6 Vision Questions
- HO I.7 Attributes, Benefits, and Requirements of Growth-Centered Approaches to Change
- HO I.8 Key Points Summary, Module I
  
- HO II.1 Understanding Culture and Cultural Concepts
- HO II.2 Why We Practice FGM: Mental Map
- HO II.3 Key Points Summary, Module II
  
- HO III.1 Characteristics of Effective Communication
- HO III.2 Skills of Interpersonal Communication
- HO III.3 Types of Questions
- HO III.4 Listening Techniques
- HO III.5 The Behaviors of Interpersonal Communication
- HO III.6 Key Points Summary, Module III
  
- HO IV.1 Making Decisions
- HO IV.2 Process of Adopting Change
- HO IV.3 Key Points Summary, Module IV
  
- HO V.1 Eliciting Information from the Community
- HO V.2 The Auto-Diagnosis Methodology
- HO V.3 Suggested Steps in Planning a Community Assessment Visit
- HO V.4 Areas of Assessment
- HO V.5 When to Use Observations, Interviews, and Focus Groups
- HO V.6 Follow-up and Analysis
- HO V.7 Key Points Summary, Module V
  
- HO VI.1 *PATH Developing Health and Family Planning Materials for Low-Literate Audiences: A Guide*, "Audience Research" p.17-22
- HO VI.2 Guidelines for Developing the Topic Guide
- HO VI.3 Sample FGD preparation checklist
- HO VI.4 Main Steps in Analysis

HO VI.5	Sample Format and Process in Data Analysis
HO VI.6	Data Analysis Worksheet
HO VI.7	Key Points Summary, Module VI
HO I.6	Attributes, Benefits, and Requirements of Growth-Centered Approaches
HO VII.1	From Vision to Program
HO VII.2	Components and Principles of Strategy Development
HO VII.3	Stakeholder Groups and Approaches for Involving Them
HO VII.4a.	Components of Advocacy
HO VII.4b	Coalition-Building In Community Education And Advocacy
HO VII.4c	Working with Policy-Makers
HO VII.4d	Working With Media
HO VII.5	Advocacy Guidelines
HO VII.6	Testimony: Statement of J. Wanjiru Muigai (excerpts)
HO VII.7	My Personal Advocacy Plan
HO VII.8	Case Study
HO VII.9	Key Points Summary, Module VII
HO VIII.1	Steps in Message Development
HO VIII.2	Message Development Worksheet
HO VIII.3	Choices in Message Approach
HO VIII.4	Presentation Options: Audiovisual
HO VIII.5	Storyboard
HO VIII.6	PATH Visual Perception Module: Print Materials
HO VIII.7	PATH Guidelines for the Pretesting of Pictorial Materials
HO VIII.8	PATH Using Groups to Pretest Materials
HO VIII.9	Pretesting Worksheet
HO VIII.10	Pretesting Background Worksheet
HO VIII.11	Analysis and Revision Worksheet
HO VIII.12	Summary of Results Worksheet
HO VIII.13	Analysis Worksheet
HO VIII.14	Key Points Summary, Module VIII
HO IX.1a	Non-authoritarian Leadership Models
HO IX.1b	Components of Leadership
HO IX.2	Stages of a Guided Group Discussion
HO IX.3	Task and Maintenance
HO IX.4	Instructions for Observers
HO IX.5	Tips for Successful Conflict Resolution
HO IX.6	Counseling
HO IX.7	Key Points Summary, Module IX
HO X.1	Every Picture Tells a Story: Gender Activity
HO X.2*	PATH "Female Genital Mutilation: The Facts"
HO X.3	Activity Worksheet
HO X.4	Key Points Summary, Module X

HO XI.1	Timeline
HO XI.2	Blank Timeline Worksheet
HO XI.3	Line Item Budget Format
HO XI.4	Key Points Summary, Module XI
HO XII.1	Levels of Evaluation
HO XII.2	The Seven Stages of Evaluation
HO XII.3	FGM Communication for Social Change Workshop/Pre-Workshop Questionnaire for Participants
HO XII.4	FGM Communication for Social Change Workshop/Post-Workshop Questionnaire
HO XII.5	FGM Communication for Change Workshop/Daily Check-in With Participants
HO XII.6	Key Points Summary, Module XII
HO XIII.1	Defining Roles and Responsibilities
HO XIII.2	Identifying Sources of Support
HO XIII.3	Where are you in your organization?*
HO XIII.4	Reaction forms for the mid-point and final evaluation
HO XIII.5	"The Sneezing Community of Kulbeba"

#### **Training Aids (TA)**

TA I.1	Workshop Ground Rules
TA I.2	Sample Statement of Workshop Goal and Objectives
TA I.3	FGM Facts
TA I.4	Islam and Female Circumcision
TA I.5	Whose Rights? Case Study 1, 2, 3, 4
TA I.6	A Comparison of Traditional and Growth-Centered Educational Approaches
TA II.1	Gender Statements
TA II.2	Mental Map Scenarios
TA III.1	Sample story for the Rumors Game
TA III.2	Eye-sight
TA III.3	Examples of Interpersonal Communication
TA III.4	Types of Questions and Their Purposes
TA IV.1	Alternative behavior change exercise
TA IV.2	The Stages of Behavior Adoption
TA V.1	How and How Many? Research Questions
TA V.2	Research Design
TA V.3	Components of All Research Methods
TA V.4a	Method Example: Survey

TA V.4b	Method Example: In-Depth Interviews
TA V.4c	Observation/Participant Observation
TA V.4d	Method Example: Focus Group Discussion
TA V.4e	Method Example: Record/Secondary Source Review
TA V.4f	Method Example: Media/Content Analysis
TA VI.1	Demonstration FGD Guide
TA VI.2	Gender Statements
TA VI.3a	Sample Topic Guide for FGM
TA VI.3b	Examples of How to Tailor Basic Topic Guide to Specific Audiences
TA VI.4	The Members of the Group as the Facilitator Sees Them
TA VII.1	Paradigms of Participation
TA VII.2a	FGM Eradication Programs (overhead)
TA VII.2b	Program Implementation Components
TA VII.2c	Progression of rationale for FGM eradication efforts
TA VII.2d	Lessons Learned: Obstacles
TA VII.2e	Lessons Learned: What Works
TA VII.3	"Building Strategic Alliances for Reproductive Health: Towards Elimination of Female Genital Mutilation: Alternative Coming of Age Ceremonies for Girls in Kenya"
TA VII.4	Program Development Case Example: Part I: Goal
TA VII.5	Program Development Case Example: Part II: From Documented Need to Objective
TA VII.6	Program Development Case Example: Part III: Conceptualizing Strategies
TA VII.7	Components of Advocacy
TA VIII.1	Messages
TA IX.2	Guidelines for Arranging a Guided Group Discussion
TA IX.3	Seating Arrangements in Group Discussion
TA IX.4	Guided Group Discussion Scenario
TA IX.5	Discussion and Conclusions
TA IX.6	Steps in Negotiation
TA IX.7	Conflict Scenarios
TA IX.8	FGM Counseling Scenarios
TA X.1	Ideas for Program Integration
TA X.2	Stakeholder Groups and Channels for Reaching Them
TA X.3	Some Guidelines for Planning Participatory Activities
TA X.4	<i>Training for Transformation</i> , "Guidelines for Planning a Learning Event"
TA XI.1	Commitment Cycle
TA XI.2	Contracting Case Study

TA XII.1	Examples for Discussion
TA XII.2	Sample Guide for Discussion
TA XII.3	Some things to consider when evaluating training programs
TA XIII.1	Tree of Life
TA XIII.2	Self-Esteem Statements
TA XIII.3	Background on Teams
TA XIII.4	Background on Leadership/Management Theories
TA XIII.5	Involvement in Decision-Making
TA XIII.6	Communication For Change Workshop: Participants' Resolution

Where \* appears next to a HO or TA, it is not included but must be assembled before or as part of the workshop.

**Resource Materials by module (not included in curriculum):**

Module I	<p>"Specific resolutions of the Inter-African Committee Regional Conference"</p> <p>ICAF/Passages field note: "FGM: A continuing violation of the human rights of young women"</p> <p>Pop Reports Supplement: 'FGM: A reproductive health concern'</p> <p>Canadian Medical Association: "Viewpoint: Female circumcision: When medical ethics confront cultural values"</p>
Module V	Howard-Grabman, L. (1993). The "Autodiagnosis": A Methodology to Facilitate Maternal and Neonatal Health Problem Identification and Prioritization in Women's Groups in Rural Bolivia.
Module VI	<i>The Handbook for Excellence in Focus Group Research</i> , Section 7, "Moderating a Focus Group"
Module VIII	<i>Pretesting Communication Materials with Special Emphasis on Child Health and Nutrition Education: A manual for trainers and supervisors</i> . A. Haaland.
Module X	<p><i>Training Course in Women's Health: Module Five: Health Effects of Female Circumcision</i></p> <p>PATH <i>Life Planning Skills Curriculum</i> (1998).</p> <p><i>Development Communication Report: "Women Learn with Visual Aids: Experiences in Peru"</i></p>
Module XII	<p>How Are We Doing? A Framework for Evaluating Development Education Programs. Case, R. InterAction: NY.</p> <p><i>So You Want to Evaluate?</i> .Keehn, M. and W. Kniep, InterAction</p> <p><i>Evaluating Training Programs/The Four Levels</i>. Kirkpatrick, D. L., InterAction.</p>

Module XIII Basic Reader in Human Relations Training. Gibb, J., Episcopal Church.

**Recommended Resource Materials**

Arkin, E. B. (1992). *Making health programs work: A planner's guide*. NIH Publication Number 92-1493. U.S. Department of Health and Human Services: Bethesda, MD.

To order this publication, please contact Information Projects Branch, Office of Cancer Communications, National Cancer Institute, Building 31, Room 4B43/Bethesda, MD 20892 USA.

Bogue, Donald J. A Training Manual for Interpersonal Communication. Social Development Center.

Brownlee, A. T. (1978). *Community, Culture, and Care: A Cross-Cultural Guide for Health Workers*. C.V. Mosby Company, St. Louis, MO.

Case, R. (1987). *How Are We Doing? A Framework for Evaluating Development Education Programs*. InterAction: NY. Copies from InterAction, 200 Park Ave South, NY, NY 10003 or 1815 H Street, NW 11<sup>th</sup> Fl., Washington, DC 20006

Debus, M. (1988). *The Handbook for Excellence in Focus Group Research*. Academy for Educational Development, Washington, DC.

Family Health Services Project, MotherCare/John Snow, Inc., & The Johns Hopkins University/PCS. *Interpersonal Communication and Counseling Curriculum for Midwives*. MotherCare Project, Arlington, VA, USA.

Fisher, R. & Ury, W. & Patton. (1981, 1991). *Getting to Yes: Negotiating Agreement Without Giving In*. Penguin: New York.

Feuerstein, M-T. (1986, 1994). *Partners in Evaluation: Evaluating Development and Community Programmes With Participants*. TALC. The MacMillan Press, Ltd.: London and Basingstoke. To order this publication, write to Teaching Aids at Low Cost (TALC), P.O. Box 49, St. Albans, Hertfordshire AL1 4AX, United Kingdom. Fax: (1727) 846852.

Fuglesang, A. (1982). *About Understanding—Ideas and Observations on Cross-Cultural Communication*. Dag Hammarskjold Foundation, Uppsala, Sweden.

Gibb, J. (date). *Basic Reader in Human Relations Training*. Episcopal Church: (location?).

Haaland, A. (1984). *Pretesting Communication Materials with Special Emphasis on Child Health and Nutrition Education: A manual for trainers and supervisors*. UNICEF: Rangoon. Available at no cost from: The PSC Section, UNICEF, P.O. Box 1435, Rangoon, Burma.

Haffey, J., N. Newton, B. Figueroa. (Autumn 1986). *Development Communication Report*. "Women Learn with Visual Aids: Experiences in Peru." Academy for Educational

Development, Washington, DC.

Harrison, A. (1994). *Assessing Maternal and Peri-Neonatal Health: Tools and Methods. The Mothercare Experience.* MotherCare Project/USAID, Arlington, VA.

For copies, write to MotherCare, John Snow Incorporated, 1616 North Fort Myer Drive, 11<sup>th</sup> Floor, Arlington, VA 22209 USA.

Hope, A., Timmel, S. & Hodzi, C. (1984). *Training for Transformation: A Handbook for Community Workers.* (Books 1, 2, and 3). Mambo Press, Gweru, Zimbabwe.

Howard-Grabman, L. (1993). The "Autodiagnosis": A Methodology to Facilitate Maternal and Neonatal Health Problem Identification and Prioritization in Women's Groups in Rural Bolivia. MotherCare Working Paper #16A, John Snow, Inc., Arlington, VA.

Howard-Grabman, L., Seoane, G., & Davenport, C.A. (1993). *The Warimi Project: A participatory approach to improve maternal and neonatal health, an implementor's manual.* MotherCare, John Snow, Inc. Arlington, VA.

Huston, Perdita. (1979). *Third World Women Speak Out: Interviews in Six Countries on Change, Development, and Basic Needs.* Praeger Publishers, New York.

Keehn, M. and W. Kniep. (date). *So You Want to Evaluate?* . InterAction: NY. Copies from InterAction, 200 Park Ave South, NY, NY 10003 or 1815 H Street, NW 11<sup>th</sup> Fl., Washington, DC 20006.

Kirkpatrick, D. L. (date). *Evaluating Training Programs/The Four Levels.* Berrett-Koehler Publishers: San Francisco.

Maendeleo ya Wanawake Organization/Program for Appropriate Technology in Health FGM Project. (1996). *A Three-Day Curriculum for Training Peer Educators.* PATH, Nairobi, Kenya. Program for Appropriate Technology in Health FGM Project. (1998). *Discussion guides for awareness raising and community mobilization.* PATH, Washington, DC.

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Mda, Zakes. (1993). *When People Play People: Development Communication Through Theatre.* Witwatersrand University Press, Johannesburg; and Zed Books, London.

McCauley, A.P., & Salter, C. (1995). *Meeting the Needs of Young Adults.* Population Reports, Series J, No. 41. Johns Hopkins School of Public Health Population Information Program, Baltimore, MD USA.

Srinivasan, Lyra. (). *Options for Educators: A Monograph for Decision Makers on Alternative Participatory Strategies,* PROWESS/UNDP, New York, New York. Available from PACT

Publications, 777 United Nations Plaza, NY, NY 10017.

Srinivasan, Lyra. (1990). *Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques*. PROWESS/UNDP, New York, New York. (See above for ordering information.)

Toubia, Nahid. (1994). *FGM: A call for global action*. Columbia University, New York.

Zimmerman, M., Newton, N. Frumin, L., & Wittet, S. (1989). *Developing Health and Family Planning Materials for Low-Literate Audiences: A Guide*. (Revised ed. 1996.) PATH, Washington, DC.

Female Genital Cutting: Comparative Study FGM Findings of DHS surveys from various countries. MACRO International.

Many of the foregoing materials were consulted in the development of this curriculum.

#### **Videos**

Inter-African Committee. (date) "Beliefs and Disbeliefs."

Maendeleo ya Wanawake Organization. (1996). "Secret and Sacred."

Maendeleo ya Wanawake Organizaiton. (1997). "Rite of Passage."

Walker, Alice. (date). "Warrior Marks."

#### **Organizations working on FGM eradication:**

InterAfrican Committee on Harmful Traditional Practices (IAC) Addis Ababa (?)

Program for Appropriate Technology in Health, Washington, DC, USA and Nairobi, Kenya

John Snow Incorporated (JSI), Arlington, Virginia, USA

United Nations Fund for Children UNICEF, New York, NY and Nairobi, Kenya

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