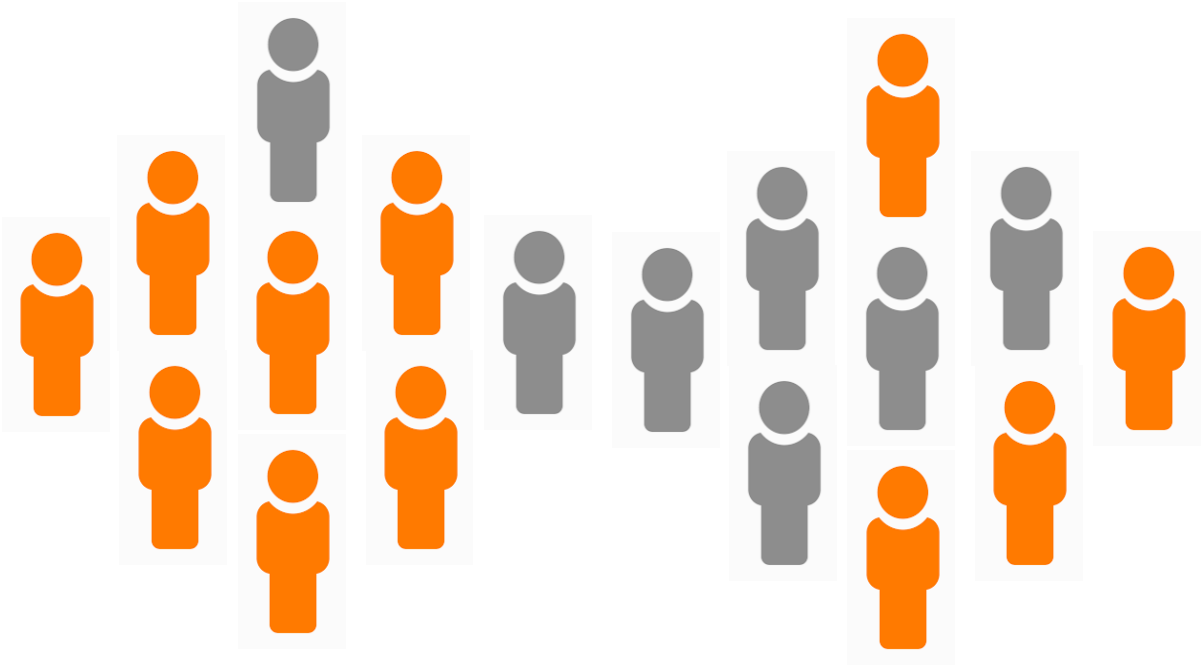
CHANGING SOCIAL NORMS AROUND FGM/C: THE DEVELOPMENT OF A MACRO-LEVEL M&E FRAMEWORK



ACT FRAMEWORK REPORT

April 2018

UNFPA

DREXEL UNIVERSITY Dornsife School of Public Health

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EXECUTIVE SUMMARY

In December 2016, Drexel University was contracted by the UNICEF/UNFPA Joint Programme to accelerate the abandonment of female genital mutilation/cutting (FGM/C) to develop a macro-level M&E framework for social norms change, specifically for FGM/C, which can be adapted over time to local country contexts. Based on a selective desk review and consultative workshop with experts hosted in December a macro level framework, summarized under the acronym ACT, was developed (**Figure 1**).

The selection of constructs in the ACT framework is guided by a conceptual model that places social norms at the heart of individual and social change, takes a social-ecological perspective to change, and examines the attribution and contribution of communication approaches. The "A' focuses on knowledge, affective, and behavioural indicators, as well as social norms measures, whereas the "C" focuses on indicators linked to gender, power, social networks, and social support. The first element of the 'T' focusses on measuring the effectiveness of audiences' exposure to and engagement with communication interventions and provides options for tracking changes over time, including a call for the inclusion of participatory methods into current programmatic efforts. The second element of the 'T' underscores the importance of triangulation in the data collection and analyses phases.

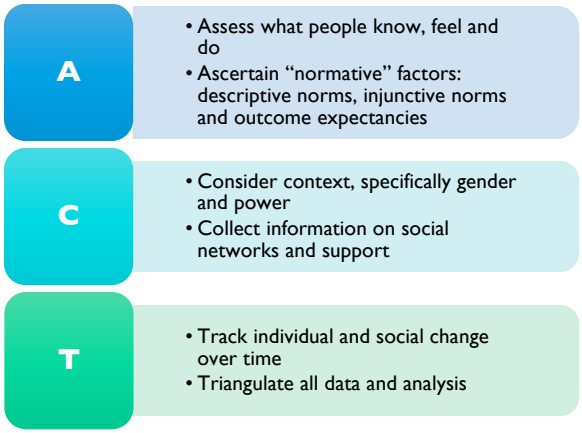

Figure 1: ACT Framework

Individual constructs, potential indicators, and a selection of quantitative, qualitative, and participatory measures for each of the elements of the ACT framework are presented. These provide a menu of options that can be used to measure and evaluate individual and social change associated with FGM/C using a social norms approach. By using a "menu" approach, countries can choose the indicators best suited to their programming context and evaluation needs. This approach ensures the framework is flexible to localized contexts, while also maintaining a level of universality in that the same framework can be used across countries.

Given concerns about the number of indicators provided in the ACT framework, the team undertook an exercise to consolidate and aggregate indicators by construct. This approach made the framework conceptually clearer, but since this does not necessarily reduce the number of indicators that need to be measured in the field, there remain some concerns relating to data collection burden. The field validation process will provide guidance on potential indicators to drop or how to select indicators best suited to field realities.

The report concludes with some immediate next steps selection of two countries for the field-based validation. Once the framework has been adapted and validated in two field settings, it may serve as a reference for other areas of work, most notably child marriage and violence against children.

STRUCTURE OF THE REPORT

Given the breadth and depth of information covered in this report, this document has been broken down into nine major sections to enhance readability and usability (**Figure 2**):

- **Section 1** provides background on the Joint Programme and summarizes the desk review findings
- **Section 2** introduces the ACT framework and the conceptual model underpinning it
- **Section 3** discusses the constructs covered by the "A" of the ACT Framework
- **Section 4** breaks down the "C" of the ACT framework
- **Section 5** covers "T" of the ACT framework
- **Section 7** concludes this report with a look at immediate next steps

The document concludes with and a list of **References** and **Appendices** containing supplemental information.

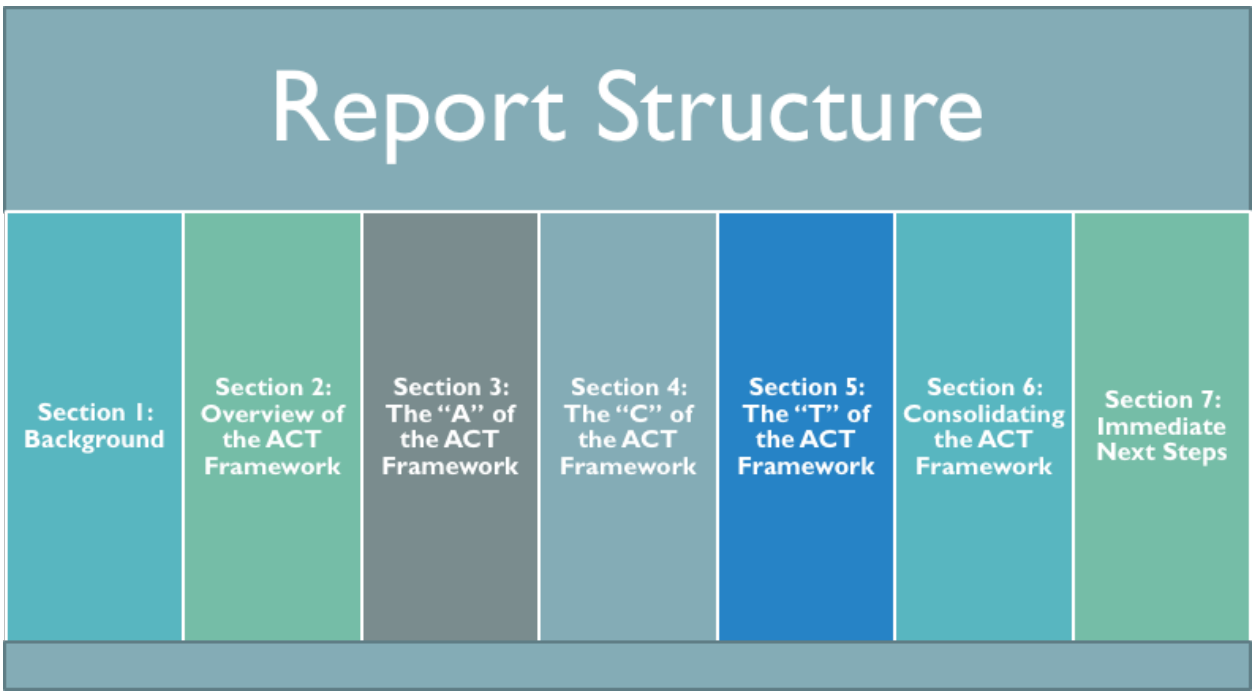

Figure 2: Structure of the ACT Framework Report

SECTION 1: BACKGROUND

Since 2008, UNFPA and UNICEF have implemented a Joint Programme to accelerate the abandonment of female genital mutilation/cutting (FGM/C) through the provision of financial and technical support to 17 countries and the use of human rights-based and culturally-sensitive approaches to address the social and cultural norms that hold the practice in place. Under the leadership of national actors and in partnership with civil society, religious leaders, communities and other key stakeholders, the Joint Programme has contributed to the acceleration of the abandonment of FGM/C. The Joint Programme has recently finalized the Results-based Management (RBM) and Theory of Change for Phase 3.

The close monitoring and evaluation (M&E) of FGM/C efforts have been a key priority of the JP since 2008, as well as a global priority through the inclusion of FGM/C in Target 5.3 of the Sustainable Development Goals. Rigorous M&E provides crucial insights and valuable feedback on: programme implementation, what works, what refinements are needed, what challenges persist and what impact this work has. Different approaches have been tested in some countries, but there is still no commonly tested methodology that can be scaled-up in all the Joint Programme countries.

The overall purpose of this project is to develop a macro-level M&E framework for social norms change, specifically for FGM/C, which can be adapted over time to local country contexts. This global framework will be accompanied by conceptual definitions of key constructs that comprise social norms, the operationalization of the key constructs, and means of verification (qualitative, quantitative and participatory tools) to measure social norms change.

SUMMARY OF DESK REVIEW FINDINGS

Broadly speaking, social norms are the unwritten rules that guide human behaviour and exist at the interplay between behaviours, beliefs, and expectancies. For their existence, social norms inherently require a reference group, i.e. a network of people to whom we identify and compare ourselves. While the application of a social norms perspective is promising to ending the practice of FGM/C, understanding which factors, contributing to FGM/C, are normative (and which are not) is essential for change to be made and sustained. There is a rich theoretical body of literature on social norms, which can be consolidated around two predominant approaches. The first set emphasizes social norms as an inherent characteristic of individuals embedded within a larger social system. The second set situates "norms" as one aspect of a larger framework within a social ecological perspective. There are overlaps among the conceptual terms that comprise social norms. This review consolidates these terms into four overlapping social norms constructs:

- **Descriptive Norms**: Beliefs about what other people do.
- **Injunctive Norms**: Beliefs about what others approve of/ think people should do
- **Benefits (Outcome Expectancies)**: Beliefs about the perceived benefits/rewards
- **Social Sanctions (Outcome Expectancies)**: Beliefs about the perceived sanctions/punishments

From a theoretical perspective, FGM/C practices can largely be construed to exist due to a myriad of factors, i.e. conventions associated with future marital prospects, traditions that have withstood through time, traditions that reinforce power structures, afford social capital, and peer pressure. Further FCM/C practices provide economic and social benefits and lack of harmonization between legal, moral, gender and religious imperatives. Of particular note are gender norms, defined as informal rules and shared social expectations that distinguish expected behaviour on the basis of gender. Gender norms manifest themselves at all levels of the social ecological model resulting in discrimination against girls and women, which in turn are linked intrinsically to FGM/C practice. Therefore, any attempt to address social norms associated with FGM/C should be undergirded by a thorough understanding of gender determinants.

Regardless of their framing, changing social norms can be achieved in one of two ways. First, the abandonment of the FGM/C norm where monitoring and evaluation would consist of maintaining its absence and preventing re-emergence. And second, introducing an innovation associated with a separate set of practices. A clear understanding of the specific strategic approaches being utilized by planned interventions is critical in designing an evidence based mixed methods evaluation framework to examine the effectiveness of social norms change in addressing FGM/C.

SECTION 2: OVERVIEW OF THE ACT FRAMEWORK

Concrete data on the operationalization and effectiveness of social norms approaches, especially those using communication approaches, is limited. A WHO (2010) report concluded that approaches taking a social norms perspective in public health (specifically violence prevention) have rarely been evaluated and so the evidence base for their effectiveness is weak. A meta-evaluation of FGM/C programs, including interventions utilizing social norms approaches, also came to a similar conclusion (Berg & Denison, 2012). Mackie et al. (2015) found that only 14% of published essays on norms and global development mentioned measurement methods of any kind.

Drawing upon the desk review findings, the following macro-level model for measuring social norms change has been developed (**Figure 3**). Labelled under the acronym ACT, this model includes steps that are necessary to measure social norms change around FGM/C and has been designed as a menu of constructs, indicators, methods and tools. Individual countries are meant to use this menu to build their own localized frameworks based on the programming focus and ground realities.

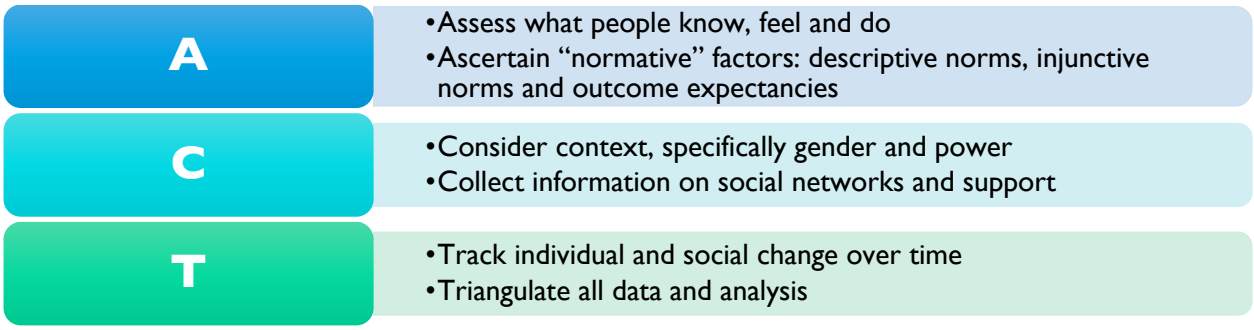

Figure 3: Model for Measuring Social Norms Change

The elements under 'A' and 'C' describe specific constructs that need to be measured in order to examine social norms change. The 'A' focuses on knowledge, affective, and behavioural indicators, as well as outlining those related to the measurement of descriptive norms, injunctive norms, and outcome expectancies (See Section 3). Meanwhile, the 'C' of the ACT framework places attention on critical components of the economic and social context in which FGM/C takes place, in addition to the assessment of social networks and social support (See Section 4). Individual constructs, potential indicators and a selection of quantitative, qualitative, and participatory methods are laid out in the sections that follow.

The 'T' of the ACT framework links to the overall M&E process that this framework is couched within and takes into consideration opportunities to ensure the adaptability of this macro-level framework to unique contexts (See Section 5). The first element of the 'T' provides options for tracking changes over time with sample indicators and methods. The second element of the 'T' provides concrete suggestions on how the operationalization of indicators can include both qualitative and quantitative data (triangulation) to improve validity, enrich numeric data with rich description, allow for holistic interpretation and create a feedback loop between monitoring and evaluation.

CONCEPTUAL MODEL FOR THE ACT FRAMEWORK

A conceptual model laying out how the key constructs/concepts of the ACT framework work together is provided in **Figure 3**. At the heart of the conceptual model are social norms. The underlying premise across social norms theorizing is that norms influence behaviours and behaviours influence norms. In other words, if norms can be changed, then behavioural change will ensue, and if behaviour change occurs then norms will change. For these reasons, social norms appear as an intermediary step between what people know and feel and what individuals and communities do, with blue, two-way arrows to indicate the dynamic relationship between social norms and these other elements of the model. To unpack the role of social norms approaches in bringing about individual and social change, the three components of norms —descriptive norms, injunctive norms, and outcome expectancies (both rewards and sanctions)—must be measured.

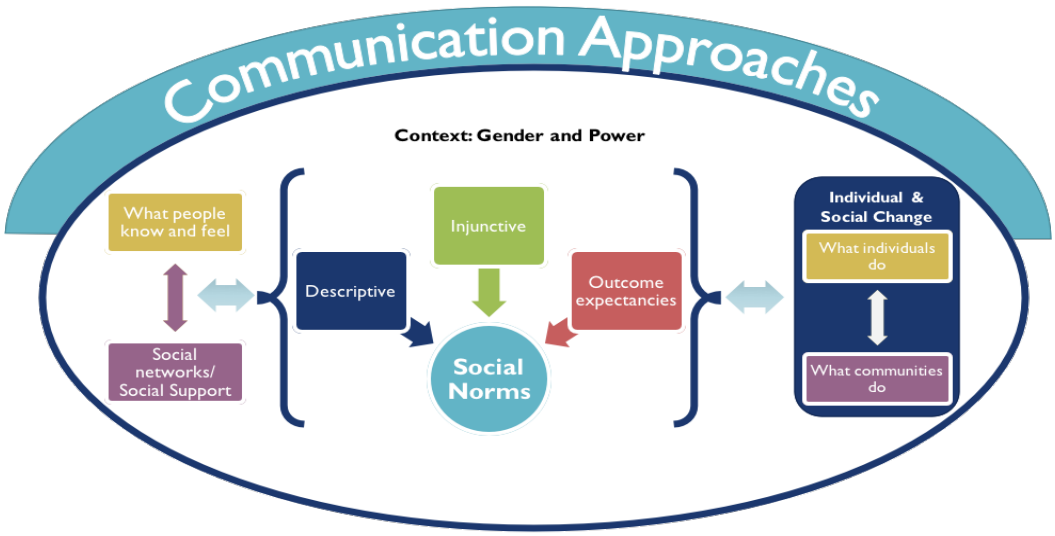

Figure 4: Conceptual Model for ACT Framework

The model also incorporates a broad social-ecological perspective that situates individuals within their broader environment (e.g. interpersonal, community, institutional, societal, etc.) and takes into account the different levels of influence at play. For instance, the model acknowledges how what people know and feel shapes and is shaped by who they talk to (i.e. interpersonal communication and social networks) and social support received. Similarly, what individuals do is influenced by what happens within a community, and vice versa. Additionally, social norms cannot change if contextual factors such as power and gender are not adequately addressed. Hence the placement of the model within an oval labelled Context: Gender & Power.

The communication approaches are depicted just outside the context oval showing the direct influence that communication approaches have on individual and behaviour change, as well as the indirect ways in which communication approaches effect change by impacting knowledge, affective factors, social networks, social support, norms, and contextual factors such as gender and power. Linking the communication approaches to individual and social change will allow for claims about attribution and contribution to be made and provide key insights into how change occurs.

SECTION 3: THE "A" OF THE ACT FRAMEWORK

This section introduces the first two elements under the "A" of the ACT Framework: 1) Assess what people, know, feel, and do; and 2) Ascertain normative factors: descriptive norms, injunctive norms, and outcome expectancies (social sanctions and benefits).

3.1 ASSESS WHAT PEOPLE KNOW, FEEL, & DO

The first measurement component of the 'A' in the ACT framework involves assessing where individuals are with respect with the continuum of change and specifically studying exposure to individual and social change approaches to address FGM/C. Given the interplay between individual and community level indicators with regard to FGM/C, the measurement of change requires laying out different pathways to change marked by a clear set of steps outlining the process that individuals and communities go through when deciding, adopting, and maintaining a practice. If programmes are using a norms replacement approach where efforts focus on replacing FGM/C with a new set of practices, then it is important to develop a set of parallel indicators to measure where individuals fall on the continuum of change as it relates to adopting the "new norm". These parallel indicators will need to be adapted from those listed in this section.

3.1.1 ASSESS WHAT PEOPLE KNOW

Raising awareness and dispelling myths about FGM/C is a critical step in bringing an end to the practice[1]. Accurate information about FGM/C may help shift individuals' attitudes towards, support for, and the practice of FGM/C. Again, if programmes are using a norms replacement approach then indicators to measure knowledge of these new practices will need to be created.

❍ Indicator: Percent of the population who know about the four types of FGM/C

Definition: There are four types of FGM/C: 1) Clitoridectomy: where the clitoris is partially or totally removed (sometimes this is referred to as *sunna*); 2) Excision: where the clitoris and labia are partially or totally removed; 3) Infibulation: where the vaginal opening is narrowed by sewing the labia together; and 4) Other: all other forms types of FGM/C procedures including "pricking, piercing, incising, scraping, and cauterizing the genital area" (World Health Organization, 2012).

Methods: The DHS and MICS ask individuals if they have ever heard of FGM/C, but do not probe about specific knowledge and risks associated with the different types of FGM/C. A survey of individuals in the target population can ask "*How many types of FGM/C are there?*" A follow-up question could probe respondents for a description of the different types of FGM/C and the risks associated with each type to

[1] The relevance of the proposed knowledge indicators should be weighed by individual country offices, since in some contexts knowledge and awareness of FGM/C is known to be high. Nevertheless, M&E frameworks should seek to measure some cognitive factors as these are critical steps in the change process. Knowledge and awareness indicators can be adapted from those listed here or new ones can be created that are attuned to the unique realities of each country and gaps in data. For example, indicators to measure knowledge of rights could be developed.

assess comprehension. An additional probe could ask respondents about the types of FGM/C that are practiced in his/her community.

A qualitative method of assessing knowledge of the different types of FGM/C could involve the use of body maps, specifically an anatomical diagram of the external female genitalia. Body maps are a visual technique that uses diagrams representing part or all of the body. Body maps have often been used in health research to examine knowledge about reproduction, as well as perceived health risks (Gastaldo, Magalhães, Carrasco, & Davy, 2012). Individuals could be asked to describe the different types of FGM/C practices using the diagram as a visual aid or individuals could be provided visuals of the four different types of FGM/C and asked if they can identify them (See Appendix A for sample body maps).

❍ Indicator: Percent of the population who know about the risks of FGM/C

Definition: Knowledge about the risks of FGM/C is operationalized as those who have correct and factual information about the risks associated with FGM/C[2]. Examples of the short-term physical, long-term physical, and psychosocial risks are listed in the Appendix A (WHO, n.d; Mulongo, Hollins, Martin, & McAndrew, 2014).

Methods: A survey of individuals in the target population could include a series of yes-no questions to see what risks individuals associate with FGM/C (A preliminary list of risks is provided in Appendix A). Alternatively, questions such as "*What is the likelihood that [specific health risk] will occur?*" could be developed to examine individuals' risk perceptions for a selection of the health risks, for instance those specifically addressed by the intervention activities.

A draw and describe activity would be one option to elicit the characteristics associated with a cut and uncut girl. Draw and describe activities use visuals (provided to or created by the participant) to understand how participants perceive and experience the world. Individuals could be asked to describe cut and uncut girls when they are children (aged 0-10 years), as adolescents (10-19 years of age), and as adults (20 years and older) (See Appendix A for more information). Discussions could probe individuals for explanations of how one girl is better off than the other, which would allow researchers to examine multiple domains of knowledge, attitudes and risks linked to FGM/C.

Body maps are another method that could be used to understand the risks and negative impacts of FGM/C. Instead of doing a full body mapping exercise, individuals could be shown a visual aid with an outline of a female body (See Appendix A for potential visual aids). Individuals could be asked the following: *When a girl undergoes FMG/C, what does her mind think?* and 2) *How does her heart feel?* This is likely to generate a broader list of impacts that include psychosocial effects, which are often overlooked. Another option would be to link this activity with principles of event mapping[3] by asking individuals

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[2] There is some literature indicating that focusing on the health risks associated with FGM/C has led to the medicalization of the practice (Doucet, Pallitto & Groleau, 2017). At the same time, it is important to understand the types of risks individuals associate with FGM/C. Questions or prompts used to elicit risks should not focus exclusively on the health risks, but create an opportunity for respondents to discuss any and all types of risks associated with the practice.

[3] Event mapping is a technique used in injury prevention to examine determinants (actions) that precede an event, happen during an event, and occur after an event (Haddon, 1970).

these two questions at three points in time: before, during, and after undergoing FGM/C. This could elicit a more nuanced understanding of the psychosocial and physiological impacts of FGM/C.

❍ Indicator: The degree to which legal, religious and moral norms associated with FGM/C are harmonized[4].

Definition: FGM/C is construed as a complex issue that persists in the face of contradictory legal, religious, and moral norms. A lack of harmonization between these imperatives likely plays a role in the perpetuation of FGM/C.

Methods: A composite measure to assess the degree to which legal, religious, and moral norms are harmonized can help us identify whether such an approach is effective and relevant to the context at hand. Previous research has identified several social, cultural, moral and religious reasons why FGM/C persists (for example see Muteshi, 2016). To measure legal norms (% who have knowledge of FGM/C related laws), it is important to ask about knowledge of the existence of local and national laws, respondents' level of information about how the laws are enforced as well as how individuals refer to the laws as a way to support changes in their attitudes and behaviours. Similarly, questions can be asked to ascertain whether individuals are knowledgeable on how FGM/C violates women and girls' rights to life, liberty, and security of person. To measure religious norms (% who report that FGM/C is a religious requirement) and moral norms (% who report FGM/C is the right thing to do), it is possible to ask a series of questions using a Likert Scale, ranging from "strongly agree to strongly disagree" and collapsing them into composite scores to examine changes over time in. Pre-testing questions is essential to ensure that the statements reflect the local realities and for assessing the measure's reliability and validity in a specific context.

3.1.2 ASSESS WHAT PEOPLE FEEL

How individuals and communities feel is a critical middle step between having knowledge and actually practicing a behaviour or taking part in social change. As knowledge of the types and harms of FGM/C reach high levels, it is important to have programming that works to shift individuals' and communities' attitudes, beliefs, perceptions, intentions, self-efficacy to abandon FGM/C so that individuals and communities alike can continue moving along the change continuum. This framework specifically measures beliefs towards FGM/C, intention not to cut daughters, support to not practice FGM/C, and self-efficacy to abandon FGM/C in the face of social pressure. Again, if programmes are using a norms replacement approach then indicators to measure support for, beliefs about, intention to, and self-efficacy to adopt these new practices will need to be created.

❍ Indicator: Percent of the population who can articulate the reasons why FGM/C exists

[4] Given the interplay between gender norms and FGM/C practice. Questions about gender norms are asked as part of the "consider context" element of the ACT framework

Definition: Asking individuals to articulate the reasons why FGM/C persists creates a space for them to contemplate or reflect on the issue, a key process for behaviour and social change. This also uncovers what individuals perceive to be the dominant motivations that uphold the practice, thus providing a better picture of the motives underpinning the practice of FGM/C, with a specific focus on discriminatory gender norms that uphold the practice of FGM/C.

Methods: The potential list of questions associated with the social, moral and religious root causes of FGM/C can also be used as a proxy for reasons why FGM/C exists. Free-listing can be used to generate a list of reasons for why the practice of FGM/C exists. Participants can then categorize the reasons based on dominant theories explaining the persistence of FGM/C including: conventions, economic benefits, non-economic or transactional benefits, social benefits, legal norms, moral norms, or religious norms. These reasons could also be categorized based on whether they are due to structural or environmental factors, individual motivations, or socially imposed reasons.

❍ Indicator: Percent of population who hold negative beliefs about FGM/C

Definition: Beliefs are being defined as "psychologically held understandings, premises, or propositions about the world that are felt to be true" (Richardson, 1996, p. 103). Beliefs shapes individual and social behaviour and provide important insights regarding the cultural context of an issue. Rokeach (1972) suggests there are three types of beliefs: (1) *Descriptive beliefs,* which are verifiable statements about people, objects, and situations; (2) *Prescriptive beliefs,* which are statements about the appropriateness of an activity typically framed as acceptable or unacceptable; and (3) *Evaluative beliefs,* which reflect an assessment of an attitude object.

Methods: One way to assess descriptive and prescriptive beliefs underlying FGM/C is by inserting statements reflecting commonly held beliefs into a survey in which participants respond using a 5-point Likert scale ranging from strongly agree to strongly disagree. Shell-Duncan, Hernlund, Wander and Moreau (2010) did this using a list of advantages and disadvantages of FGM/C based on focus group discussions (**Figure 5**). In addition, to the list below, additional reasons and the free listing noted above, can be used to supplement quantitative measurements of FGM/C beliefs.

Advantages

- Circumcision shows respect to our grandmothers
- Female circumcision makes a girl be clean
- Female circumcision helps a girly stay a virgin until she marries
- A benefit of female circumcision is that it teaches girls to obey and respect their elders
- A benefit of female circumcision is that a girl will know the eye
- Female circumcision does not cause any problems
- circumcision is a very important tradition

Disadvantages

- A bad part of the practice is that it is very painful
- Men enjoy sex more with uncircumcised women
- Girls can be trained even without being circumcised
- When you circumcise your daughters, you have to spend too many resources
- Female circumcision can cause serious problems with childbirth
- Female circumcision can spread HIV/AIDS
- Female circumcision can cause a person to bleed too much
- Female circumcision can cause tetanus

Figure 5: List of Advantages and Disadvantages of FGM/C from Shell-Duncan et al. (2010)

A qualitative approach to assess beliefs structures, attitudes, and aspirations could be to do an empathy mapping exercise to understand what an FGM/C free community looks like. Empathy mapping is a technique used in business and marketing to understand what customers think, feel, see, say, do, and hear, as well as what their biggest frustrations are and what their measures of success would be (Osterwalder & Pigneur, 2010). Empathy mapping is a type of draw and describe activity since it uses visuals to understand how participants perceive and experience the world. The visuals can be created by participants or can be prepared ahead of time for them (See Appendix A for an example of an empathy map). For this framework, participants could be asked questions about what an FGM/C free community looks like, what individuals and others say, think, do, what the challenges and motivators are.

❍ Indicator: Percent of the population who do not support the continuation of FGM/C

Definition: Support for or against the continuation of FGM/C is important to measure as this provides an assessment of the overall level of public acceptance of FGM/C. To align with the Joint Programme's RBM, the indicator will report on the proportion who do not support the continuation of FGM/C.

Methods: Quantitative questions to gauge support for the continuation of FGM/C have been inserted into various population-based surveys such as the DHS and MICS. Questions typically take one of the following three forms:

- Do you think FGM/C should continue? (yes/no)
- Do you support the continuation of FGM/C? (yes/no)
- Do you think that FGM/C should be continued, or should it be discontinued? (continued/discontinued)

A list experiment (or unmatched count) is a survey technique that aggregates a sensitive item with a list of other non-sensitive items (Miller, 1984). The idea is that if a sensitive question is asked indirectly, respondents are more likely to respond truthfully. This has been used to measure support for FGM/C by De Cao & Lutz (2015) who read participants the following statements and then asked them how many they agreed with (see bullets below). Statements for a list experiment will need to be field-tested prior to use to ensure that this technique works.

- HIV can be transmitted through witchcraft or other supernatural means
- It is acceptable to use contraceptives to avoid pregnancy
- In a marriage, both partners should decide on how many children they should have
- A girl should undergo FGM/C (Read only to the treatment group)

A Complete the Story activity uses hypothetical vignettes (either pictorial or verbal stories/scenarios) that participants have to react to or resolve. Such vignettes allow researchers to: 1) study what specific actions or behaviours a participant would take in a given situation; 2) explore participants, beliefs, attitudes, and opinions, and 3) enables researchers to bring up sensitive issues that do not involve the participant to speak directly from their personal experiences, but rather projecting onto a third party. In this case, the storyline could be about a village that is meeting together to consider signing a declaration abandoning FGM/C.

❍ Indicator: Percent of caregivers who do not intend to cut their daughters

Definition: Intention to cut is defined as the likelihood of practicing FGM/C in the future. Behavioural intent is a critical intermediate step between support for and actual practice of a behaviour. Again, to align with the RBM, this indicator will report on those who do not intent to cut their daughters.

Methods: Questions measuring intention to cut a daughter can only be asked of parents who have uncut daughters. Population-based surveys (e.g. DHS) and surveys with individuals from the target population can ask "Do you intend to have any of your daughter's cut?" with response categories being dichotomous (yes/no) or measuring the degree of intention using a 5-point (strong intent to cut to strong intent not to cut). Alternatively, the question could be asked in the following manner: "What is the likelihood or chance that you will cut your daughter? with response categories ranging from very likely to not at all likely.

As mentioned in the indicator above, the same Complete the Story activity can be used incorporate information to assess an individual's intention to cut by having them react to the same scenario by addressing the concerns of a family that was deciding whether to cut their daughter.

❍ Indicator: Percent of young men and boys who express readiness to marry uncut girls

Definition: As mentioned above, behavioural intent is a critical intermediate step between support for and actual practice of a behaviour. To align with the RBM, this indicator will report on young men and boys who report intention to marry uncut girls

Methods: Questions measuring readiness can only be asked of boys and men, responses from other participants will elicit their opinions but not actual readiness. Questions borrowed from the stages of change model can be used to assess readiness among boys and men. For example: the following questions would measure different stages of readiness (1) As far as I'm concerned, I don't have any problems marrying a girl who has been cut (Pre-contemplation); I think I might be ready to marry a girl who is uncut (Contemplation); I am actively considering marrying a girl who is uncut (Contemplation); I have done something to ensure that I can marry a girl who is uncut (Action) and I am betrothed to a girl who is uncut (Action).

❍ Indicator: Percent of the population who feel confident in their ability to choose not to practice FGM/C despite social pressure

Definition: This indicator is intended to capture self-efficacy. Self-efficacy refers to an individual's confidence in their ability to take action or adopt a behaviour (Glanz, Rimer, & Viswanath, 2008). It is an important pre-cursor to behaviour change, as it influences how individuals approach goals, tasks and challenges, as well as the choices they make (Bandura, 1986). Increasing individuals' self-efficacy to abandon FGM/C is a critical step for social norms change to occur, especially in the face of social pressures that run counter to abandonment.

Methods: The General Perceived Self-efficacy scale was developed to predict an individual's ability to cope with daily hassles and their ability to adapt after stressful life events (Schwarzer & Jerusalem, 1995). The scale includes 10-items with response options ranging from not true at all to exactly true. (See

Appendix A for the scale items). Selected items from this scale could be adapted and inserted into a survey questionnaire administered to individuals from the target population.

A qualitative method of measuring confidence and empowerment could be done using the "confidence snail" tool developed by Laura Hughston at Plan International UK (Hughston, 2015). The tool consists of five pictures of a snail gradually coming out of its shell (See Appendix A for a photo of the cue cards). Each image represents a different level of self-confidence. Hughston used this to gauge the programme's work to empower youth. For the purposes of this framework, the tool could be embedded into programme activities, questionnaires, in-depth interviews or focus-group settings. It can be used to assess individuals' self-confidence to abandon FGM/C in situations where they face opposition by family or community members. The image used should be assessed for cultural appropriateness and resonance.

3.1.3 ASSESS WHAT PEOPLE DO

This section of the M&E framework focuses on measuring actual behaviour by assessing prevalence of FGM/C. Various methods to obtain population-level estimates of prevalence have been suggested. Again, if programmes are using a norms replacement approach then indicators to measure the uptake of the new practices will need to be created.

❍ Indicator: Percent of girls and women who have undergone FGM/C

Definition: This indicator assesses the prevalence of FGM/C, i.e. the number of girls and women within a given population who have undergone FGM/C in all of its forms. Over time, this indicator provides a measure of the effectiveness of the social norms programming.

Methods: Population-based estimates of the prevalence of FGM/C typically rely upon self-reported data elicited through close-ended questions inserted into national surveys such as the DHS or MICS. Commonly asked questions include:

- Have you undergone FGM/C?
- Have you yourself even been circumcised?
- Have your daughters undergone FGM/C?

It may be important to collect data on the prevalence of FGM/C by type of FGM/C performed. Shell-Duncan, Hernlund, Wander, & Moreau (2010) attempted to collect self-reported data on the type of FGM/C by asking respondents one question on the type of FGM/C they had undergone (response categories were: *sunna*, all removed (excision), or don't know) and a second question on sealing. Similarly, MEASURE Evaluation (n.d) suggests asking women about the nature of the procedure performed using the following three types of cutting: 1) Genital area was nicked, but no flesh removed; 2) Any flesh was removed from the genital area; and 3) the genital area was sewn closed.

Another important question to ask relates to the age of the girl/woman when FGM/C was performed. This can be done simply by asking individuals "What age did the cutting or circumcision take place?" or "How old were you when you were cut?" Age is a critical variable for programme evaluators to track

because one potential outcome of making FGM/C illegal is that the practice is driven underground and the age at which the practice is performed is lowered (MEASURE Evaluation, n.d.).

A common issue in interviews and surveys is that people are often hesitant to tell the truth about their own behaviour. This is especially true if the behaviour is questionable; therefore, indirect measures to examine behaviours and cross-validation are important. Other methods to estimate prevalence include:

Gynaecological exams: One method of verifying self-reported responses about FGM/C status is through gynaecological exams performed by a medical professional (Morison, Scheft et al., 2001).

Health records: In contexts where the practice of FGM/C is medicalized (i.e. where the practice is performed by health professional such as a doctor, nurse, or school-trained midwife), it may be possible to verify self-reported data using health records. To do this, an additional question asking women and girls to specify who performed the practice would be needed, as health records would only be able to verify those who had the practice done by a health professional as opposed to a traditional practitioner (e.g. traditional circumciser, traditional birth attendant, or other individual).

Cultural markers: The henna feet study utilized a novel, culturally appropriate method to assess cutting rates in 45 communities in Sudan (Efferson, Vogt, Elhadi, El Fadil Ahmed, & Fehr, 2015). First, a team of photographers photographed the feet of all girls entering primary school in the study communities. These photographs were then examined for residual traces of henna. Girls in Sudan are usually cut before entering primary school and this is the only time in a young girl's life that henna is applied. Second, the Gezira state government sponsors basic medical exams for all children entering primary school. During these exam, a doctor asked each girl if she had been "*purified*" (the local Arabic word used to describe being cut). The verbal responses of the girls were recorded along with the identification number of her foot. A girl was considered cut if there was residual henna on her foot or if she responded yes to having been purified. Opportunities to leverage other cultural markers should be explored with UNICEF field staff and local counterparts.

3.2 ASCERTAIN NORMATIVE FACTORS

To unpack the role of social norms approaches in promoting social and behaviour change, it is important to examine specific components of social norms, specifically descriptive norms, injunctive norms, and outcome expectations in the form of benefits and sanctions. Indicators and methods have been developed for each of these components, with a paragraph at the end of this section discussing the 2x2 tables for social norms, a tool which can be used to examine descriptive norms, injunctive norms, and outcome expectancies (benefits and social sanctions). Again, if programmes are using a norms replacement approach then indicators to measure social norms relating to the new norm will need to be created.

3.2.1 DESCRIPTIVE NORMS

- **Indicator: Percent of the population who believe at least half of individuals in their community are practicing FGM/C**

Definition: Descriptive norms are being operationalized as beliefs about what other people do. In this case, beliefs about whether individuals in one's community are practicing FGM/C.

Methods: Descriptive norms are typically measured using "perceived prevalence" questions. In this, a concrete situation or behaviour of interest is described. Then, individuals provide ratings of their assumption of the community's opinion on the appropriateness of the behaviour. This method helps to identify values. Often, subjects are more willing to provide answers to this type of question, as they do not need to reveal information about their own behaviour. The indicator above has been written for a survey question that asks "What percentage of the community do you estimate practice FGM/C?" There are other ways of asking about perceived prevalence which would require the indicator to be tweaked:

- How many girls are cut in your community? (Response categories: none, few, some, all)
- Has the practice of FGM/C increased, decreased, or stayed the same in your community since [time]? (Response categories: increased, decreased, stayed the same)

The 2x2 tables for social norms is a mixed-method participatory research tool equipped to measure descriptive norms, injunctive norms, and outcome expectancies. Since it cuts across social norms indicators, a description of this method is provided at the end of this section.

3.2.2 INJUNCTIVE NORMS

❍ **Indicator: Percent of individuals from the target population who believe that people in their community approve of FGM/C abandonment**

Definition: Injunctive norms are operationalized as beliefs about what others approve of or think people should do. This indicator is intended to measure whether individuals believe that others in their community approve of FGM/C abandonment.

Methods: Injunctive norms can be quantitatively assessed by asking individuals: 1) Do you personally approve of FGM/C abandonment? and; 2) Do members in your community approve of FGM/C abandonment? Other ways of measuring injunctive norms include asking individuals to rate these statements on a 7-point Likert scale from strongly agree to strongly disagree:

- Most people who are important to me think I should/should not practice FGM/C
- People in my community approve of FGM/C
- Young men in the community want to marry girls who are not cut

Injunctive norms can also be measured by asking people about their perception of other people's behaviour. This includes asking individuals questions about what they think are the motivations for another individual to perform a certain behaviour.

The 2x2 tables for social norms are a mixed methods participatory research tool equipped to measure descriptive norms, injunctive norms, and outcome expectancies. Since it cuts across social norms indicators, a description of this method is provided at the end of this section.

3.2.3 OUTCOME EXPECTANCIES

- **Indicators:**
  - **Percent of the population that can identify benefits (rewards) associated with FGM/C abandonment**
  - **Percent of the population that can identify sanctions (punishments) associated with FGM/C abandonment**
  - **Percent of the population who agree with the negative consequences of FGM/C abandonment**
  - **Percent of the population who agree with the positive consequences of FGM/C abandonment**
  - **Percent of the population who are willing to introduce sanctions if someone practices FGM/C**
  - **Percent of the population who are willing to reward someone who abandons FGM/C**

Definition: Outcome expectancies are operationalized as beliefs about the perceived benefits/rewards and beliefs about the perceived sanctions/punishments associated with FGM/C abandonment. For a new social norm of abandonment or replacement to take root, it has to be promoted and "out-compete" the old norm of practicing FGM/C (Evans, 2014). Individuals who are able to articulate and identify the benefits of abandoning FGM/C are more likely to change their perception of FGM/C and abandon the practice. So too are those who agree with the positive consequences of FGM/C abandonment and those who are willing to enact rewards and sanctions to FGM/C abandoners.

Methods: Measuring the degree to which individuals agree with the positive or negative consequences of FGM/C abandonment requires developing a scale with at least three statements. Statements could include asking individuals if not performing FGM/C makes it more difficult "for their daughter to be married," "to be part of a group," or "to gain social status." Response categories would be from strongly agree to strongly disagree.

Some researches argue that FGM/C practices are driven by transactional factors, namely economic and social benefits. Previous indicators have examined the types of benefits associated with the practice, but it may also be important to assess whether individuals are willing to enact sanctions and rewards for FGM/C abandoners. Another way to assess the agreement and disagreement with rewards and sanctions is to have individuals compare and contrast, using a seven-point semantic differential scale. A semantic differential is a rating scale designed to measure the connotative meaning of practices, in order to derive the attitudes towards those practices. Respondents are asked to choose where his or her position lies, on a scale between two polar adjectives. For example, a list of "attributes" of girls who are cut versus those who are un-cut can be presented to respondents to examine their attitudes towards rewards and sanctions associated with FGM/C abandonment. Additionally, comparison of communities which declare themselves to be FGM/C free with those where FGM/C is prevalent can provide information on community norms.

One way to quantitatively assess the willingness of individuals to introduce sanctions or rewards would be to ask individuals a series of questions or statements that they rate according to their willingness or likelihood of enacting the reward/benefit. For instance, individuals could be asked: "*How likely are you to [insert sanction/punishment] an individual for practicing FGM/C on their daughter?*" *How likely are you to [insert reward/benefit] an individual who has decided not to perform FGM/C?*"

A free-listing activity can be used to generate a list of the benefits and sanctions associated with not performing FGM/C. Free-listing is a technique in which researchers ask participants to make a list of words, phrases, expressions, or instances to describe a particular concept or phenomenon (Ulin, Robinson, & Tolley, 2005). Free-lists capture local perceptions of a specific topic and offer a lens through which to understand cultural beliefs. Participants could then categorize these benefits into groups (e.g. health, social, and legal) and/or categorize them on the basis of whether they are short- or long-term benefits. This kind of free-listing activity can also be embedded into a survey using open-ended questions to elicit this information. Shell-Duncan et al. (2010) used the following open-ended questions: *What are the sanctions (punishments) of not abandoning FGM/C? What are the benefits (rewards) associated with abandoning FGM/C?*

The 2x2 tables for social norms is another tool equipped to probe individuals about the rewards and sanctions associated with practicing and abandoning FGM/C. More information about this tool can be found below.

Cross-cutting Social Norms Method: The 2x2 tables for social norms are a mixed methods participatory research tool that allows for the comparison of two sets of information (**Figure 6**). It involves participants working through two tables – one for approval and one for behaviour—to describe the existence, persistence, and changes in social norms. Here, the two tables can be used to examine individual and community-level approval for FGM/C and individual and community-level practice of FGM/C. This allows individuals to see how groups behave the same or differently from others. After working through the tables, participants are asked additional questions to understand emergent concordance and discordance between approval and behaviour. The tables also provide an opportunity to probe on the role that sanctions and rewards play in perpetuating social norms. Hence, this tool allows for the examination of several social norms measures, specifically descriptive norms, injunctive norms, and outcome expectancies.

2X2 TABLE FOR SOCIAL NORMS: APPROVAL

		APPROVAL SELF	
		NO	YES
APPROVAL COMMUNITY MEMBERS	NO	NO, NO REASONS: REWARDS: PUNISHMENTS:	YES, NO REASONS: REWARDS: PUNISHMENTS:
	YES	NO, YES REASONS REWARDS: PUNISHMENTS:	YES, YES REASONS: REWARDS: PUNISHMENTS:

2X2 TABLE FOR SOCIAL NORMS: BEHAVIOUR

		BEHAVIOUR SELF	
		NO	YES
BEHAVIOUR COMMUNITY MEMBERS	NO	NO, NO REASONS: REWARDS: PUNISHMENTS:	YES, NO REASONS: REWARDS: PUNISHMENTS:
	YES	NO, YES REASONS REWARDS: PUNISHMENTS:	YES, YES REASONS: REWARDS: PUNISHMENTS:

Figure 6: 2x2 Table for Social Norms

SECTION 4: THE "C" OF THE ACT FRAMEWORK

This section covers the two elements folded under the "C" of the ACT framework: 1) Consider the context, especially gender and power; and 2) Collect information on social networks and social support.

4.1 CONSIDER THE CONTEXT, ESPECIALLY GENDER & POWER

There are many factors, proximate and distal, that play a role in influencing and upholding FGM/C. It is beyond the scope of this framework to examine all these factors especially as existing efforts are already considering other key domains including education, policy, and legal environments. This framework will explore dimensions of gender and power dynamics as they relate to economic and social contexts, thus tying into Phase III's emphasis on addressing women and girls' empowerment.

Social norms cannot change if power dynamics are not addressed (Mackie et al, 2015). It is important to examine whether FGM/C persists due to power imbalances (power over) and if so, how individuals or groups could be empowered to have power within (this is linked with the self-efficacy measures noted above) in order to abandon FGM/C or replace it with a new, positive norm. Empowerment can be conceptualized in many different ways. This framework draws upon CARE's (2013) theoretical framework for empowerment, which identifies three key overlapping domains of change that need to be addressed for meaningful empowerment to occur:

1. **Individual agency**: Attitudes and beliefs about gender and women's rights and self-efficacy;
2. **Relations**: Decision-making power, inter-spousal communication, and mobility;
3. **Structure**: Ownership of/contribution to household assets, social cohesion, community support in times of crisis, collective efficacy, community participation/ help received from community, and participation in collective action.

Indicators throughout the ACT framework capture aspects of all three empowerment domains. This section specifically focuses on gender norms and attitudes, for which there are numerous measures (See Nanda, 2011). Three scales have been selected based on their applicability to FGM/C and their examination of empowerment in both economic and social terms. It is worth noting that a majority of the contextual indicators and measures do not deal directly with FGM/C. Pretesting these tools as they are adapted for FGM/C becomes all the more important prior to their use in the field.

❍ Indicator: Percent of women who exercise agency

Definition: This indicator is intended to measure women's empowerment, which is being defined as the ability to exercise agency and acquire resources within a context of gender inequality. These three scales examine agency in economic and social terms.

Methods: Surveys can incorporate the Women's Empowerment Scale, which includes 18 items broken into three subscales focusing on women's mobility, women's freedom from family domination, and women's security and contribution to family support (See Appendix A for the scale items). It is possible to extend their use to include not just places where girls and women travel alone to but also their level of comfort in doing so. Asking these same questions to boys and men can allow for an assessment of

mobility along gender lines. Mobility maps are a qualitative technique that could complement data from the mobility sub-scale. This is a participatory community mapping exercise used to identify male- and female-exclusive spaces, restrictions on women's movements within and outside the community, as well as illustrating intersectional differences between religion, ethnicity, age, and class (Hillenbrand, Mohanraj, Karim, & Wu, 2015). Another participatory technique that measures self-concept and provides indirect information on agency is "I am..." where participants chose five to ten words to describe themselves, starting with the prompt "I am…" Changes over time in their self-descriptions allow for the measurement of the extent to which programme efforts promote agency.

The Women's Empowerment Scorecard is a third participatory technique that allows community members to define characteristics of an empowered woman. Community members create indicators of women's empowerment based on their perceptions and local realities (Chars Livelihoods Programme, 2012). For instance, the ten indicators developed by the women in northern Bangladesh include:

1. Making decisions in the household jointly with male household members
2. Having an independent income
3. Keeping the family's cash
4. Influencing decisions regarding investments
5. Having her own savings
6. Membership of a committee/group
7. The ability to resolve conflict in the community
8. Attending meetings
9. Being asked for advice by other community members
10. Being invited to social occasion

If a woman achieves the indicator, she receives a point. Conversely, if a woman does not meet the indicator requirements then she does not receive a point.

❍ Indicator: The degree to which women report being a part of decision-making within the family environment

Definition: Decisions to perform FGM/C are complicated and involve the opinions of multiple actors at the individual, family, and community levels. Disentangling these networks for decision-making will be critical for identifying entry points for intervention.

Methods: A survey of individuals from the target population could include a series of questions to understand the dynamics of decision-making within a family environment. A series of decision-making scenarios can be presented to the respondents dealing with the following: making large household purchases, purchases for daily needs, visiting family and friends, food to be cooked, shows to listen to on the radio, how to spend money and how to access health care. The response choices can include: self, partner/husband, mother, father, mother-in-law, father-in-law, the whole family together, and other (MEASURE Evaluation, n.d).

❍ Indicators:
- **Percent of population who hold progressive beliefs about gender roles**
- **Percent of population who hold egalitarian beliefs about men and women**

Definition: These indicators are intended to measure whether individuals hold tradition or more

progressive beliefs about gender roles and the degree to which individuals hold egalitarian beliefs about male and female gender norms.

Methods: The Gender Belief Scale asks respondents to rate 8 statements with response options ranging from strongly to strongly disagree. High scores represent more progressive beliefs about gender roles; low scores represent more traditional beliefs. The Gender Norm Attitudes Scale consists of two sub-scales: one focusing on the rights and privileges of men and the other on equity for girls. High scores on both scales represent more egalitarian beliefs. The items for both scales can be found in Appendix A.

The Gender Jumble is a pile sort activity that can be used to measure gender inequality qualitatively. Pile sorts are a technique in which participants are given a stack of cards with words or concepts on them (either generated by the participants or acquired elsewhere) that they must sort according to their own criteria and logic. Pile sorts will be used to measure gender inequality, by having participants sort cards of chores and behaviours as girls, boys, or both. To overcome literacy challenges and to keep the cards neutral, the cards could be photos with brief text, for example: a photo of dirty dishes and a caption saying, "wash dishes".

4.2 COLLECT INFORMATION ON SOCIAL NETWORKS & SUPPORT

This section of the ACT framework provides indicators, definitions, and methods to identify reference groups and measure social networks and received social support. Again, if programmes are using a norms replacement approach these indicators will need to be adapted to reflect dialogue, discussion, and social support for the new norm (new set of practices).

4.2.1 SOCIAL NETWORKS

Social norms inherently require a reference group, in other words a network of people to whom we identify and compare ourselves (Lapinski & Rimal, 2005). Reference individuals and groups are critical in the creation and maintenance of norms. There are two types of reference individuals and groups to be considered:

- **Comparative**: those that an individual compares themselves to for self-appraisal. Comparative reference group measurement involves asking about individuals and groups that are similar on demographic (age, education, religion, ethnicity, residence) economic (income, wealth), psychosocial (interests, activities and opinions) and behavioural (FGM/C) characteristics.

- **Normative**: those who serve as a source of norms by exerting power over an individual. Normative reference individuals and groups are those who determine an individuals' beliefs and behaviours, and include people who is trusted, provides support and information. Furthermore, normative groups, can be both negative or positive. A negative normative reference group would be one where an individual's attitudes and behaviours are positioned as being opposed to their reference group. The idea of a negative normative reference group is critical for the purposes of measuring social norms changes at the individual and social level when the goal is to introduce an innovation that can overtime replace FGM/C as a norm. Borrowing from diffusion

theory, the conceptual model would involve individuals replacing FGMC with an innovation (behaviour) and in turn be in odds with their normative reference group. These individuals would by influencing their comparative reference group over time diffuse the innovation (behaviour) in their social system (community).

- **Indicators:**
  - **The degree to which individuals in the target population are discussing FGM/C**
  - **The degree to which individuals in the target population are discussing gender norms underlying FGM/C**

Definition: These indicators intend to capture discussion around FGM/C and underlying gender norms that fuel the practice of FGM/C. Discussion is being operationalized as ever having a conversation with another individual, including family, friends, community members and key influentials, across all levels of the social ecological framework.

Methods: Egocentric social network maps can be created to measure discussion, to generate demographic, economic, and psychographic profiles of the individuals within a social network, and to assess social support by identifying those who provide positive and negative support for FGM/C. Apart from family and community level influencers, specific probes can be added to generate maps that address policy and organizational domains by covering individuals within organizations (religious, political, governmental, non-governmental). Specific questions to guide the creation of these maps are provided in Appendix A.

Egocentric social network maps can be done both quantitatively using surveys and qualitatively using participatory research methods. Participatory social network mapping can be done using a visual of the social ecological model, i.e. a series of concentric circles depicting the different levels in society. The questions asked of participants can be the same for both methods. However, the level of analysis may vary. Quantitative egocentric data generates individual-level data, whereas participatory egocentric data collected via focus group discussions is aggregated. Alternatively, participatory qualitative social network maps can be created by individuals for comparison against quantitative egocentric data. Time and resource investments should be weighed carefully when deciding which method is most appropriate.

Sociometric social network maps are typically done quantitatively due to time and resources constraints. Sociometric maps can take the questions described above one step further by allowing for the identification of two-way networks and their density, homogeneity, geographic dispersion, and strength. Definitions for these constructs are provided in **Table 1**.

Table 1: Social Network Theory

Construct	Potential Questions
Density	Question one individual about who they talk to and follow-up by asking the individuals mentioned by the first person who they talk to. Use snowball techniques to develop a network map of a bounded community.
Homogenity	Gather demographic (age, education, religion, ethnicity, residence) economic (income, wealth), psychosocial (interests, activities and opinions) and behavioural

	(FGM/C) characteristics, data from all individuals included in the sample to measure the extent to which they are similar or dissimilar
Geographic Disperson	Gather location measures (paper maps or GPS locators) to determine proximity
Strength	Question about frequecy, content and valence (negative or positive) of the conversation to determine strength.

- **Indicators:**
  - **The degree to which individuals in the target population are initiating dialogue about FGM/C**
  - **The degree to which individuals in the target population are initiating dialogue about gender norms underlying FGM/C**

Definition: These indicators seeks to measure dialogue around FGM/C as well as around gender notes associated with FGM/C. Dialogue is being operationalized in terms of self and other initiated conversation.

Methods: Once again, egocentric network maps can be created using quantitative or participatory methods, keeping in mind the caveat regarding the individual level data generated by quantitative egocentric maps and the typically aggregated data elicited by participatory egocentric maps (See previous section for more information). Both methods can ask participants the same information such as: who or which organizations individuals talk to, who initiates conversations, how often those conversations occur, what specifically is talked about in those conversations, how long the conversation lasts, and when the last conversation took place. Extension of this data from a sociometric perspective can allow for the assessment of the value allocated to the conversation.

- **Indicators:**
  - **The degree to which spouses in the target population are talking to each other about FGM/C**
  - **The degree to which spouses in the target population are talking to each other about gender norms associated with FGM/C**

Definition: Spousal communication is being operationalized as spouses having ever talked to each other about FMG/C and gender norms associated with FGM/C. Data from UNICEF (2013) on gender communications shows that there is an important gap in communication between men and women when it comes to support for FGM/C. Men are not supporting the practice as strongly as women. This discordance presents a critical opportunity to promote spousal communication with the goal of generating support to end FGM/C and gender discriminatory practices that uphold FGM/C.

Methods: Spousal communication can be measured through a series of simple questions: Have you talked to your spouse about FGM/C and gender discriminatory practices that support FGM/C or gender equitable practices that support FGM/C abandonment? How often do you and your spouse discuss these? Do you agree with your spouse?

4.2.2 SOCIAL SUPPORT

The relevance of a supportive environment to help individuals and communities adopt and maintain behaviours cannot be overstated. Normative reference groups and individuals play a key role in providing different types of social support. As such key measures from social support theory can play a role in understanding the context within which changes related to FGM/C practices change occurs. Some of the key constructs from social support theory are defined in **Table 2**.

Table 2: Social Support Theory

Construct	Definition
Emotional	Provision of empathy, love, trust, and caring
Instrumental	Provision of tangible aid and services
Informational	Provision of advice, suggestions, and information to solve problems
Appraisal	Provision of information such as constructive feedback and affirmation for self-evaluation purposes

❍ Indicator: Percent of target audiences who report actual social support for FGM/C abandonment

Definition: Social support will be operationalized in terms of the number of relationships that offer helpful support and the number of relationships that impede support. Additional domains include information support (advice) and instrumental support (supplies and services).

Methods: Social support can be quantitatively measured using the Social Relationship Scale (SRS). The SRS is a short, valid, and reliable measurement tool designed to measure the extent of an individual's relationships and helpfulness in cushioning the effects of life stresses on health (McFarlane, 1981). Additional domains of social support will cover approval from reference groups both comparative and normative. Specific questions that can be asked include "To what extent respondents themselves and individuals and groups in their reference networks approve of FGM/C? Concordance and Discordance in approval, especially when accompanied with information directly obtained from reference group members themselves can be used as a gateway into behaviour change and a way to introduce a new replacement norm and encourage the abandonment of FGM/C as a norm.

Both the quantitative and participatory egocentric and sociometric social network maps can incorporate questions to label individuals in their networks as allies (sources of positive support) and barriers (sources of negative support). Additional questions can be added to ask participants which individuals and groups they turn to for advice and what services or supplies they have received to facilitate FGM/C abandonment or uptake of new norms.

SECTION 5: THE "T" OF THE ACT FRAMEWORK

This section describes the final two elements of the ACT Framework: 1) Track individual and social change over time; and 2) Triangulate all data and analysis.

5.1 TRACK INDIVIDUAL AND SOCIAL CHANGE OVER TIME

Measures for the constructs subsumed under the 'A' and 'C' of the ACT framework have been provided above. This section now turns to the issue of tracking change over time and specifically linking these changes to programmatic activities by examining the attribution and contribution of programmatic efforts towards individual and social change. This section describes indicators and methods to measure exposure to programmatic activities, outputs including short-term outcomes such as communicative actions linked to FGM/C abandonment (e.g. advocacy, public activities, and pledges/public declarations) and moving households and communities along a continuum of change using the five stages of readiness model.

A programmatic approach that focusses on norm replacement, would require the generation of output, outcome and exposure indicators and measures that allow for the measurement of the extent to which the innovation being proposed as a substitute for FGM/C is being incorporated into activities designed to promote individual and social change. One way of tracking norm replacement is through the use of "sticky messages" i.e., messages that resonate with audiences and are remembered over time. Sticky messages should follow the 8 Cs of communication (Williams, 1992) (Appendix B) and fulfil the characteristics of an innovation as described by Rogers (2003). Inclusion of an innovation to replace FGM/C and incorporation of this innovation as part of the communication messaging, will allow for two-way tracking of the extent to which communication contributes to the abandonment of FGM/C and at the same time, how an innovation (linked specifically to replacing FGM/C) diffuses through a community.

5.1.1 OUTPUTS

Without specific information on the programmatic activities i.e. FGM/C abandonment or replacement, it is difficult to articulate specific output indicators. Therefore, a brief overview of what outputs are and how they could be monitored has been provided instead. The extent to which FGM/C abandonment is accompanied with the promotion of an innovation to replace FGM/C, outputs should include measurement of both.

Definition: Outputs are measureable, direct products of the communication activities. Outputs lead to the desired outcomes but are not the changes themselves expected from individual activities. Activity outputs should be expressed in terms of size and scope of communication activities. For mass media efforts, for example: the number of radio spots produced; the number of radio spots aired on television; the frequency of airing for individual spots. Short term outcomes include participation in communication activities communicative actions linked to FGM/C abandonment (e.g. advocacy, public activities, and pledges/public declarations).

Methods: Content Analysis is a set of techniques used to interpret information contained within communication messages and materials (Krippendorf, 2004). Content analysis of the communication activities will examine both story and message elements within various activities and corresponds to the process evaluation measure of "dose delivered[5]". For mass media efforts: scripts and final products can be analysed to examine specific message elements. For ICTs, an analysis of the information generated by implementers and posted on internet portal, social media and mobile telephony could be undertaken. For community engagement and advocacy efforts, agendas, meeting minutes and audio-visual recordings can be analysed with specific attention to the content of discussions.

Fidelity measures the quality and examines the extent to which communication activities are implemented according to plan based on established benchmarks. Monitoring fidelity ensures that the activities are of sufficient quantity and quality and are linked with the overall conceptual framework guiding the programme (Saunders, Evans, & Joshi, 2005). For media efforts, this could entail examining media airings and broadcast schedules and comparing them against actual airing of media components. For ICT efforts, Google Analytics and mobile phone data can be examined to see how frequency information is updated across ICT platforms. For community engagement and advocacy, attendance rosters and meeting minutes can be analysed focusing on actions undertaken and planned.

5.1.2 SHORT-TERM OUTCOMES

Short-term outcomes measure the extent to which audiences have engaged in advocacy and public activities such as joint declarations. As noted above with outputs, without specific information on the programmatic activities i.e. FGM/C abandonment or replacement, it is difficult to articulate specific short-term outcome indicators. Therefore, a brief overview of potential indicators and measures is provided below.

- **Indicators:**
  - **The number of individuals who have participated in advocacy for FGM/C abandonment or replacement**
  - **The number of individuals who participated in public activities on FGM/C abandonment or replacement**
  - **The number of communities that made a joint, public pledge to abandon FGM/C or replace it with an innovation being promoted by communication activities**

Definitions: Advocacy can be operationalized as individuals who have abandoned FGM/C and who have encouraged others to abandon FGM/C or practice the innovation being promoted to replace FGM/C. Participation in public activities relating to FGM/C abandonment or replacement is a form of communicative action. Communicative action is when private citizens work together to reach a common understanding or consensus about a situation through a deliberative process, reasoned

[5] Dose delivered is a measure of completeness and is designed to monitor the amount or number of intended units of each component. It allows for monitoring and adjusting implementation to ensure all components are delivered according to plan (Saunders, Evans, & Joshi, 2005).

arguments, and cooperation (Habermas, 1987). Communicative actions allow new ideas and innovations to be integrated into a society's way of life, creating opportunities for social change.

Methods: Quantitatively, advocacy and participation in public activities could be measured through self-reports. This self-reported data can be validated through a review of press statements, reports, social media, and programme documents. Qualitatively, they could be assessed through a Most Significant Change stories methodology in which individuals have to describe what they did and what impact it had. MSC leverage stories as a means of assessing a programme's impact using both a systematic and subjective approach. The stories can shed light on the impact a programme is having (or not having) and also the processes by which social norms change is taking shape (Davies & Dart, 2005). Photovoice is an apt methodology to use to track the public activities individuals are engaged in to bring an end to FGM/C abandonment or replacement. Asking individuals to photograph the types of public activities they are participating gives them the power to decide what counts as a public activity that contributes to FGM/C abandonment or replacement. More specifically, Photovoice can be used to monitor communities who have made pledges or public declarations to abandon FGM/C and even highlight and celebrate these stories of change. As such, this methodology can yield a rich breadth of activities that another more prescriptive methodology may overlook.

❍ Indicator: Change over time in household classification on the readiness to change

Definition: While Shell-Duncan & Hernlund (2006) would agree that FGM/C operates along a continuum of change, they find the individual-level focus of stages of change models from public health and psychology to be inadequate when applied to FGM/C, as FGM/C is a decision that is more collective than individual. They propose the five stages of readiness to change presented below. These five stages reflect an individual's opinion in relation to a group decision[6]:

- **Non-contemplator/supporter:** individual supports the continuation of FGM/C
- **Contemplator:** practitioner of FGM/C but is ambivalent and questions aspects of the practice
- **Reluctant practitioner:** individual opposes the continuation of FGM/C but continues to let it happen
- **Reluctant abandoner:** individual favours FGM/C but abandons the practice due to social pressures to stop the practice
- **Willing abandoner:** Individual motivated to end the practice of FGM/C and acts upon their intention

Methods: One method could be to integrate a community mapping process that identifies key individuals in the decision-making process for FGM/C abandonment or replacement and stages households according to the readiness to change model. Based on quantifiable information generated from the measurement of indicators under the "assess what do people know, feel, and do" element of the ACT framework, each household could be assigned a score and belonging to one of the five

[6] This readiness to change model was tested in two ways: algorithmic categorization based on responses to a series of survey items and respondent self-categorization. The authors found 65% concordance between assigned and self-described stage of change among Senegalese and Gambian women.

categories provided above. The community map can then colour-code households to reflect the different stages of readiness, for instance: Red for non-contemplators or supporters of FGM/C; orange for contemplators; yellow for reluctant practitioners, blue for reluctant abandoners, and green for willing abandoners. The distribution of colour on the maps can serve as a visual representation of where individual households fall on this continuum, but also where the community as a whole falls on the continuum. Over time, these maps can be analysed to see if households and the community at large are shifting towards FGM/C abandonment or replacement.

Community-level case studies (vignettes) are another methodology that can elicit rich information on how an environment of change is created and visualized within a community (CARE, 2017). The goal of these case studies (vignettes) is to obtain examples of change (both positive and negative) from many different individuals. By linking this methodology to communities that have made public pledges or declaration to abandon FGM/C, there is an opportunity to document how communities have worked to bring about social change.

5.1.3 EXPOSURE

Exposure and related measures of dose and recall of programme activities and approaches is a critical element linking outputs and outcomes. As noted before based on the programmatic thrust of the communication activities on FGM/C abandonment or replacement, it is critical that exposure to both is computed. Further, questions on exposure, dose and recall should also be part of the quantitative tools that are suggested under the 'A' and 'C' elements of the ACT framework. This will allow us to be able to measure encoded exposure and link what people know, feel and do, norms, networks and contextual factors both directly and indirectly to the communication activities. In so doing, a case for ways in which strategic communication contributes to individual and social change and what specific changes can be attributed to communication efforts can be made.

❍ Indicator: The extent to communication messages have reached the intended participants/audiences

Definition: This indicator seeks to capture exposure to the communication messages using interpersonal, community and media approaches included in the social norms programming.

Methods: Exposure questions can be inserted into a survey, for example: "*Have you ever heard of [communication activity]?*" and "*Have you ever participated in/listened to/watched [communication activity]?*" Alternatively, a rapid assessment study could be undertaken. A rapid assessment study is a quick survey study designed to take approximately fifteen minutes or less in order to understand key factors influencing audiences (Trotter et al., 2001). A rapid assessment study is not a replacement for survey research or programme evaluation, but rather a complimentary monitoring activity conducted to understand how communication activities are resonating with audiences well before any end-line results are calculated. Data collection modalities can be face to face or/and via telephone. Typically, the implementation of a rapid assessment survey involves the following steps (1) Selecting key sites (the number of sites to be selected is usually based on the level of disaggregation required); (2) Tracking the number of households required to reach "exposed" audiences; and (3) Interviewing at least 100 exposed aud

❍ Indicator: The degree to which increasing levels of exposure create multiple and sustainable effects

Definition: This indicator seeks to measure dose operationalized as "the degree of programme exposure or the intensity of its delivery" (Valente, 2002, p. 74). Dose is likely to vary directly with effect.

Methods: Questions assessing dose can also be incorporated into a rapid assessment survey. Potential questions include:

- *When did you start participating in/watching/listening to [communication activities – interpersonal, community and mass media]?*
- *How regularly do you participate/watch/listen to [communication activities – interpersonal, community and mass media]?*
- *Why don't you participate in/watch/listen to [communication activities – interpersonal, community and mass media]?*
- *How many times have you gone to [communication activities – interpersonal, community and mass media]?*

❍ Indicator: the degree to which participants/audiences are able to correctly understand and repeat information

Definition: This indicator seeks to measure recall in order to corroborate that individuals have been exposed to the interpersonal, community and mass media communication approaches.

Methods: Standardized measures of aided and unaided recall of key intervention messages typically take the following form: *In the past [timeframe], have you seen, heard, or read anything about FGM/C abandonment? Where did you see, hear or read anything about FGM/C? Please name all the sources of information where you saw, heard or read anything about FGM/C.* The interviewer has a list of communication activities (interpersonal, community based and mass media) and for each option can circle whether the participant spontaneously recalled their source of information, needed to be aided, or neither. The interviewer probes for a variety of communication approaches that the participant did not spontaneously mention.

5.2 TRIANGULATE ALL DATA AND ANALYSIS

This final element of the ACT framework and second component of the 'T' emphasizes the importance of triangulating all monitoring and evaluation data. Triangulation is the use of multiple sources of data to measure individual indicators. **Triangulation has been built into the very fabric of this framework. As Table 3 shows, multiple methods and tools are used to measure each indicator.** At the overall level, using different sources and types of data to measure individual indicators allows for the **creation of localized M&E frameworks best suited to individual CO needs.** Additionally, triangulation helps validate findings, enrich data, foster holistic interpretations, and set up a feedback loop to improve social norms programming.

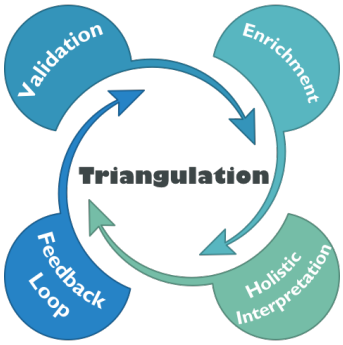

Figure 7: Triangulation Benefits

Validation: Triangulation is critical for the verification of information. Data on the same indicator from more than one source helps minimize response bias, when participants may tell the researcher what they want to hear. This is especially true for FGM/C, which is a violation of basic human rights, and where growing public discourse and support for its abandonment has led to the practice being driven underground (UNICEF, 2010). Triangulation also provides depth and breadth when analysing complex human behaviours. In order to truly explicate the role of social norms with regards to FGM/C abandonment, it is important to validate information through multiple means of verification. Such triangulation is built into the ACT framework and does not require the creation of additional indicators. For instance, information on what people know, feel, and do can be obtained through measures inserted into the structured questionnaire. At the same time, the use of more qualitative and participatory methods – "body maps" for knowledge, "confidence snails" to measure efficacy and "cultural markers" to gauge practice -- will generate additional data on what people know, feel, and do, while also serving to cross-check survey findings. Additional participatory techniques that can be used to measure ACT indicators are detailed in earlier sections of this report and are summarized in Table 3.

Enrichment: Triangulation through the use of participatory techniques can enrich quantitative information. The ACT framework, in addition to probing individuals on who they talk to and turn to support in structured interview setting, suggests creating social network and social support maps as part of focus group discussions. Previous research on networks has shown that the use of quantitative research methods provides data that can easily be compared across respondent groups, whereas the use of qualitative research methods in social network analysis explores subjective perceptions of network contacts (Gamper, Schönhuth, & Kronenwett, 2012). Individually, these methods provide only a partial picture. Quantitative social network mapping provides ease of data collection and analysis and can be used to calculate changes over time in key programme indicators. Participatory network maps take longer to collect and are less generalizable from an analysis standpoint, but the level of description available in such maps is much higher. Given the complexities inherent to measuring social norms, it is critically important to gather both types of data: numeric indicators through standardized surveys and qualitative data that provides for more nuanced measurement.

Table 3: Summary of Measures for Individual Elements of the ACT Framework

ACT Element	Measures	Questionnaire	Community Mapping	Body Maps	Draw and Describe	Empathy Mapping	Free Listing	Complete the Story	Confidence Snails	I am	Gynaecological Exams	Health Records	Cultural Markers	2X2 tables	Empowerment Scorecards	Gender Jumble	Photovoice	Most Significant Change	Case Studies (vignettes)	Rapid Surveys
What People Know	Types of FGMC	✓	✓																	
	Risks of FGMC	✓		✓	✓															
	Harmonization of norms	✓					✓													
What people feel	Reasons why FGM/C exists	✓		✓			✓													
	Beliefs about FGM/C	✓		✓	✓	✓														
	Support FGM/C Continuation	✓		✓				✓												
	Intention to cut	✓						✓												
	Self-Efficacy to abandon FGM/C	✓							✓	✓										
What people do	Prevalence of FGM/C	✓									✓	✓	✓							
Social Norms	Descriptive Norms	✓												✓						
	Injunctive Norms	✓												✓						
	Outcome expectancies	✓					✓	✓						✓						
Consider Context	Agency	✓	✓						✓	✓					✓					
	Decision Making	✓																		
	Gender Role Beliefs	✓														✓				
Social Networks, Support	Discussion about FGM/C	✓	✓																	
	Spousal Communication	✓	✓																	
	Dialogue about FGM/C	✓	✓																	
	Social Support	✓	✓																	
Track Change over time	Advocacy	✓																		
	Public Activities	✓															✓	✓	✓	✓
	Pledges and Declarations	✓															✓	✓	✓	✓
	Readiness to Change	✓	✓																✓	
	Exposure	✓															✓	✓	✓	✓
	Dose	✓															✓	✓	✓	✓
	Recall	✓															✓	✓	✓	✓

Holistic Interpretation: Quantitative tools are designed to sequentially collect information on specific elements of the ACT framework, so researchers can examine and interpret the relationship between these different elements after the data has been collected, entered, and cleaned. This analysis allows for evaluation of change over time and/or among different types of participants (intervention vs comparison). While this type of information is necessary it may not be sufficient. Participatory data allows researchers to move beyond answering hypotheses that have been formulated prior to data collection in two ways. First, an individual participatory activity can be used to collect data for multiple indicators. Take for instance the measurement of norms. In the survey tool, there are separate questions for each individual component of norms (descriptive norms, injunctive norms and outcome expectancies). Examining the relationship between these norm components is at the discretion of the researcher and requires bi- and multi-variable statistical analyses. In contrast, a more holistic measure for social norms is the novel, participatory mixed methods technique referred to as "2X2 tables." 2x2 tables allow individuals and groups to think about and articulate descriptive and injunctive norms, while also reflecting on rewards and sanctions through one integrated activity. Having participants work through the 2X2 tables and share their perspectives allows us to collect more nuanced data and understand the connections between social norms constructs. Second, participatory methods create opportunities for the data to speak for itself. The subjective interpretation of numeric, textual and visual data through open-ended questions and the use of grounded theory to describe results allow researchers to see relationships and differences that may not otherwise be evident.

Feedback loop: A final benefit of triangulation is the creation of a feedback loop, where information from monitoring can be fed into the evaluation of social norms programming. One of the critical questions that communication approaches to promote individual and social change are designed to answer is *how communication approaches specifically contribute to intermediate outcomes at the individual, family and community levels to create an overall environment of change?* Establishing monitoring systems during the implementation process can measure the extent to which communication approaches are implemented according to plan (outputs) and generating the desired short- and medium-term outcomes. Impact assessments allow for individual and social changes to be tracked and linked back to communication activities, which in turn allows for the measurement of programme effectiveness.

Historically, most monitoring processes for communication are linked only to activities conducted and outputs from those activities (e.g., number of materials produced). It is relatively rare for monitoring systems to be established upfront in conjunction with communication strategizing and to serve as a mechanism to measure change over time, which can then be attributed to the communication efforts designed to promote individual and social change. The ACT framework places a major emphasis on using a combination of participatory visual, textual, and numeric techniques to collect data. These techniques are especially powerful and empowering as they allow participants to tell their own stories and recount personal experiences in ways that feel comfortable to them and increase our understanding of the very processes by which change occurs. The various participatory techniques mentioned in this framework offer several unique strengths:

- They allow for tracking among all the intended audiences or stakeholders through proxy indicators, thereby measuring the efficacy of communication activities.
- By being participatory in nature, they serve as tools for empowering participants.

- Repeated and continuous monitoring is embedded in implementation, allowing for change to be measured over time.
- Participatory measures while answering the "how" question, also provide a mechanism for identifying needed improvements in design and implementation to form a strong programmatic feedback loop.

For this work, participatory monitoring involves the integration of "photovoice," "most significant change," and "village-level case studies (vignettes)" into programmatic activities in the field. In doing so, these participatory activities can be used to measure the degree of implementation, determine outcomes directly attributable to the communication activities and specifically capture the processes by which these outcomes are achieved. It is worth noting that since the programmatic thrust for future phases is on addressing issues of gender norms and empowerment, these participatory techniques can serve a dual purpose of contributing towards empowerment while at the same time helping monitor the process and short-term outcomes of such activities.

SECTION 6: CONSOLIDATING THE ACT FRAMEWORK

Concerns about the operationalization of the ACT framework and in particular with the number of indicators included in the framework emerged as feedback from various stakeholders. In light of these concerns, the Drexel team has taken all of the indicators in the framework and created a list of 15 aggregated measures corresponding to 11 measurable constructs/concepts (**Table 1**). These 11 constructs/concepts are critical for monitoring and evaluating social norms change relating to FGM/C.

Table 1: List of Aggregated Measures

ACT Framework Component	Construct/ Concept	Aggregated Measures
Assess What People Know, Feel, and Do	Know	Change over time in knowledge of FGM/C
	Feel	Change over time in beliefs about FGM/C
		Change over time in intentions not to practice FGM/C
	Do	Proportion of girls and women who have undergone FGM/C
		Proportion of households moving along the continuum of change
Ascertain Normative Factors	Descriptive Norms	Change over time in perceived prevalence of FGM/C
	Injunctive Norms	Change over time in self and others approval of FGM/C
	Outcome Expectancies	Change over time in the identification of benefits and sanctions related to FGM/C
		Change over time in intention to take action
Consider Context	Empowerment	Change over time in agency
	Gender	Change over time in gender norms
Collect Information on Social Networks & Social Support	Interpersonal Communication	Change over time in interpersonal communication about FGM/C
	Social Support	Change over time in social support for FGM/C abandonment
Tracking Individual & Social Change Over Time	Individual & Social Change	Proportion of the intended audience participating in communication approaches relating to FGM/C abandonment
		Proportion of the intended audience displaying encoded exposure

Providing aggregated measures makes the framework conceptually clearer (See Conceptual Model on p. 12). At the same time, it is important to note that from a measurement perspective these aggregated measures will need to be disaggregated and thus do not represent a reduction in the number of individual indicators (See Appendix C for a table linking the aggregated measures and disaggregated ACT indicators). In other words, the aggregated measures will need to be broken down similar to the ways in which they had been presented in Sections 3, 4, and 5. The disaggregated indicators provide more specificity and will allow for robust measurement of the 11 critical constructs/concepts. Concerns remain about the number of indicators and the potential burden during data collection. However, by using a "menu" approach such that multiple indicators are presented for each construct, countries can choose the indicators best suited to their programming context and evaluation needs. In addition, the validation process will yield critical insights to aid in the selection of indicators by identifying indicators that could potentially be dropped and those best to use given field realities.

SECTION 7: IMMEDIATE NEXT STEPS

This framework has already undergone several rounds of review and feedback since it was initially presented at a two-day consultative workshop held in December 2016. This workshop brought together experts from a variety of institutions including: George Washington University, Johns Hopkins University, University of Pennsylvania, Columbia University, Georgetown University, London School of Hygiene and Tropical Medicine, Population Council, ITAD, ODI, Gates Foundation. The initial framework was revised based on feedback from the consultative meeting experts.

Next, there was an opportunity to present this framework at the Annual Meeting for the Joint Programme in Kampala, Uganda where representatives from the FGM/C and Child Marriage Joint Programmes were present Originally, a regional workshop had been planned to present the framework and discuss potential countries for the field validation. In lieu of a physical workshop, a one-day webinar in June was set up to gain insights from regional UNICEF and UNFPA colleagues from ESARO, WCARO, and MENARO. Feedback from these colleagues helped further strengthen the framework by undertaking exercises to consolidate, aggregate, and align the ACT framework. These two opportunities also generated buy-in and support for this work to be implemented during Phase 3 of the Joint Programme.

In September, two virtual meetings were organized bringing to the table UNICEF and UNFPA colleagues from headquarters as well as regional and country level staff from East and Southern Africa and the West and Central Africa regions. From five countries were shortlisted as potential sites for the validation work using a pre-determined set of criteria and the insights from UNICEF and UNFPA colleagues (see Appendix D the country selection criteria). In addition, the meetings provided an opportunity to finalize the ACT framework based on the updated proposal documents for Phase 3 of the Joint Programme. These meetings helped to narrow down the list of potential countries for the field validation and agreement was reached enabling the framework's finalization.

Other next steps that are underway include: 1) Establishment of a technical advisory committee comprised of global and US-experts on social norms and FGM/C will further enrich the framework and help finalize it; 2) Selection of two validation sites; 3) Development of two detailed M&E plans tailored to the chosen validation sites; 4) Creation of country specific implementation plans; and 5) Commencement of field validation work.

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APPENDIX A: SUPPLEMENTAL INFORMATION AND MEASURES

This appendix provides supplemental information and ideas about specific methods, visuals, or measures contained within Sections 3, 4, and 5.

Body Mapping: Body maps can take many shapes and forms. While full-fledged body mapping exercises may be too time intensive for our purposes, visual aids with figures and anatomical diagrams can easily be incorporated into programmatic activities, questionnaires, or focus group activities. Some examples of visuals from the Royal College of Nursing (2015) that could be used or adapted for these purposes are presented below:

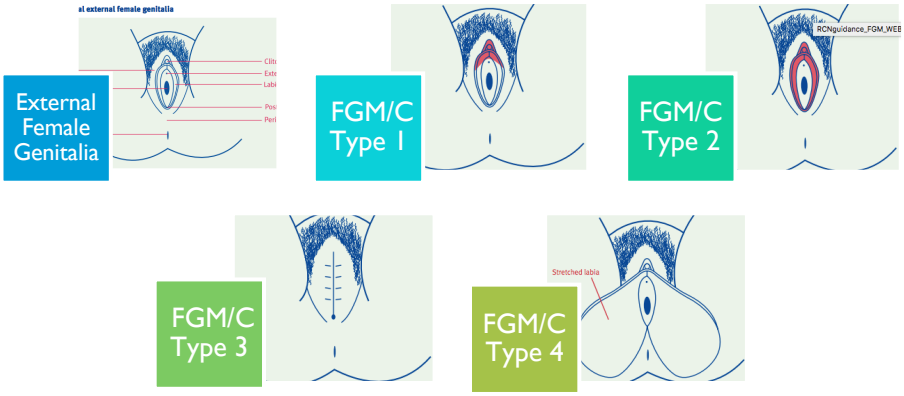
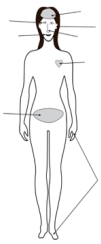


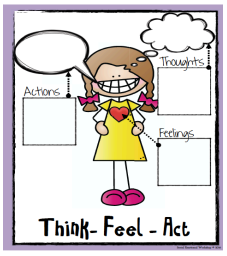
Figure 8: FGM/C Specific Images

This figure without labels could be used to assess individuals' knowledge of the different types of FGM/C by asking them to describe what happens during each type of procedure. Figure 8 shows some pictorial representations of the different types of FGM/C. Individuals could be shown these pictures and asked to identify which type of FGM/C it depicts.

Body maps such as the two images below are examples that could be used to ask individuals about what a girl thinks and feels when she is undergoing FGM/C. In both cases, the images would need to be adjusted to reflect only the head and the heart.



Sensory Body Map



Think, Feel, Act Body Map

Figure 9: Body Maps

Risks Associated with FGM/C: Table 4 lists some of the short and long-term physical risks, as well as the psychosocial risks linked with the practice of FGM/C.

Table 4: Risks of FGM/C

Short-term Physical Risks	Long-term Physical Risks	Psychosocial Risks
• Severe pain • Excessive bleeding • Shock • Genital tissue swelling • Infections • HIV • Urination problems • Impaired wound healing • Death	General Health • Pain • Painful urination • Keloids Sexual and reproductive health • Chronic genital, reproductive tract, and/or urinary tract infections • Menstrual problems • Female sexual health • HIV Maternal Health • Obstetric complications • Obstetric fistula • Perinatal risks	• Post-traumatic stress disorder • Affective disorders such as somatisation, anxiety, depression, and phobia • Marital dissatisfaction

Draw and Describe Activity: This activity could ask participants to reflect upon two girls – one cut and one uncut – as they progress through life (Figure 10 could be used as prompts). Discussions could probe individuals for explanations of how one girl is better off than the other at three points in time: childhood (0-9 years of age), adolescence (10-19 years of age), and adulthood (20+ years). This would elicit information on multiple domains of knowledge and attitudes linked to FGM/C.

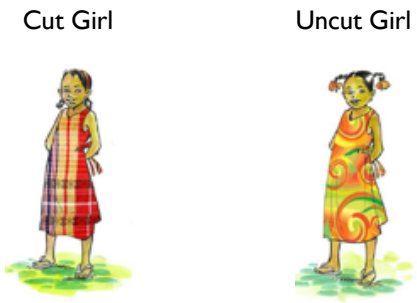


Figure 10: Cut and Uncut Girl Images

The "Confidence Snails" Tool

The "Confidence Snails" tool is described in the body of the desk review itself. Figure 11 shows the five images designed and used by Plan International UK. These could be used as is or adapted for an animal that resonates better with the intended population.

Figure 11: Confidence Snails Source: Hughston (2015)

General Perceived Self Efficacy Scale: Self-efficacy refers to an individual's confidence in their ability to take action or adopt a behaviour (Rimer, Glanz, Viswanath, 2008). Self-efficacy is a considered to be an important pre-cursor to actual behaviour change, as it influences how individuals approach goals, tasks and challenges, as well as the choices they make (Bandura, 1986). The general self-efficacy scale was developed to predict an individuals' ability to cope with daily hassles and their ability to adapt after stressful life events (Schwarzer & Jerusalem, 1995). The scale includes 10-items listed in **Table 5** with 4 response options: 1=not true at all; 2=hardly true; 3= moderately true; and 4= exactly true:

Table 5: General Perceived Self-Efficacy Scale
I can always manage to solve difficult problems if I try hard enough
If someone opposes me, I can find the means and ways to get what I want
It is easy for me to stick to my aims and accomplish my goals
I am confident that I could deal efficiently with unexpected events
Thanks to my resourcefulness, I know how to handle unforeseen situations
I can solve most problems if I invest the necessary effort
I can remain calm when facing difficulties because I can rely on my coping abilities
When I am confronted with a problem, I can usually find several solutions
If I am in trouble, I can usually think of a solution
I can usually handle whatever comes my way

Empathy Mapping: Empathy mapping is a technique used in business and marketing to understand what customers think, feel, see, say, do, and hear, as well as their biggest frustrations and measures of success (Osterwalder & Pigneur, 2010). Empathy mapping is a type of draw and describe activity since it uses visuals to understand how participants perceive and experience the world. The visuals can be created by participants or can be prepared ahead of time for them. Figure 12 is an example of what an empathy map can look like. Questions to be asked with Empathy maps include:

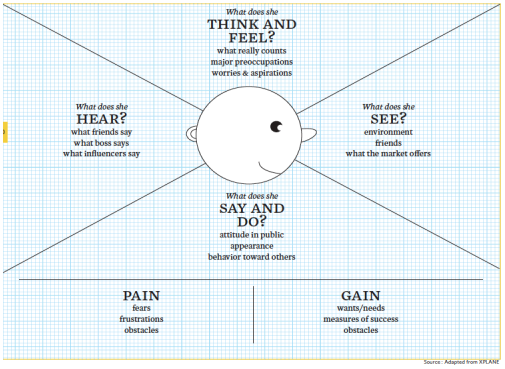


Figure 12: Empathy Map Example

Imagine you are in an FGM/C-free community:

1. What do you see? What does this community look like?
2. What do you say?
3. What do you think?
4. What do you feel?
5. What do others say?
6. What do others do?
7. What are the challenges/obstacles to creating an FGM/C-free community?
8. What are the motivating factors to creating an FGM/C-free community?

Gender Scales: This M&E framework draws upon three gender scales: Women's Empowerment Scale (**Table 6**), The Gender Beliefs Scale (**Table 7**), and Gender Norm Attitudes Scale (**Table 8**). They have each been reproduced here from Nanda (2011).

Table 6: Women's Empowerment Scale
Mobility Subscale (1 point for each place visited and additional point if goes alone)
• Have you even been to the bazaar? • Have you ever been there alone? • Have you ever been to the hospital/clinic/doctor? • Have you ever gone there along? • Have you ever gone to the cinema? • Have you ever gone there alone? • Have you ever gone outside the village? • Have you ever gone there alone?
Freedom from Family Domination Subscale (no = 1 point; yes = 0 point)
Have any of the following happened to you in the past 12 months? • Husband/other family member took your money when you didn't want him to • Husband/other family member took your land/jewellery/poultry/livestock when you didn't want him to • Husband/other family member prevented you from visiting your parents • Husband/other family member prevented you from working outside the home
Economic Security and Contribution Subscale (1 point for yes; 0 for no)
• Do you, in your own name, own any land, your homestead land, or your house? • Do you yourself own any productive assets (for example, cattle or sewing machine)? • Do you have any cash savings? • Have you ever used your savings for business or money-lending? • Of your total household expenses, what proportion is met through your own earnings?

Table 7: The Gender Belief Scale
Response options for these items are: strongly agree, agree, disagree, and strongly disagree.
• Men have many lovers because it is in their nature to do so. • Men have lovers to get energy that enables them to satisfy their primary partner • Women these days say that they need to have more than one sex partner • Men feel ashamed of their wives and want young lovers to take around to their friends • If men do not have lovers their friends laugh at them • Women who are financially independent do not want to commit themselves to one relationship • The families of young people who work do not want them to get married because they are afraid to lose their income • Men often force women in subtle ways to have sex with them, even if they do not want to

Table 8: Gender Norm Attitudes Scale
Rights and Privileges of Men Subscale Items (Respondents are asked if they agree or disagree with each statement)
• Respondents are asked if they agree or disagree with each item. • It is important that sons have more education than daughters • Daughters should be sent to school only if they are not needed to help at home • The most important reason that sons should be more educated than daughters is so that they can better look after their parents when they are older • If there is a limited amount of money to pay for tutoring, it should be spent on sons first • A woman should take good care of her own children and not worry about other people's affairs • Women should leave politics to the men • A woman has to have a husband or sons or some other male kinsman to protect her • The only thing a woman can really rely on in her old age is her sons • A good woman never questions her husband's opinions, even if she is not sure she agrees with them • When it is a question of children's health, it is best to do whatever the father wants.
Equity for Girls Subscale Items (Respondents are asked if they agree or disagree with each statement)
• Daughters should be able to work outside the home after they have children if they want to • Daughters should have just the same chance to work outside the homes as sons • Daughters should be told that an important reason not to have too many children is so they can work outside the home and earn money • I would like my daughter to be able to work outside the home so she can support herself if necessary

Participatory Social Network Maps: The following questions can be used to create rich and participatory social network maps that capture dialogue, discussion, and various aspects of social support.

1. How similar are those individuals to you {probe for information on demographic, economic, and psychographic characteristics}?
2. Do you trust the information that you share with these individuals?
3. How often do these conversations happen?
4. When was the last time you engaged in a conversation?
5. What specifically do you talk about with each person {probe for specific determinants such as gender and power}?
6. Who do you turn to for help?
7. Who do you turn to for advice?
8. Would you consider {insert individual} an ally (provides positive support for FGM/C abandonment) or barrier (provides negative support for FGM/C abandonment)?

APPENDIX B: 8 CS OF EFFECTIVE COMMUNICATION

1) **Command attention:** Does it stand out? (Colours, fonts, Images, graphics, Sound effects, Music, Slogans, Innovative channel, Audience involvement)

2) **Clarify the message:** Is the message simple and direct? More = less, Focus demands sacrifice, "Need to know" principle

3) **Communicate a benefit**: What will the audience get in return for taking action? *Key* benefit Not necessarily a health benefit Immediate benefit typically more effective than a long-term benefit

4) **Consistency counts:** Materials convey the same message, "One sight, one sound": logos, colours, words, sounds, themes, images, models, Stick to the strategy. Alter the execution

5) **Cater to the heart and the head**: Better to appeal to the audience's emotions, intellect, or both? Emotional appeal often more convincing and cognitive appeal often more actionable

6) **Create trust**: Does information come from a credible source? Who is credible for the target audience? Logos? Level of professionalism: spelling errors, typos, poor punctuation, etc. reflect poorly on the credibility of the information. Include data?

7) **Call to action:** What do you want the audience to do after seeing the communication? What action is realistic as a result of the communication? Focus on a concrete and realistic action Should help achieve your objectives

8) **Consider the context:** Be sensitive to the cultural context, political priorities and social values.

APPENDIX C: LINKING THE AGGREGATED & DISAGGREGATED ACT INDICATORS

Table 9 illustrates the linkages between the aggregated and disaggregated ACT indicators.

Table 9: List of Aggregated and Disaggregated ACT Indicators

ACT	Construct/ Concept	Aggregated Indicators	Disaggregated Indicators
Assess What People Know, Feel, and Do	**Know**	Change over time in knowledge of FGM/C	Percent of the population who know about the four types of FGM/C
			Percent of the population who know about the risks of FGM/C
			The degree to which legal, religious and moral norms associated with FGM/C are harmonized
	Feel	Change over time in beliefs about FGM/C	Percent of the population who can articulate the reasons why FGM/C exists
			Percent of population who do not hold positive beliefs about FGM/C
			Percent of the population who do not support the continuation of FGM/C
		Change over time in intentions not to practice FGM/C	Percent of caregivers who do not intend to cut their daughters
			Percent of young men and boys who express readiness to marry uncut girls
			Percent of the population who feel confident in their ability to choose not to practice FGM/C despite social pressure
	Do	Proportion of girls and women who have undergone FGM/C	Percent of girls and women who have undergone FGM/C
		Proportion of households moving along the continuum of change	Proportion of household displaying readiness to change (moving along the change continuum)
Ascertain Normative Factors	**Descriptive Norms**	Change over time in perceived prevalence of FGM/C	Percent of the population who believe at least half of individuals in their community are practicing FGM/C
	Injunctive Norms	Change over time in self and others approval of FGM/C	Percent of individuals from the target population who believe that people in their community approve of FGM/C abandonment
	Outcome Expectancies	Change over time in the identification of benefits and sanctions related to FGM/C	Percent of the population that can identify benefits (rewards) associated with FGM/C abandonment
			Percent of the population that can identify sanctions (punishments) associated with FGM/C abandonment
		Change over time in intention to take	Percent of the population who are willing to introduce sanctions if someone practices FGM/C

		action to promote FGM/C abandonment	Percent of the population who are willing to reward someone who abandons FGM/C
Consider Context	**Empowerment**	Change over time in agency	Percent of women who exercise agency
			The degree to which women report being a part of decision-making within the family environment
	Gender	Change over time in gender norms	Percent of population who hold progressive beliefs about gender roles
			Percent of population who hold egalitarian beliefs about men and women
Collect Information on Social Networks & Social Support	**Interpersonal Communication**	Change over time in interpersonal communication about FGM/C	The degree to which individuals in the target population are discussing FGM/C
			The degree to which individuals in the target population are discussing gender norms underlying FGM/C
			The degree to which individuals in the target population are initiating dialogue about FGM/C
			The degree to which individuals in the target population are initiating dialogue about gender norms underlying FGM/C
			The degree to which spouses in the target population are talking to each other about FGM/C
			The degree to which spouses in the target population are talking to each other about gender norms associated with FGM/C
	Social Support	Change over time in social support for FGM/C abandonment	Percent of target audiences who report actual social support for FGM/C abandonment
Tracking Individual & Social Change Over Time	**Individual & Social Change**	Proportion of intended audience participating in communication activities relating to FGM/C abandonment	The number of individuals who have participated in advocacy for FGM/C abandonment or replacement
			The number of individuals who participated in public activities on FGM/C abandonment or replacement
			The number of communities that made a joint, public pledge to abandon FGM/C or replace it with an innovation being promoted by communication activities
		Proportion of intended audience displaying encoded exposure	The extent to which communication messages have reached the intended participants/audiences
			The degree to which increasing levels of exposure create multiple and sustainable effects
			The degree to which participants/ audiences are able to correctly understand and repeat information

APPENDIX D: COUNTRY SELECTION CRITERIA

Table 10 below presents the seven criteria and the specific informational and data needs to select countries and prepare for the field validation work. It also provides examples of documentation that should be shared with Drexel to provide sufficient background information on each country.

Table 10: Country Selection Criteria	
Specific Information and Data Needs[7]	**Examples of Documentation to Share with Drexel[8]**
Criteria 1: Incidence and Prevalence of FGM/C	
What is the total country population?	DHS, MICS
What is the total incidence of FGM/C?	DHS, MICS
What is the total prevalence of FGM/C?	DHS, MICS
What additional information is available on the relevant sub-national (type of location, population) incidence and prevalence rates of FGM/C?	Available reports
What are the trends (change over time) in incidence of FGM/C?	Available reports
What are the trends (change over time) in prevalence of FGM/C?	Available reports
Are there any geographic mappings of FGM/C incidence and prevalence?	Available reports
Criteria 2: Country as Context	
Does the country work-plan emphasize a social norms approach to address FGM/C?	Rolling Work Plan
Is there a documented future commitment to using a social norms approach to address FGM/C?	Country Programme Action Plan
Is there documentation describing the historical context of FGM/C practices in the country?	Historical, anthropological, or ethnographic studies
Is there data or documentation that disaggregates FGM/C practices vis a vis age, ethnicity, residence, or type of FGM/C?	Other studies conducted in-country besides the DHS and MICS
Criteria 3: Country as Unit of Analysis	
What current and planned social norms programming is taking place?	Documentation on the social norms programming
How does the social norms programming in the country address social networks (role and involvement)?	Documentation on the social norms programming and M&E framework
What individual communication approaches and activities form part of the current and planned efforts to address FGM/C in your country? • Advocacy with key influencers, policy makers • Mass Media Approaches • Social Mobilization • Community Based Approaches • Interpersonal Communication and Counselling • Individual Behaviour Change	Documentation on the social norms programming with specific information on the communication approaches and activities

[7] All data where relevant should include a citation indicating the year(s) and source of data.

[8] These are some examples of documents to share with Drexel. Other documents should be provided as needed.

Criteria 4: Budget	
What is the total budget allocation for the Joint Programme in-country?	Budget
What is the current per cent budget allocation for social norms work to address FGM/C?	Rolling work plan; budget
What is the future per cent budget allocation for social norms work to address FGM/C?	CPAP; budget
Criteria 5: Time	
How many staff are responsible for the Joint Programme Implementation in country?	Programme documentation
How enthusiastic is the country office in serving as a validation site?	Input from Regional Office Advisors
How many communications and specifically C4D staff are responsible for the social norms change programming on FGM/C?	Programme documentation
How many M&E staff are responsible for social norms change programming on FGM/C?	Programme documentation
Criteria 6: Political	
Is there an on-going conflict or political turmoil in the country?	
Is there documented support for the social norms programming on FGM/C from collaborating partners and government counterparts?	Letters of support or other documentation demonstrating commitment to this work
Is there an existing supportive policy environment (laws and legislation) to address FGM/C?	List of existing laws and legislation on FGM/C; studies on the legal approach to curbing FGM/C
Criteria 7: Data	
Are local research partners available to carry out the validation work?	List of local research agencies with documentation of previous experience using quantitative, qualitative, and participatory methods
Do local research partners have the capacity to carry out the field validation work?	
Are current FGM/C monitoring systems in place?	Documentation on the monitoring systems set up for FGM/C
Is the data collected available electronically?	Links to data systems