A Community Engagement Tool for Conducting Effective Dialogue on Female Genital Mutilation (FGM) | June 2018
Foreword

This community dialogue guideline was developed to regulate dialogues in communities that practice female genital mutilation (FGM). Community dialogue adopt a participatory approach that allows all members of the community to voice their beliefs, myths, fears and misconceptions about FGM and be corrected. They are intended to reach far and wide within the communities and to accelerate eradication of FGM.

Developing a guideline for community dialogue as an approach in the campaign to eradicate female genital mutilation is within the mandate given to the Anti-FGM Board by the Prohibition of Female Genital Mutilation Act 2011. The Board’s mandate is to design programmes aimed at the eradication of female genital mutilation; design and formulate a policy on the planning, financing and coordination of all activities relating to female genital mutilation; and to design, supervise and coordinate public awareness programmes against the practice of female genital mutilation.

Community dialogue programmes are used to mobilize and educate communities on the consequences of female genital mutilation, including its illegal aspect. Female genital mutilation is illegal under the Prohibition of Female Genital Mutilation Act 2011.

The purpose of the guideline is to bring the community together in a dialogue that will dispel common beliefs, myths and misconceptions that perpetuate female genital mutilation and help communities agree to abandon the practice without stigma.

Partners and stakeholders will find this guideline useful and cost-effective in engaging communities in the campaign against female genital mutilation.

Agnes Mantaine Pareiyo
Chairperson
Anti-FGM Board
Acknowledgements

The guideline on community dialogue was developed with contributions from partners and stakeholders from the government and non-governmental organizations. I would particularly like to acknowledge the support and encouragement given to the Board by the Cabinet Secretary, Ministry of Public Service, Youth and Gender Affairs.

My sincere gratitude also goes to the Principal Secretary, Gender Affairs for advice on the guideline and release of staff to participate in its development.

I am indebted to the State Department of Children's Services, the State Department of Youth Affairs, and the Office of Director of Public Prosecutions for the wealth of experience and dedication that the Board could draw on to come up with plausible guidelines for the conduct of an all-inclusive programme in the campaign against female genital mutilation.

We would like to express our appreciation to the State Department of Gender Affairs, Department of Youth Affairs, Department of Children Services, the Office of Director of Public Prosecutions, Africa Coordinating Centre for the Abandonment of Female Genital Mutilation/Cutting (ACCAF), Equality Now, The Girl Generation (TGG), World Vision Kenya (WVK), Womankind Kenya (WOKIKE), Kenya Women and Children's Wellness Centre (KWCWC), East African Centre for Human Rights (EACH Rights), AMREF Health Africa-Kenya, Federation of Women Lawyers (FIDA Kenya), Plan International, Msichana Empowerment – Kuria, Umoja Development Organization, Youth Anti – FGM Network, Illaramatak Community Concerns, Marakwet Girls Foundation (MGF), Samburu Girls Foundation (SGF), Hope Beyond, Pastoralist Child Foundation (PCF), Education Centre of Advancement of Women (ECAW), Adventist Development and Relief Agency (ADRA), 28 TOO MANY, Ministry of interior, Ministry of health, Kenya institute of curriculum development (KICD), the Anti - FGM Board, Board of directors and individual consultants Maryam Abdi Sheikh and Ruth Koshal.

We would like to thank the UNFPA-UNICEF Joint Programme on Elimination of Female Genital Mutilation: Accelerating Change for making this community dialogue guideline development process possible by providing financial and technical support.

Bernadette Loloju (Mrs.)
Chief Executive Officer
Anti-FGM Board
Definition of terms

**A facilitator** is a neutral person who co-ordinates and guides the community to dialogue on identified issues that need a lasting solution.

**An action plan** is a follow-up document with actions that community groups are going to undertake in their respective families or communities. It may contain activities such as interaction with other community members, reporting FGM cases to the legal authorities, approaching circumcisers to change their behaviour, approaching religious and traditional leaders to have them change their stand on FGM. This should be monitored and updated regularly.

**A healthy community** is where individuals can live to their fullest potential, be it physical, social, political or economic.

**Community dialogue** is a form of intervention that involves interactive discussion, exchanging and sharing opinions and experiences such as those concerning female genital mutilation in a community. The dialogue is guided by a facilitator with the aim of reaching mutual understanding between people. Dialogue is an exchange of opinions on an issue with a view to reaching an amicable agreement. Unlike debate, the emphasis is on listening in order to deepen understanding.

**Community** is a group of people living in the same place or having a characteristic in common. They share and have certain attitudes and interests in common.

**Evaluation** is the assessment or making of a judgment about the amount, number and value of something.

**Facilitation** is a process where a facilitator guides the community to efficiently and effectively make contributions during community dialogue, and helps them come up with solutions without influencing the outcome.

**Feedback** is a process within the framework of monitoring and evaluation by which information and knowledge are disseminated and used to assess overall progress towards results or confirm the achievement of results.

**Female Genital Mutilation** comprises all procedures involving partial or total removal of the female genitalia or other injury to the female genital organs, or any harmful procedure to the female genitalia, for non-medical reasons. This includes clitoridectomy, excision and infibulation.

**Impact** is the long-term effect, the lasting or significant changes in people’s lives brought about by one or more interventions.

**An Indicator** is a variable that measures one aspect of a program, project or outcome and may offer proof of implementation or change

**Input** describes the financial, human and material resources necessary to produce intended results.

**Key persons** are people who hold positions of influence or are decision makers. They are community members who are well informed, inspirational and respected in the community.

**Monitoring** is the continuous and routine data collection that takes place during community dialogue sessions.

**An organizer** is a person who plans, prepares and brings people together for an activity or a meeting such as community dialogue.

**An Outcome** is the short-term and medium-term effect of an intervention, such as a change in knowledge, attitudes, beliefs or behaviours.
**Outputs** are the results of program/intervention activities; the direct products or deliverables of a programme or intervention activities.

**A Participant** is a person who takes part in community dialogue.

**Participatory monitoring and evaluation** is a process through which stakeholders at various levels engage in monitoring or evaluating a particular intervention, share control over the content, the process and the results of the monitoring and evaluation activity and engage in taking or identifying corrective actions.

**A Principle** is a fundamental truth or proposition that serves as the foundation for a system of belief or behaviour or for a chain of reasoning.

**Social norms** are the accepted behaviour that an individual is expected to conform to in a particular group, community or culture.

**Sustainability** is the ability to continue a defined behaviour after an intervention has been conducted.
# Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACCAF</td>
<td>Africa Coordinating Centre for the Abandonment of FGM/C</td>
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<tr>
<td>ADRA</td>
<td>Adventist Development and Relief Agency</td>
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<tr>
<td>AMREF</td>
<td>African Medical and Research Foundation</td>
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<tr>
<td>CEFM</td>
<td>Child Early and Forced Marriage</td>
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<tr>
<td>EACH Rights</td>
<td>East African Centre for Human Rights</td>
</tr>
<tr>
<td>ECAW</td>
<td>Education Centre for Advancement of Women</td>
</tr>
<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
</tr>
<tr>
<td>FIDA</td>
<td>Federation of Women Lawyers</td>
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<tr>
<td>KDHS</td>
<td>Kenya Demographic and Health Survey</td>
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<tr>
<td>KNBS</td>
<td>Kenya National Bureau of Statistics</td>
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<tr>
<td>KWCWC</td>
<td>Kenya Women and Children's Wellness Centre</td>
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<tr>
<td>MGF</td>
<td>Marakwet Girls Foundation</td>
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<tr>
<td>PCF</td>
<td>Pastoralist Child Foundation</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>SGF</td>
<td>Samburu Girls Foundation</td>
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<td>TGG</td>
<td>The Girl Generation</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>WVK</td>
<td>World Vision Kenya</td>
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INTRODUCTION AND BACKGROUND
1.1 Introduction to community dialogue

Community dialogue remains a key element in efforts to end female genital mutilation. Meaningful conversations can be realized and key decisions arrived at if communities are engaged in dialogues on issues that affect them. Community dialogue provides a platform for information sharing, discussing different perspectives, reviewing information and creating an enabling environment for reaching consensus on actions to be taken. This guideline will enhance community participation in the campaign against female genital mutilation.

This guideline is intended to be used by all agencies and individuals involved in the campaign against the practice of female genital mutilation at the community level. The guide will enable facilitators to organize and conduct an effective community dialogue. Most importantly, this guide will enable the facilitators to manage, report, monitor, evaluate and review the community dialogue sessions.

This guideline was developed through consultations with stakeholders at national, county and community level in the campaign to end FGM in Kenya.

1.2 Background

Kenya has a legal framework and policies which are geared towards the protection of women and girls from FGM and other harmful practices. Article 53 (1) (d) of the Constitution of Kenya provides that “Every child has the right to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour”. Section 14 of the Children Act 2001 on the protection of young people from harmful cultural rights states: “No person shall subject a child to female circumcision, early marriage or other cultural rights, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development.”

To operationalize Article 53 (1) (d) of the constitution, the National Assembly enacted the Prohibition of Female Genital Mutilation Act 2011. The Act prohibits the practice of FGM and safeguards against the violation of a person's mental or physical integrity. The Act also provides for the formation of the Anti-Female Genital Mutilation Board, which is mandated to uphold the dignity and empowerment of girls and women in Kenya through the coordination of initiatives, awareness creation, and advocacy against FGM.

In Kenya, there has been a gradual decline in FGM among women aged 15-49, from 38% (1999) to 32% (2003), 27% (2008), and 21% recorded in the 2013 Kenya Demographic and Health Survey (KDHS 2014). However, there is still a high prevalence of FGM among certain communities; for instance, Somali (94%), Samburu (86%), Kisii (84%) and Masai (78%) (KDHS 2014).

The above statistics show that FGM continues to persist since it is deeply rooted in cultures of these practising communities. It impedes the achievement of the social pillar in Kenya’s Vision 2030 goal for socio-economic development. It also impedes the sustainable development goals (SDGs), and specifically target 5.3 which aims to eliminate all harmful practices such as child marriage and FGM, and realise the vision of achieving gender equality and women's empowerment. Communities that practise FGM contend that it plays an important social function that would be difficult to replace because of the meaning attached to the practices.

A range of interventions and approaches are employed against FGM; these include community dialogue, the encouragement of alternative rites of passage, awareness creation campaigns, legal approaches, and community education and empowerment. Community dialogue is a critical component of FGM programming in Kenya. According to the 2016 annual report of the UNFPA-UNICEF Joint Programme on FGM/C: Accelerating Change (Accelerating change by the numbers), community dialogue provides...
a platform for interaction and community participation in conversations about FGM. Community participation is an approach enshrined in Article 174 (c) of the Constitution. However, there are no existing guidelines on conducting effective community dialogue. These guidelines will aid facilitators to inspire conversations which challenge the social norms that hold FGM in place, hence accelerating sustained social change.
2
UNDERSTANDING COMMUNITY DIALOGUE
2.1 Objectives

The main objective of community dialogue is to create a platform that promotes critical reflection that allows for questioning of beliefs, myths and practices in order to realize a change in social norms to accelerate the abandonment of FGM.

The specific objectives include:

• to generate a good understanding on the impact of FGM among individuals, families and communities with the aim of influencing change
• to provide a conducive platform for the vulnerable and voiceless to be heard especially women and girls
• to provide an opportunity to critically reflect and question harmful norms, values and taboos related to FGM
• to promote the individuals and community’s sense of ownership and accountability
• to enhance social interaction among individuals in the community to share good practices and ensure sustainability

2.2 Principles of community dialogue

Community dialogue will be guided by the following principles;

• Mutual Trust – community dialogue should promote common understanding and honesty among individuals.
• Respect – the parties involved will be encouraged to be open-minded and respect diversity of thought.
• Participation and inclusion – the approach used should give room for sharing of opinions, listening, and the inclusion of all groups represented; all persons must be included in the dialogue regardless of their sex, age, religion, disability, ethnicity and social economic status.
• Cultural Sensitivity – there should be understanding and respect for culture, beliefs and experiences of the community without violation of human rights.
• Mutual gain of knowledge by all participants - there should be an effective means of knowledge exchange where all parties benefit from the dialogue.
• Confidentiality – the dialogue should promote free expression for individuals without fear and ensure protection of private information within the community dialogue sessions.

2.3 Benefits of conducting a community dialogue

• It creates a deeper understanding of communities, their situation, current practices, interests, existing opportunities and challenges and helps devise mitigating strategies for sustainable behaviour change
• It enhances accountability and stimulates action and a sense of ownership of agreed interventions by the community
• It enables identification of key persons in the community in order to build networks and partnerships to ensure sustainability
• It enhances the capacity of the facilitators to develop effective and adaptable skills in inclusive decision-making for attitude and behaviour change
• A community dialogue is effective if there is active participation of community members where individual members of target communities attend at least 80% of the planned regular sessions over a period of at least six months
3

CONDUCTING
COMMUNITY DIALOGUE
GUIDELINE FOR CONDUCTING COMMUNITY DIALOGUES

3.1 Organizing community dialogue

A community dialogue consists of a sequence of sessions, each leading to the intended outcome. FGM may not be discussed in the initial sessions to avoid community backlash. Related motivational activities could be used to introduce the topic. The initial sessions will be informed by the local context of the community.

The following steps are essential in organizing and conducting a community dialogue:

- **Training of community facilitators:** This is a crucial step whereby organizations and implementers should invest in training of community facilitators as a first step.
- **Stakeholders’ mapping and engagement:** Stakeholders’ engagement is the backbone of a successful dialogue. Therefore, initial engagement with key stakeholders is necessary for buy-in and effective community-led dialogue preparation.
- **Participant identification:** Facilitators and organizers need to properly understand the purpose of the dialogue and who should be involved. This process will help the facilitator plan for diversity of the target group, approaches to use and other logistics. Among the target participants should be those who have accepted that the practice of FGM should be abandoned as they will play a role in shaping the discussion.
- **Develop leading questions:** Develop a list of leading questions that will trigger conversations. The questions should be framed to provoke response and discussion among participants. The questions should start from general to specific. (Annex sample of leading questions)
- **Venue selection:** The community should identify a convenient venue for the target group where they will be free to articulate their issues and engage. The organizer should consider safety and security of participants and the facilitator.
- **Timing of the dialogue:** The community should decide the appropriate time and day for the dialogue.
- **Participant mobilization:** Communities have existing structures of leadership which should be given the task of mobilization for the event. It is also important to consider other channels for mobilization. A maximum of 45 participants is advisable for one facilitator.

3.2 Conducting community dialogue

Effective dialogue leads to change in knowledge, attitude and beliefs which prepared the ground for the community to accept abandonment of FGM. It is therefore important to understand how to conduct such effective dialogue to bring about the desired change.

**i) Introduce the purpose of the dialogue:** The aim of the dialogue is to enable participants to share their opinions, experiences, views, stereotypes, narratives, norms and values in an interactive and participatory manner. The sessions should allow ease of expression without fear of judgment and intimidation.

**ii) Language of the dialogue:** Conduct the dialogue in a language that is easily understood by all. It is advisable to use the local dialect of the participants.

**iii) Rules of engagement:**

a) Ensure an appropriate climate setting that creates rapport and a conducive environment for the dialogue.

b) The facilitator should pick norms, values and stereotypes from proponents of FGM to stimulate further discussion.

c) The dialogue should not be conducted in a hurry.

d) The facilitator should guide the discussions and ensure mutual respect among
e) The facilitator should gauge when to end the dialogue based on time and progress.
f) The dialogue should be conducted for not less than six months in a consistent manner.

iv) Community resolve and action plan: The dialogue should be geared towards attainment of a commitment or resolution by the participants to abandon FGM. This will happen when participants undergo change in attitude and beliefs. It may also bring about additional information, issues, and ideas that the community may wish to act on. The facilitator will gauge whether the action can be done during that session or develop an action plan for it. The process is most effective when the participants are actively involved in the resolution that may eventually lead to a community anti-FGM declaration, in accordance with their cultural practices and traditional values.

v) Evaluating the dialogue
There is need to evaluate the dialogue in terms of what was successful, what was not and what needs to be improved in the future. This should be done using appropriate feedback collection tools. There needs to be a proper documentation of the process, change, best practice and lessons learnt.

vi) Concluding the Dialogue
After successfully conducting a dialogue session and the evaluation, the facilitator should express appreciation to all participants for their time, contribution and resolve. This should be done regardless of the dialogue outcome. (See Annex 1: Dialogue preparation plan.)
Facilitation plays a significant role in community dialogue as it ensures that the objectives are met. It is thus imperative to have a qualified individual who will understand the qualities, roles and responsibilities of facilitation to effectively moderate the conversation.

4.1 Qualities of an effective facilitator

The four major qualities of a facilitator include:

- **Skills:** Ability to sustain and focus the dialogue, be a good orator, a good listener, negotiator, analytical, moderator; having a sense of humour, being innovative and creative, and having advocacy skills.
- **Knowledge:** Conversant with FGM issues.
- **Behaviour:** Non-judgmental, confident, empathetic, passionate, honest and trusted by the community.
- **Cultural sensitivity:** A good understanding of the local culture in general and specifically on the community’s view of FGM.

4.2 The role of a facilitator

A facilitator:

- identifies the agenda or objectives to be discussed in the dialogue.
- ensures the purpose is clear and agreed upon by the participants.
- sets the climate/mood for the dialogue.
- guides the participants to set ground rules for the dialogue.
- identifies the local champions/role models who will positively influence the dialogue on the abandonment of FGM.
- ensures dialogue is interactive and participatory.
- moderates and ensures the dialogue remains focused.
- knows when to draw an agreeable conclusion around an issue.
- assists in resolving issues during the dialogue and when necessary make referrals.
- guides the participants to agree on a possible action plan after the dialogue.
- lists stereotypes, narratives or norms used to propagate FGM and from this develops leading questions for the dialogue.
- documents and follows up, using the monitoring and evaluation framework (see Chapter 5).

4.3 Effective facilitation

- Research and know your audience. Do not assume that communities share the same practices and beliefs. You should know what works for which community.
- Allow the participants to share their stories and life experiences during the dialogue.
- Identify role models/champions within the community whom you will engage with during the dialogue and who will act as change agents.
- Create an enabling environment/safe space for discussion and dialogue.
- The facilitator should have four steps of effective dialogue that include: identification of issues, causes of the problems, how to locally solve the problem, and agreed resolutions.
- Use the appropriate language that the target group is comfortable with.
- Be careful in your tone and choice of words so that you do not appear to judge, condemn
or stigmatize, especially survivors.

- The mode of delivery should consider the level of education of the target group.
- The community should decide the appropriate time and day for the dialogue.
- Be aware of the different beliefs and ideologies of the participants in the dialogue including gender inequality.
- The dialogue should be a conversation among the participants rather than a lecture.
- Plan adequately for potential risks.

### 4.4 How to handle different scenarios

A facilitator may be confronted with different scenarios during the dialogue process that may hinder successful engagement and conclusion of the process. Below are some of the ways you can handle these scenarios.

#### 4.4.1 Scenario 1: When there is confrontation and hostility among participants.

At times there may be hostility among the participants which may lead to someone walking out, or the conversation may become very heated, or participants may seem to be on the verge of fighting.

These are situations where you should readily appeal to the group for support. The best way to deal with conflict and hostility is to confront it directly. Remind them of the ground rules they came up with and the need to respect them, including embracing conflicting ideas. The facilitator should remain calm, not take sides, and take charge.

#### 4.4.2 Scenario 2: The group is dull.

Get a motivating topic or subject to break the ice. This ice breaker could be a topic outside of the agenda but that could eventually lead to discussions on the agenda. However, it should be relevant to a challenge facing the community or even a topic of interest in the community; for example, sexual reproductive health-related topics, education or household poverty, or perhaps encourage your audience to share their stories and experiences.

If the group is not contributing to the discussion, check to determine whether the agenda has been understood. You may need to restate the purpose and the facilitation method of the dialogue. You may also have people who resist participating because of power dynamics in the group. If so, invite them to participate to the degree they feel comfortable. Assure them that the purpose of the dialogue is to share different insights, experiences and personal reactions on the topic. Whichever way the members choose to participate is valuable.

#### 4.4.3 Scenario 3: One or a few members dominate the dialogue

The instructions you give to participants about respecting time limits are helpful. Ask participants to be conscious of each person having time to share their reactions, ideas and insights. It may be helpful to invoke the ground rules on time management when a few individuals dominate the discussion.

Another solution is to tell the group that you want to hear from those who have not said much. Participants will look to you to restrain domineering members. Sometimes this
situation happens when those dominating the dialogue feel they have not been heard. Restating what participants have expressed can show that you have understood their point of view.

Another solution is using innovative approaches, such as giving the group a task they can work on in groups.

4.4.4 Scenario 4: Psychosocial support services

In some instances, during the dialogue sessions the facilitator may be faced with participants who break down or are traumatized due to the experiences they have faced. In case of a survivor or immediate family member needing support due to those experiences, the facilitator should have a database of counsellors, medical personnel or centres to which the survivors or participants can be referred for therapy or medical attention.
5 MONITORING, EVALUATION AND REPORTING
5.1 Introduction

The monitoring and evaluation component will help the organizations, partners or facilitators engaging in community dialogue to track their achievements through a regular collection of information. This will assist in timely decision-making, ensure accountability amongst stakeholders and the coordinating unit, and provide the basis for participatory evaluation and learning.

The monitoring and evaluation tool within the context of community dialogue should:

- be specific to the target group in matters of gender, age group, or people with disabilities
- be qualitative and quantitative
- document the community dialogue process, best practices, and challenges
- have effective mechanisms of providing feedback
- ensure adequate participation of the community members in the monitoring and evaluation processes

A good monitoring & evaluation tool will help answer the following questions:

- Are planned activities being implemented?
- Are the activities being implemented correctly and according to schedule?
- Are the messages reaching the intended audience?
- Is there a change in knowledge, attitude, beliefs and practices?
- Are the interventions sustainable?
- Are girls and women given an equal opportunity to participate in the community dialogue?

5.2 Monitoring: Five steps

i. Establish performance indicators that should be in line with objectives of the community dialogue
ii. Set performance baselines and targets
iii. Collecting, reporting & sharing data is essential for documentation. The implementation team should keep records of proceedings to track progress.
iv. Consider the monitoring risk and assumptions during design process
v. Select appropriate data collection tools, e.g. questionnaires, interviews, focus group discussions, and a registry of the participants

5.3 Evaluation: Three steps

i. Planning for evaluation should be done during the design process.
ii. Assess effectiveness of the community dialogue by considering community expectations and the long-term outcome.
iii. Assess the impact of the community dialogue and go beyond the outcome to include change in knowledge, attitude and practice of the target groups.

After monitoring and evaluation, the data and information collected needs to be documented, shared and integrated into future designs.

5.4 Conducting monitoring and evaluation: Seven steps

i. Design the concepts of the monitoring and evaluation template in a simplified theory of change (see Annex 1)
ii. Identify key players and agents for community dialogue
iii. Identify key roles (who is responsible for the community dialogues?)
iv. Documentation plan (see Annex 2)
v. Have an analysis plan
vi. Fill in the reporting template (see Annex 3)
vii. Feedback mechanism (see Annex 4)
Annex 1: Dialogue preparation plan

1. Introductions, roles, and intentions of the dialogue. The session begins with group members briefly introducing themselves after the dialogue leader has welcomed everyone. The dialogue leader explains his or her role as “neutral,” one of guiding the discussion without adding personal opinions. It is important to include an overview of the dialogue effort, the number of meetings planned, the organizers, the goals of the programme, and any other relevant information.

2. Ground rules or norms. Central to the opening dialogue is establishing ground rules for the group’s behaviour and discussion. Start with a basic list and add any others the group wants to include. Place the ground rules where everyone can see them, and remember that you can add more to the list as needed. The group should be sure to discuss how to handle conflict and disagreement, as well as the need for confidentiality.

3. Discussion. The facilitator will use the guiding questions starting from general to specific. Pre-test questions should be included in the leading questions.

4. Evaluation and conclusion. In the final minutes, participants can offer their thoughts on the experience. If meeting again, this is the time to look ahead to the next meeting. If this is the last dialogue, the participants can be asked for any final thoughts for staying involved in the effort. Participant evaluations of the dialogue can be expressed verbally (through focus group discussions) and/or in writing and a post-meeting test can also be conducted.
## Annex 2: Sample concepts and design of monitoring and evaluation

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<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
<th>Examples</th>
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<tbody>
<tr>
<td><strong>Goal (desired impact)</strong></td>
<td>The final impacts on peoples’ lives or the environment that you wish to achieve</td>
<td>Realization of change in knowledge, attitude, beliefs and practices that lays foundation for the community to abandon FGM</td>
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<tr>
<td><strong>Objective (desired outcomes)</strong></td>
<td>The changes you need to make so that you achieve your aims (desired impacts)</td>
<td>Generating a good understanding of FGM among individuals and communities to influence change. Providing a platform for the invisible and voiceless to be seen and heard Providing an opportunity to question and discuss harmful norms, values and taboos related to FGM To generate response from communities and individuals that result in commitment to address FGM through meaningful participation To promote an individual and community sense of ownership and accountability To enhance social interaction among individuals in the community, to share good practices and ensure sustainability</td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
<td>The immediate and direct result of your activities that contribute to your objectives (desired outcomes)</td>
<td>Enhanced and enlightened community members on the effects of FGM</td>
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<tr>
<td><strong>Actions</strong></td>
<td>The programme &amp; project activities and processes you undertake so that you achieve your desired outputs</td>
<td>To conduct community intergenerational dialogue</td>
</tr>
<tr>
<td><strong>Inputs</strong></td>
<td>The key human, financial, technical, organizational and/or social resources that you need to undertake your activities</td>
<td>Human resource capacity, funds etc.</td>
</tr>
<tr>
<td><strong>Risks</strong></td>
<td>A cause, factor or element that poses danger (backlash etc.)</td>
<td>Backlash, political goodwill</td>
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<tr>
<td><strong>Barriers</strong></td>
<td>Factors that make it difficult to access or seek rightfully deserved services</td>
<td>Cultural norms, illiteracy, gender equity etc.</td>
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<tr>
<td><strong>Needs</strong></td>
<td>Factors that prompt the demand for an intervention</td>
<td>FGM practice poses long-term health risks to women and girls; violation of human rights</td>
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### Annex 3: Sample documentation plan

| Document Title (for instance Lessons learned report, most significant change stories, annual performance reports) | Brief overview of content in the document | Analysis and or synthesis of content (a description of what data would be used to generate this content, how it will be collected and analyzed to generate the content) | Packaging (after analysis) | Primary author(s) | Reviewer(s) | Target audience | Dates when document is disseminated | Resources (different inputs required to put the document in place. May include quantity and cost for the inputs) |
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| | | | | | | | | | |
### Annex 4: Sample reporting template

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<th>Name of Organization</th>
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<tr>
<td>Name of facilitator</td>
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<tr>
<td>County</td>
<td>Sub County</td>
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<tr>
<td>Target group</td>
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<tr>
<td>Number of participants</td>
<td>Male</td>
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<td>Age</td>
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<td>Disability</td>
<td>Yes</td>
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<td>Objective of the meeting</td>
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<tr>
<td>Topics/themes discussed</td>
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<tr>
<td>Observations</td>
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<tr>
<td>Outcomes/achievements (notable changes in attitude, behaviour and knowledge level on FGM)</td>
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<tr>
<td>Challenges</td>
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<tr>
<td>Recommendations</td>
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<tr>
<td>Follow up/Action</td>
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<tr>
<td>Resource allocation</td>
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### Annex 5: Feedback mechanism/dissemination Plan

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<tr>
<th>Title or description of document</th>
<th>Stakeholder</th>
<th>Purpose/ objective of message</th>
<th>Dissemination media/means</th>
<th>Packaging</th>
<th>Dissemination timeline (s)</th>
<th>Resources</th>
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