

SUPPORT TO THE AFRICA-LED MOVEMENT TO END FEMALE GENITAL MUTILATION (FGM)

Do No Harm, Safeguarding and Emotional Wellbeing Framework

Submitted by:



on 22 January 2021



Contents

Acronyms	4
Glossary	5
Introduction.....	8
Background	8
What is FGM/C?.....	8
Purpose of this Framework	9
Structure of this Framework	10
Our Core Principles and Values.....	11
Scope of this Framework	12
How to use this Framework.....	13
Do No Harm	14
Defining Do No Harm	14
Examples of Do No Harm Risks	14
Applying DNH in practice across the programme	15
Our overarching approach to FGM/C.....	15
How we talk about FGM/C	15
How we use images and stories	16
Safeguarding	18
Defining Safeguarding.....	18
Who is at risk?.....	18
What are the risks?	18
What causes Safeguarding Risks?	19
Our Approach to Safeguarding	21
Overview	21
Safe People.....	22
Safe Programmes	23
Safe Information	25
Safe Reporting and Response	27
Roles and Responsibilities for Safeguarding	30
Emotional Wellbeing	32
Understanding Emotional Wellbeing	32
Relationship with DNH and Safeguarding.....	32
Key terms	33
Emotional Wellbeing in practice	34
Culture of care.....	34
Self-care in action	35
Monitoring and Review of this Framework.....	37
Annexes	38
Annex 1: Suggested Do No Harm Guidance	39

Annex 2: Safeguarding Audit Tool	41
Annex 3: Support to the ALM Code of Conduct.....	47
Annex 4: Content Consent Form	53
Annex 5: Options' Incident Reporting Form	56
Annex 6: Support to the ALM Do No Harm Working Group Terms of Reference	59
Annex 7: Emotional Wellbeing Guide	63
Annex 8: Options' Incident Reporting Form	75

Acronyms

AAUK	ActionAid UK
ACCAF	Africa Coordinating Centre for the Abandonment of FGM/C
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CEFMU	Child, Early and Forced Marriage and Unions
CoC	Code of Conduct
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
DNH	Do No Harm
FCDO	Foreign Commonwealth and Development Office
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender-Based Violence
HR	Human Resources
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual
NGO	Non-Governmental Organisation
PEA	Political economy analysis
POC	Person of colour
PSEA	Protection from Sexual Exploitation and Abuse
TOR/TORs	Terms of Reference
STAGE	Strategic and Technical Advisory Group of Experts
UDHR	Universal Declaration of Human Rights
UN	United Nations
UoP	University of Portsmouth
WHO	World Health Organisation
WoC	Woman of colour

Glossary

Abuse	The physical, verbal, emotional, economic, psychological or sexual mistreatment of another person that causes, or intends to cause, harm.
Adult at risk	Refers to anyone who is 18 years or older and who is at heightened risk of exploitation or abuse due to their care and support needs. This can include, people with physical or mental impairments or disabilities; those impacted by disasters or conflicts; people experiencing power imbalances or dependency (e.g. between a donor and beneficiary); those with reduced capacity to understand information or communicate decisions; those with a lack of freedom or ability to make voluntary choices; or any other people who are unable to protect themselves, either temporarily or permanently, from harm, exploitation or abuse. This programme uses the term 'adult at risk' rather than 'vulnerable adult,' as this term is disempowering and ignores power dynamics that create vulnerabilities.
Bullying	Acts that intimidate, harm, coerce and/or exploit an individual. This can include offensive, intimidating, malicious or insulting acts. Bullying can be verbal, physical, social and/or cyber.
Child	Anyone who is under the age of 18 years, irrespective of local country definitions of when a child reaches adulthood, irrespective of whether they live independently or with a parent/guardian, and irrespective of marital status. Our definition is in line with the United Nations' Convention on the Rights of the Child. ¹ While a person under the age of 18 may have reached the age of majority, age of sexual consent, or voting ages in a national context, this does not alter their inherent vulnerability as a child.
Child abuse	Child abuse constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. ²
Child marriage	A formal marriage or informal union involving one or more persons under the age of 18.
Child protection	UNICEF uses the term 'child protection' to refer to prevention and response to violence, exploitation and abuse of children in all contexts. ³
Child safeguarding	Safeguarding is the organisational responsibility to ensure that staff, operations, programmes and activities 'do no harm' to the children they come into contact with, and that they do not expose children to the risk of harm and abuse. See 'Safeguarding.'
Child sexual exploitation and abuse	Actual, attempted or threatened abuse of power for sexual purposes, and/or actual, attempted or threatened sexual intrusion, perpetrated against a person under the age of 18. See 'Sexual abuse' and 'Sexual exploitation.'
Child trafficking	The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation. See 'Trafficking'
Discriminatory abuse	Repeated, ongoing or widespread abuse motivated by bias due to a person's age, sex, gender, nationality, race, ethnicity, disability status, sexual orientation, religious beliefs, pregnancy, associations, or other.
Do No Harm	Do No Harm is an ethical principle underpinning health research and programming. It means that those undertaking research and/or interventions should not, intentionally or otherwise, cause harm. Do No Harm is also a principle used in the humanitarian and development field which refers to organisations' responsibility to minimise the harm they may be doing inadvertently as a result of their interventions.
Do No Harm Working Group	A committee made up of representatives from all the 'Support to the ALM' consortium partners. This working group will lead on annual reviews of this Framework, including incorporating learning from incidents/near misses to continuously strengthen the programme's response and promote a safeguarding culture on the programme.
Exploitation	Any actual or attempted abuse of power or trust in order to take advantage of an individual or group of people for profit, gain, or gratification. Exploitation can be financial, commercial, sexual or other.

¹ United Nations (1989) *Convention on the Rights of the Child*, <<https://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>>

² WHO (1999) *Report on the Consultation on Child Abuse Prevention*, 29-31 March 1999, Geneva: WHO

³ UNICEF (2015) *Child protection overview*, <<https://data.unicef.org/topic/child-protection/overview/>>

Female Genital Mutilation/Cutting	“Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.” ⁴
Gaslighting	A form of psychological and emotional abuse through which a person’s reality is undermined by manipulation and ‘sowing seeds of doubt’, causing them to question their thoughts, memories, environment and/or sanity.
Gender-based violence (GBV)	An umbrella term for violence directed toward or disproportionately affecting someone because of their actual or perceived gender identity. ⁵ Can include sexual abuse, physical violence, emotional or other forms of harm.
Grantee(s)	An individual, NGO, CSO, network or other which has received a funding grant from the ‘Support to the ALM’ programme for end FGM/C activities.
Grooming	When an individual deliberately seeks to gain a child or adult at risk’s trust for the purpose of carrying out sexual abuse or exploitation. Includes actual and attempted grooming. May involve deliberately seeking the trust of a parent/guardian in order to gain access to a child.
Harassment	Unwanted conduct which has the effect of violating an individual.
Harm	Any adverse or negative effect on another person, such as an injury or damage, whether deliberate or unintentional, and whether physical, emotional, psychological, medical, financial or other. Types of harm include self-neglect; modern slavery; domestic abuse; discriminatory; organisational; physical, sexual; financial or material; neglect; and emotional or psychological.
Heteronormativity	An ideology which assumes a gender binary (two distinct genders: male and female) and that heterosexuality is the default (i.e. relationships are/should be between a man and a woman).
Modern Slavery	A situation where a person exercises actual or perceived ownership over another person. Includes human trafficking, forced labour, child labour, forced sexual exploitation, child sexual exploitation and others. May include recruitment through coercion, threats, or false pretences.
Neo-colonialism	Neo-colonialism is the control of less-developed countries by developed countries through indirect means, such as bilateral and multilateral aid, foreign loans, structural adjustment programmes and other methods.
Online abuse	Virtual, distanced and anonymous abuse that occurs over the internet. This can include bullying, grooming, sexual exploitation (particularly through images and videos) and others.
Partner(s)	Refers to a member organisation of the Consortium for the Support to the ALM programme.
Patriarchy	Refers to an ideology and system of societal organisations in which men hold power and women are explicitly or subtly excluded from it.
Protection from Sexual Exploitation and Abuse (PSEA)	Policies, process, measures and actions taken to protect all children and adults who come into contact with the programme from sexual exploitation and abuse by programme staff and associated personnel.
Rights	Refers to the human rights afforded to all persons regardless of age, sex, gender, nationality, race, ethnicity, disability status, sexual orientation, or other. Human Rights are enumerated under several UN conventions: UDHR, CEDAW, CRC and others.
Safeguarding	Safeguarding is the organisational responsibility to ensure that staff, operations, programmes and activities ‘do no harm’ to anyone they come into contact with, and that they do not expose anyone to the risk of harm and abuse. It involves putting in place internal policies, procedures and measures to prevent harm, whether intentional or otherwise, to staff, children, other beneficiaries/clients and communities, as well as measures and mechanisms to help the organisation respond to concerns.
Safeguarding Team	The Support to the ALM Safeguarding Team is made up of the Safeguarding Officer, Gender Lead, Deputy Team Leader and Team Leader. The team is responsible for implementing this Framework, monitoring risks, and supporting partners and grantees to build their safeguarding capacities. The Programme Safeguarding Focal Point (Deputy Team Leader) holds ultimate responsibility for Safeguarding on the programme.

⁴ WHO (2020) *Female genital mutilation*, <https://www.who.int/health-topics/female-genital-mutilation#tab=tab_1>

⁵ United Nations (2017) *Glossary on Sexual Exploitation and Abuse* (2nd Ed), <https://hr.un.org/sites/hr.un.org/files/SEA%20Glossary%20%20%5BSecond%20Edition%20-%202017%5D%20-%20English_0.pdf>

Sexual abuse	Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal conditions ⁶ (age, power dynamics, relationship of trust or responsibility). Includes sexual assault and rape (vaginal, anal, oral, or other).
Sexual exploitation	Any actual or attempted abuse of power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. ⁷ This can include invasion of someone's sexual privacy, forced transactional sex, sex with a child, non-consensual filming of a sexual act, grooming, and others acts of intimidation of a sexual nature that are intended to cause discomfort and embarrassment.
Sexual harassment	Any unwelcome conduct of a sexual nature which makes a person feel offended, humiliated, and/or intimidated. Sexual harassment can be physical, non-verbal and/or verbal, can occur in person or via emails, texts or social media, and may or may not involve explicit sexual advances. An action or behaviour can still be considered sexual harassment even if the alleged harasser didn't intend for it to be harmful.
Staff and associated personnel	In this document 'staff and associated personnel' will be taken to mean employees of the Support to the ALM programme, employees of consortium partner organisations, volunteers, interns, consultants and all other representatives of the programme and of partner organisations, regardless of their level of involvement in the programme.
Survivor	A person who has experienced FGM/C, GBV, sexual abuse, exploitation, harassment or other harms, exploitation or mistreatment. While 'victim' is used by the legal and medical sectors, the term 'survivor' is used by this programme to reflect the strength, resiliency, agency and capacity of the individual affected to survive. It is the individual's choice how they wish to identify themselves, and this programme respects the self-identification and wishes of all survivors.
Survivor-centred approach	A survivor-centred approach puts the survivor of violence or harm at the centre of any responses and process. A survivor-centred approach first prioritises the rights, choices, dignity, confidentiality and safety of the survivor and ensure that the survivor, their family, and their community do not come to any further harm as a result of having chosen to report an incident.
Trafficking	"The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation." ⁸
Transactional sex	The exchange of money, employment, goods or services for sex, including sexual favours, or other forms of humiliating, degrading or exploitative behaviour. This includes any exchange of assistance that is due to beneficiaries of assistance. ⁹

The Framework recognises that any person can be made vulnerable to the offences listed above, regardless of their sex or gender, and regardless of the perpetrator's sex or gender. The Framework recognises that these offenses can also occur between people of the same sex or gender.

⁶ United Nations (2017) *Glossary on Sexual Exploitation and Abuse*

⁷ Ibid

⁸ United Nations Office on Drugs and Crime (2004) *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime*, United Nations: Vienna

⁹ United Nations (2017) *Glossary on Sexual Exploitation and Abuse*

Introduction

Background

The UK Government (Foreign, Commonwealth and Development Office - FCDO) has a vision of a world free from the practice of female genital mutilation (FGM) by 2030 in line with the Sustainable Development Goals, and has established a programme to contribute to the global efforts to achieve that vision. The intended impact of this programme is a significant reduction of the practice of FGM in 4-6 focus countries/regions by 2025. The intended outcome of this programme is the acceleration of positive change in social attitudes towards ending FGM in countries/regions in which the programme is operational.

The working outcomes for this programme related to the Support to the Africa Led Movement (ALM) component are:

- i. Increased community level commitment to end FGM
- ii. Increased global commitment to end FGM
- iii. The Africa-led movement is informed by improved data and measurement tools (implemented by the Data Management Supplier, working closely with the ALM)

FCDO has engaged a consortium, led by Options Consultancy Services, to deliver this programme. The Consortium is comprised of ActionAid UK, Amref Health Africa, Shujaaz Inc/Well Made Strategy, Orchid Project, Africa Coordination Centre for Abandonment of Female Genital Mutilation/Cutting (ACCAF), and the University of Portsmouth (UoP). The Population Council is working with Greenmash to implement Lot 2 (Data Management), and these separate elements of the programme will coordinate and work together.

The consortium's approach to support the Africa-led movement is girl-centred, recognises the intersecting identities that inform their lives, and aims to empower all girls and women - promoting health, bodily autonomy, and their right to live free from violence. The work on the programme is framed within a learning and adaptive programming approach.

The purpose of the programme is to support the Africa-led Movement to end FGM – a diverse network of stakeholders and activists (particularly women and girls), that are challenging violence against women in their communities on a daily basis. As part of our participatory approach and commitment to co-create the programme with the ALM, the Strategic and Technical Advisory Group of Experts (STAGE) and other stakeholders were also consulted in the development of the Programme Strategy and Theory of Change.

What is FGM/C?

FGM/C is defined by the World Health Organisation (WHO) as a harmful practice that involves the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons. FGM/C has no health benefits and is recognised internationally as a violation of the human rights of girls and women, and as an extreme form of gender discrimination, reflecting deep-rooted inequalities between the sexes.¹⁰ FGM/C anthropologist, Ellen Gruenbaum, suggests that the WHO definition should be expanded to state that the practice intentionally alters or causes injury to the female genital organs of *young girls* specifically, and that the practice is performed to conform to *social*

¹⁰ WHO (2020) Female genital mutilation, <https://www.who.int/health-topics/female-genital-mutilation#tab=tab_1>

expectations.¹¹ This expanded definition ascribes motive and also clarifies that the practice is typically performed on pre-adolescent girls, which implies their inability to provide consent.

WHO classifies FGM into four types:

- Type I: Often referred to as clitoridectomy, this is the partial or total removal of the clitoris, and in some cases, only the prepuce.
- Type II: Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora with or without excision of the labia majora.
- Type III: Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without the removal of the clitoris.
- Type IV: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.¹²

Deinfibulation refers to the practice of cutting open the sealed vaginal opening of a woman or girl who has been infibulated, which is often necessary to allow intercourse and/or to facilitate vaginal childbirth. Reinfibulation refers to the practice of performing infibulation again on a woman or girl, typically performed after childbirth.

FGM/C is a human and children's rights issue. It is a violation of women and girls' rights to bodily integrity and autonomy, freedom from harm and violence, and health. It is estimated that 200 million girls and women alive have undergone FGM/C, and that up to 3 million girls are at risk of the practice every year.

In this program, the term 'Female Genital Mutilation/Cutting' or 'FGM/C' will be applied, emphasising that the practice is a violation of girls' and women's rights ('mutilation') and thereby helps to promote national and international advocacy for its elimination, but at the same time also recognising the importance of using less judgmental terminology ('cutting').

Purpose of this Framework

The Support to the Africa-Led Movement to End Female Genital Mutilation (henceforth: Support to the ALM) programme has specific safeguarding risks associated with its work with FGM/C survivors; activists (including survivor-activists), campaigners, and community leaders; girls at risk of FGM/C; CSOs and NGOs; and communities. The nature of our interventions may lead to protection issues arising within families and local communities, such as discovering cases of FGM/C or girls at risk. We acknowledge that FGM/C is a form of child abuse and source of trauma, which can be triggering for survivors, and can cause secondary trauma for non-survivors working on the programme. Staff of the programme may also be at risk of harm both internally within the programme and from external sources. We also acknowledge the issues of power in our programme and the fact that our staff and associated personnel potentially have power over individuals and communities which are made vulnerable through colonial violence, poverty, dependency and other factors which could lead to harm.

Support to the ALM believes that everyone, regardless of age, sex, gender, nationality, race, ethnicity, disability status or sexual orientation, has the right to be protected from all forms of harm, abuse, neglect and exploitation.

As this programme is made up of a number of consortium partner organisations, staff members and associated personnel, grantees, CSOs and NGOs, activists and campaigners, and community members it is important to ensure there is consistency across the programme in how Do No Harm, Emotional Wellbeing and safeguards are applied. This Framework recognises that within the Support

¹¹ Ellen Gruenbaum (2001) *The female circumcision controversy: an anthropological perspective*, Philadelphia: University of Pennsylvania Press

¹² WHO (2020) *Female genital mutilation: Key Facts*, <<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>>

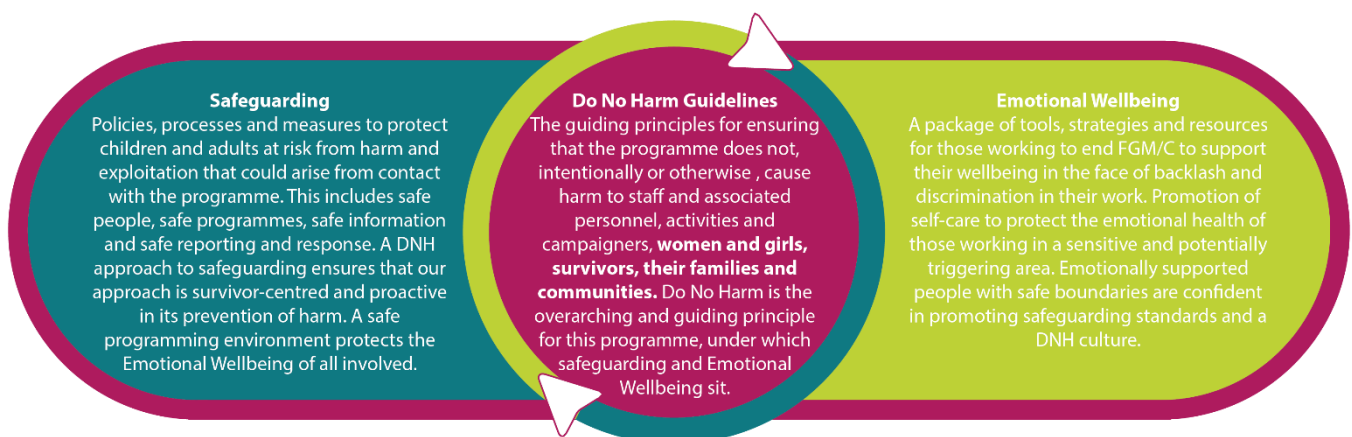
to the ALM consortium, there is a significant wealth of DNH, safeguarding and Emotional Wellbeing expertise and experience among partners, and most partners have robust mechanisms for the prevention of harm and promotion of a safeguarding culture. The Do No Harm, Safeguarding and Emotional Wellbeing Framework (henceforth: 'DNH Framework', or 'the Framework') does not intend to 'reinvent the wheel' or to replace the existing policies and procedures of partner organisations, but instead to capture a set of common values and standards for this programme which will guide all involved in the programme.

This Framework is the foundation for the programme's approach and commitment to Do No Harm (DNH) principles, Emotional Wellbeing approaches, and safeguarding. This Framework acts as an 'umbrella' for all the policies, processes and resources relating to DNH and safeguarding. The Framework defines key standards for safe programming on FGM/C; sets out core principles and values that will underpin programme activities and communications; establishes safeguarding commitments and the processes for mitigating risks and ensuring efficient and timely investigation of violations; specifies roles and responsibilities; and establishes monitoring and evaluation standards.

This Framework is a 'living document' and will be regularly and continuously updated to reflect adaptive learning principles, best practice developments in the sector, and to respond to changing needs and circumstances of the programme. The Framework will be made publicly available and will be shared with all partners, grantees, and others who come into contact with the programme.

Structure of this Framework

Do No Harm, Safeguarding and Emotional Wellbeing are interrelated and mutually reinforcing on this programme. Do No Harm is the overarching and guiding principle for this programme, underneath which safeguarding and Emotional Wellbeing sit. Do No Harm principles guide our approach to safeguarding, ensuring that our approach is survivor-centred and proactive in its prevention of harm. Do No Harm guides our Emotional Wellbeing work, recognising that activists and staff who are supported in their self-care and have safe emotional boundaries in place are not only able to be sustainable agents of change, but will also have the confidence and feel supported to uphold safeguarding standards and report any concerns – ensuring that the overall DNH value of the programme is upheld. Support to the ALM recognises that a culture of Do No Harm must come from the top – the Leadership Team and Consortium Partners have a responsibility to model behaviour and promote a safe programming environment – however, it is a shared responsibility of all team members.



Framework Structure

This Framework will first introduce the DNH principles and values which govern this programme, before outlining our safeguarding standards and procedures, and then outlining how Emotional Wellbeing supports this work on the programme.

Our Core Principles and Values

Support to the ALM programme, and this Framework, are guided by the following principles:

Survivor-centred: A survivor-centred approach puts the survivor of violence or harm at the centre of all responses and processes. A survivor-centred approach first prioritises the rights, choices, dignity, a need-to-know only emphasis on confidentiality, and the safety of the survivor. Individuals do not have to report their own experience of sexual harassment, exploitation or abuse: survivors can choose if, when and how to make a report and decide whether they want 'Support to the ALM' to take formal action.¹³ The privacy, safety and wellbeing of the survivor is always paramount. Support and protection will be offered to survivors; in line with Emotional Wellbeing, survivors should be supported to know and understand their reporting options and to make informed choices relating to their experience. Support to the ALM recognises that not only do we work with survivors of harm, but that staff and associated personal on the programme may also be survivors of FGM/C or other forms of harm. At a programmatic level, a survivor-centred approach means that we avoid using the term 'victim', as this can undermine the agency and resilience of the person who has experienced harm. At an individual level, when engaging with people who have experienced harm, we are guided by their self-identification and terminology preferences, which we also understand may change over time.

Women and girl-centred: Used interchangeably with 'girl and women-centred', this approach puts the rights, needs, safety and voices of girls and women at the heart of everything that the programme does, and at every DNH and safeguarding policy and measure. This approach is informed by the lived experiences and needs of women and girls, is participatory and consultative, and envisions a world where girls and women can exercise their power and rights, have expanded choice and agency, and be free from all forms of violence, including FGM/C. The approach emphasises shared decision-making; guided by regular and ongoing consultation and feedback from women and girls who interact with the programme to ensure our interventions are informed by their voices and decisions.

Zero tolerance: Support to the ALM does not tolerate abuse, exploitation or harm in any form, by anyone who works for or is associated with the programme in any capacity.

Culture of escalation: Safeguarding is a shared responsibility for all staff and people who come into contact with the programme. DNH and safeguarding concerns must be immediately and appropriately reported and escalated. The programme has a 'speak up' approach, and encourages all staff, associated personnel, activists and campaigners, grantees and community members to immediately make a report if they have a concern that an offence has taken place – even if at that time the concern is based only on suspicion or rumour. A culture of escalation means that every team member and programme participant shares in safeguarding responsibilities and must not 'sit' on complaints but immediately notify the Safeguarding Team. Clear roles and responsibilities for all people associated with the programme are included in this Framework. This value is also balanced against a zero-tolerance policy for knowingly making false or malicious allegations made to deliberately damage another individual; allegations made in bad faith violate the core values and principles of this programme.

Transparency: The programme and this Framework are committed to transparency regarding the process by which a complaint is dealt with. The process and steps that an investigation must take are included in this Framework and must be communicated with the survivor/complainant. The survivor/complainant has the right to be kept informed of the investigation's progress and outcome. The programme must be transparent with FCDO about safeguarding reports and violations and must be open about whether there are conflicts of interest, and whether the investigation will be led by an external, impartial party. Transparency does not override a survivor's right to confidentiality and safety; for a survivor-centred approach it is necessary to keep details of an incident confidential to protect the survivor from further harm, or to accord with their wishes.

¹³ In certain cases, Support to the ALM may be legally compelled to report safeguarding incidents to the relevant authorities, particularly if the incident involves a child. Any such situations will be sensitively negotiated with the survivor to protect their confidentiality and dignity.

Reflexivity: Unequal power dynamics, patriarchy, and colonialism are root causes of safeguarding risks. There are inherent imbalances of power in the international aid and development sector; aid is often distributed from the Global North to the Global South, and from former coloniser to former colony. There are inherent power imbalances in these relationships, and in the relationships between donors and beneficiaries. Reflexivity calls for everyone working with the programme to examine their own power and positionality in relation to others. Rather than trying to disguise or ‘play down’ difference, reflexivity challenges us to examine our privilege and power, to analyse the potential harms that these power differentials may cause – for example, ability to consent to sexual activity can be undermined. This includes acknowledgement that this programme is supported by UK aid; involves consortium partners based in the Global North; includes staff members who are not FGM/C survivors or from affected communities; represents people from countries with differing levels of resources and negotiating power;¹⁴ includes organisations of various sizes with different levels of influence within a given country (e.g. local grassroots level versus national-level); and that all people and groups involved in the programme have varying degrees of power and influence. Acknowledging these power dynamics allow us to put in place appropriate safeguards.

Intersectionality: An intersectional approach acknowledges that multiple forms of discrimination and oppression can intersect to exacerbate DNH and safeguarding risks. Factors including age, sex, gender, FGM/C status, race, ethnicity, nationality, religious beliefs, socio-economic background, disability status, level of education and others can intersect to expose individuals to multiple or compounded risks. For example, an FGM/C survivor who also has a disability may be exposed to intersecting forms discrimination and safeguarding risks compared with an FGM/C survivor without disability. This Framework takes an intersectional approach to safeguarding to ensure all power dynamics are considered and addressed in strategies to prevent harm and investigate concerns.

Partnership: The Support to the ALM programme is delivered through a partnership approach at international, regional, national and community levels. Safe partnerships are key to an effective programme. Support to the ALM is a consortium of a number of organisations, and forms partnerships with existing activists, NGOs and CSOs which are experts in their local communities and can deliver authentic and effective interventions. The programme emphasises shared decision-making, as well as shared responsibility of all parties.

Emotional Wellbeing: Mental health and self-care are an integral part of supporting a safe programme culture, safe people, and preventing unintended harm to activists. A DNH culture is not simply the absence of harm on the programme, but the active promotion of the Emotional Wellbeing of all those who encounter the sensitive and potentially triggering information and work on this programme. Emotional Wellbeing emphasises self-care, collective care, peer-to-peer support, and safe boundaries - safeguarding the mental health of all those involved in the programme. We believe that a culture of safety and Emotional Wellbeing is essential for the movement to end FGM/C to ensure safe and sustainable activism.

Scope of this Framework

This Framework and the policies herein are binding for the following people and groups:

- All Support to the ALM staff members, whether full time, part time or engaged on fixed-term contracts.
- All Support to the ALM associated personnel, including interns, consultants, volunteers and all other representatives of the programme.
- All programme partners, contractors, suppliers and vendors.
- All visitors to programme offices or activities (e.g. donors, journalists, politicians).

¹⁴ For example, as an unrecognised de-facto country, Somaliland is not a party to international treaties, and has historically been ineligible for bilateral and multilateral aid. Somaliland activists and staff therefore may be at risk of being underrepresented in comparison with activists from recognised states like Kenya, receiving less resources and having fewer opportunities to have their voices heard.

- All grantees of the Support to the ALM programme, including CSOs, NGOs and individual activists and campaigners.

This Framework and policy is binding both in and outside of working hours and in all aspects of staff members' lives. All the above-named people and groups are personally and collectively responsible for maintaining the principles and standards outlined in this Framework. Managers have a particular responsibility to set a good example, and to create a working environment that supports a culture of escalation and accountability which empowers staff, partners, community members and all others who come in contact with the programme to report their concerns immediately. Where local laws require a lower standard of accountability for abuse, this Framework will prevail.

How to use this Framework

This Framework recognises that we have a considerable wealth of DNH, safeguarding and Emotional Wellbeing expertise and experience within our Consortium. Most partners have robust policies for promoting DNH, and have comprehensive safeguarding processes and procedures. This Framework draws together the shared values and principles within the consortium, as well as best practice learnings and leading expertise. While the Framework reflects the DNH, safeguarding and Emotional Wellbeing standards on the programme, it however cannot provide guidance on all situations and examples of potential harms. It should therefore be read together with additional policies and procedures of each consortium partner, some of which are provided as annexes to this document for example, The Code of Conduct, Anti-Bribery policies, Whistleblowing policies, research protocols and others.

Do No Harm

Defining Do No Harm

Do No Harm is an ethical principle underpinning research and health and social programming. It means that those undertaking research and/or interventions should not, intentionally or otherwise, cause harm. There are risks that social change interventions, such as efforts aimed at ending the practice of FGM/C, can inadvertently create societal divisions, particularly in contexts of conflict and fragility. Negative effects are often unforeseen and unintended, however with proactive risk mapping and planning, many can be avoided or mitigated.

In the context of efforts to end FGM/C, and the nature of the Africa-led movement and local movements in particular, the realisation of the principles of DNH is complex. We recognise that some form of backlash, particularly from social and religious conservatives, is unavoidable when social change results in shifting power dynamics. For any social change to happen, some people will 'lose out' in terms of power, influence or economic resources. We see some forms of backlash as being a sign that positive change is occurring, and backlash or protests against change can present a positive opportunity to discuss the issue more openly, engage in dialogue, and move towards conflict resolution.

A DNH approach involves analysis, risk assessment, mapping of political and cultural contexts, identification of potential harms, monitoring and the application of mitigation strategies. Key questions that must be asked include:

- Who might be affected by an activity/event/campaign/message?
- How might they be affected? How might they be harmed?
- How might key actors and stakeholders potentially perceive the issue? Might there be multiple different reactions from different groups?
- What political impact might the issue have?
- Do the language and images used in communications reflect DNH principles and standards? What about the tone of the messages?
- What risk mitigation strategies do we need to put in place?
- Does the balance of potential benefits of an activity/campaign/message outweigh the potential risks?

Examples of Do No Harm Risks

Support to the ALM recognises that key areas of potential harm on this programme broadly include harm to individuals (survivors, girls at risk, activists, volunteers, staff and others), harm to communities, harm to the broader movement to end FGM/C, and harm to the reputation of the programme and its implementing partners. These harms are often inadvertent, caused due to well-intentioned but misguided communications and advocacy strategies, as well as a failure to recognise power dynamics at play in relationships.

Harm to individuals can include compromising the dignity of women and girls through triggering and discriminatory language or visuals; exposure to safeguarding risks; exposure to backlash (e.g. ostracism); causing stigma or trauma for survivors; and exposure to sensitive and or triggering work or information that can cause Emotional Wellbeing risks. Poor communications (such as triggering, stigmatising or othering language) can cause harm to individuals, as can advocacy strategies that are not informed by a risk assessment (such as identifying and profiling local ambassadors and champions without providing them with appropriate support – especially advocates and champions who are young women or girls).

Harm to communities can involve cultural imperialism and racism, through the use of 'othering' language and imposition of Western values and discourse; criticism of a specific culture, tradition, religion or ethnic group for FGM/C; undermining the voices of local actors and approaches with dominant donor-led strategies; and causing further politicisation of FGM/C and polarisation within communities. Advocacy strategies which are not informed by accurate and contextually relevant evidence can drive communities away if they do not authentically reflect affected communities' experiences with FGM/C.

Harm to the broader movement to end FGM/C may include reinforcing support for the practice through inappropriate or inaccurate messaging; causing the practice to move underground, to be performed at a younger age, or to be performed at a different location (e.g. cross border) to avoid detection; causing severe forms; (e.g. infibulation) to be replaced with so-called minor forms of the practice (e.g. clitoridectomy); encouragement of the medicalisation of FGM/C¹⁵ through poor communications focused only on health messaging; and fragmenting efforts or causing divisions among actors working to end FGM/C globally.

Harm to the reputation of the programme and implementing partners can be caused by rigid, donor-led approaches which are out of sync with local realities; a lack of transparency about the use of funds intended for end-FGM/C activities; funding of grantees that lack credibility and authenticity in their communities; a lack of accountability of the leadership team; and a failure to ensure the programme is informed by reliable evidence and data. As this programme is being implemented by a number of Consortium Partners, we recognise that the actions of one partner can affect the reputation of the programme and the reputation of all other implementing partners. Having a shared Framework which captures our collective values and principles aims to mitigate this risk.

Applying DNH in practice across the programme

Our overarching approach to FGM/C

Support to the ALM takes a **girl and women-centred approach**, and a **rights-based approach**, to our work to end FGM/C. This means that the best interests of girls and women are at the forefront of all decisions we make, that girls and women can lead the programme and define the scope and activities based on their needs, and that all approaches are participatory to ensure collective decision-making community dialogue and inclusion. This also means that we champion an environment where women and girls can exercise their power and claim their human rights – including the right to freedom from harm, the right to health, and the right to bodily integrity.

The programme takes a **zero-tolerance approach to all types of FGM/C**, including medicalised FGM/C and so-called 'minor' forms of the practice. In certain contexts, it is more appropriate to use the terminology 'total abandonment' as this is preferred by some communities.

How we talk about FGM/C

Framing conversations about FGM/C is sensitive work; language is an essential and powerful tool in ending FGM/C and must be used carefully and thoughtfully. Central to our Do No Harm strategy is **reframing discourse around FGM/C to maximise positive impact** and minimise opposition, potential stigma or trauma, spreading misconceptions, risks of cultural imperialism or harmful generalisations.

¹⁵ 28 Too Many defines 'medicalisation' as "FGM carried out by a member of any category of healthcare provider, regardless of the setting in which the procedure takes place...the medicalisation of FGM also refers to situations where only the health risks associated with FGM are addressed, in order to minimise them, and other issues surrounding the practice are ignored or downplayed." 28 Too Many's definition includes providing medical training or equipment to traditional cutters. Please see 28 Too Many (2016) *The Medicalisation of FGM*, <[https://www.28toomany.org/static/media/uploads/Thematic%20Research%20and%20Resources/Medicalisation/medicalisation_of_fgm_\(april_2016\).pdf](https://www.28toomany.org/static/media/uploads/Thematic%20Research%20and%20Resources/Medicalisation/medicalisation_of_fgm_(april_2016).pdf)>

Reframing the discourse means **celebrating positive change, ensuring girls and women can exercise their power and rights, and focusing on solutions-based and practical action** where everyone can play their part.

We take this approach because former approaches focused narrowly on the negative health consequences of FGM/C or the suffering of the child. This resulted in unintended consequences such as increasing medicalisation of the practice; conflation of the health complications of Type III (infibulation) with other forms of the practice which did not correspond with communities' lived experience; and perpetuated a disempowering neo-colonial narrative that women and girls from FGM/C-affected communities need to be 'saved' from their cultures.

When we talk about FGM/C our focus is on the fact that it is a **human rights and child rights** issue. FGM/C is a violation of women and girls' rights to a life of dignity, freedom, equality and bodily autonomy. FGM/C is entirely at odds with women and girls' rights to bodily integrity, their right to health and protection, and their right to make decisions regarding their own bodies. As FGM/C is typically performed on children (often in the years leading up to puberty), they are unable to provide informed consent.

We also describe how **FGM/C is an expression of power imbalances and gendered inequalities**. It occurs within a broader continuum of systemic violence against women and girls, harmful social norms, and gendered expectations that impact their lives. FGM/C is an expression of patriarchy, which is an ideology and system of societal organisations in which men hold power and women are explicitly or subtly excluded from it.

How we use images and stories

Photos, videos and stories from survivors and activists are powerful communication tools in promoting social change messages. Of the utmost importance when using images or stories of girls at risk, survivors and/or activists are the principles of respect, informed consent, protection, and women and girl centred.

Respect: We faithfully represent the stories of survivors, activists and others as they are told to us. We do not dramatise, sensationalise or romanticise their stories. We do not generalise survivors' stories or assume that all survivors or activists have similar experiences. We use empowering and respectful language when describing a storyteller or captioning an image. We do not use othering, or pitying language when describing women and girls as this is disempowering and undermines their strength and agency. We ensure that the dignity of all people involved (including those complicit in the practice) is recognised. We do not use images or videos of girls or women crying or in distress, dramatisations (or real footage) of FGM/C being performed, or any other imagery that suggests victimhood or powerlessness, and/or may be triggering or traumatic for survivors. Instead, we use positive images which celebrate social change, and depict women and girls as strong, empowered and healthy.

Informed consent: Before taking a photo or video, and before receiving a story, we explain how the image or story will be used and where it will be posted. Will it be used locally or globally? What languages will the story be available in? Will it appear in a one-off publication, or be used repeatedly? Where relevant, we explain the fact that material put on the internet can never be truly 'erased.' Where relevant, we explain the implications of whether the person will be identifiable in the story or image. When using a survivor or activist's story, if paraphrasing or editing their words, we ensure that they have the opportunity to review and sign-off on the final product before publication.

Protection: We consider the safety of the people depicted in photos, videos or stories. Should they be anonymised? Is there a risk to their safety if they are identified by their community or by others? Are there other potential negative consequences of the story or image? For example, could there be backlash from the community? Could the story be triggering for someone who has experienced FGM/C or other similar harmful practices themselves? Do the risks outweigh the potential benefits?

Women and girl-centred: We ensure that images and stories centre the rights and voices of women and girls. We emphasise the rights of women and girls, and frame FGM/C within a broader spectrum of patriarchy and global gender-based violence. We ensure that narratives present a holistic picture of girls and women's lives – is she at school? Does she run a business? What are her hopes and dreams? We do not limit the portrayal of women and girls to their status as a survivor or at-risk girl. We consider the maxim “nothing about us without us” – ensuring that women and girls been consulted about the story, publication or campaign.

Please see the Suggested Guidance (Annex 1) for more detailed examples.

Safeguarding

Defining Safeguarding

Safeguarding is the organisational responsibility to ensure that staff, operations, programmes and activities 'do no harm' to anyone they come into contact with, and that they do not expose anyone to the risk of harm and abuse. It involves putting in place internal policies, procedures and measures to prevent harm, whether intentional or otherwise, to staff, children, other beneficiaries/clients and communities, as well as measures and mechanisms to help the organisation respond to concerns.

Who is at risk?

- Girls at risk of FGM/C
- Children (boys and girls, including girls who are not at risk of FGM/C)
- FGM/C survivors (women and girls)
- Adults at risk (defined below)
- Activists, campaigners, volunteers and others working with the programme
- Staff, associated personnel, and implementing partners

'Adults at risk' refers to anyone 18 years or older who - for physical, social, economic, environmental or other factors - is at heightened risk of exploitation or abuse due to their care and support needs. This can include persons with physical or mental impairments or disabilities; those impacted by disasters or conflicts; people experiencing power imbalances or dependency (e.g. between a donor and beneficiary); those with reduced capacity to understand information or communicate decisions; those with a lack of freedom or ability to make voluntary choices; or any other persons who are unable to protect themselves, either temporarily or permanently, from harm, exploitation or abuse. This programme uses the term 'adult at risk' rather than 'vulnerable adult,' as this term is disempowering and ignores the power dynamics that create vulnerabilities.

What are the risks?

Safeguarding risks include, but are not limited to:

- Physical, verbal, emotional and/or psychological abuse
- Bullying
- Harassment
- Exploitation
- Sexual harassment
- Sexual abuse and/or assault
- Sexual exploitation
- Grooming (including online)
- Transactional sex
- Sexual contact of any kind with a child
- Trafficking
- Modern slavery

Please see the Glossary for definitions of these risks.

What causes Safeguarding Risks?

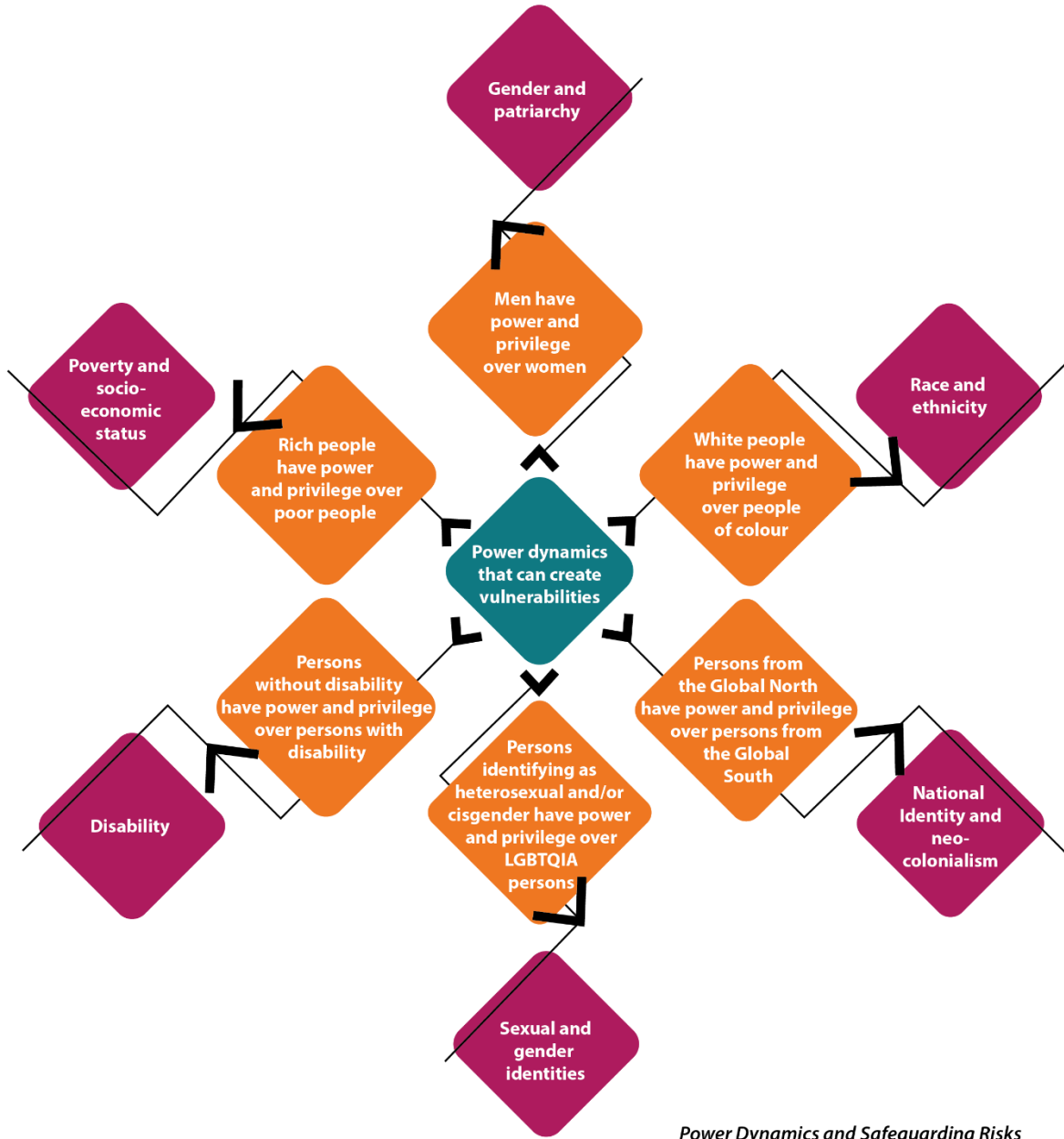
Support to the ALM recognises that **safeguarding risks are often created through unequal power dynamics** which cause vulnerabilities. The programme acknowledges that people are not inherently or innately 'vulnerable' – conditions are created around them which cause them to become vulnerable. When these conditions are mitigated or removed, vulnerabilities may be lessened or eliminated. Unequal power dynamics are caused by several factors, including patriarchy, neo-colonialism, and poverty.

Patriarchy creates and perpetuates gender norms and expectations which limit the capacity of women and girls to claim and exercise their human rights. Gendered power dynamics disproportionately affect women and girls, causing GBV; violence; harmful practices such as FGM/C; child abuse/exploitation/neglect; child, early and forced marriage; and other harms. Patriarchy means that men have power and privilege over women, and that while FGM/C might be typically organised and performed by women, it is driven by invisible patriarchy as part of a continuum of male control over the female body and sexuality. Patriarchy also means that heteronormativity is privileged, with persons identifying as heterosexual having power and privilege over LGBTQIA and non-binary persons. In practice, this means that a woman or girl, or an LGBTQIA-identifying person may be at increased risk of harm or exploitation.

Neo-colonialism is the control of less-developed countries by developed countries through indirect means, such as bilateral and multilateral aid, foreign loans, structural adjustment programmes and other methods. There are inherent imbalances of power in the international aid and development sector: aid is often distributed from the so-called 'Global North' to the 'Global South,' and from former coloniser to former colony. Neo-colonialism perpetuates Western imperialism through creating and maintaining conditions of dependency which, cyclically, reinforce their influence. Neo-colonialism means that persons from the Global North have power and privilege over people from the Global South; it also means that white people have power and privilege over people of colour (POC). This means that people from aid-recipient countries may be at increased risk of harm from people from aid-distributing countries, including workplace bullying, emotional abuse, and gaslighting. A further consequence of neo-colonialism is that it can create support for the continuation of FGM/C, as communities reject donor-led interventions as Western imperial interference.

Poverty, which can be caused by patriarchy and neo-colonialism, creates power imbalances which cause barriers for people from lower socio-economic backgrounds to access education, employment, leadership positions and independence. Actual or perceived dependency can cause heightened safeguarding risks, such as exploitation. Poverty also means that programme staff and participants from the same community can experience complex power dynamics if the programme staff member's salary creates an economic imbalance; this can cause vulnerabilities to abuse and harm. Poverty is directly linked with girls' access to education and capacity to understand and exercise their rights to bodily autonomy and freedom from harm.

Many other factors can also cause vulnerabilities – such as ableism, racism, stigma towards FGM/C survivors, stigma towards uncut women and girls, and many others. These people are not inherently vulnerable to harm – this vulnerability is socially constructed through unequal power dynamics.



Our Approach to Safeguarding

Overview

Our approach to safeguarding is categorised into four key core areas: Safe People, Safe Programmes, Safe Information, and Safe Reporting & Response. These four areas are underpinned by the Framework's values, listed previously, with an emphasis on a survivor-centred approaches, women and girl-centred approaches, and a culture of escalation and shared responsibility.



This Framework recognises that within the Support to the ALM consortium, there is a significant wealth of safeguarding expertise and experience among partners, and most partners have robust mechanisms for prevention and management of safeguarding issues. Partners with experience and capacity to follow this Framework's guidance while using their own systems and documents (for example, safeguarding induction materials for new staff; investigation procedures) will be encouraged to do so where relevant and appropriate, and keep the programme's Safeguarding Team and Options informed (as the lead implementing partner), who will then report to FCDO as required. Partners that do not currently have robust safeguarding policies or frameworks are required to follow Options' policies and processes until their own policies are put in place. An audit of partner safeguarding capacities will be conducted by the Safeguarding Team in consultation with each individual partner using the Safeguarding Audit Tool (Annex 2). The Safeguarding Team will work with partners to improve policies and strengthen capacities where required.

Safe People

Safe People means that all those involved in the 'Support to the ALM' programme know how to keep children, adults-at-risk, and themselves safe; are clear on their responsibilities; and have appropriate training and learning opportunities.

Recruitment: Support to the ALM is committed to ensuring safeguarding measures are incorporated into all recruitment and engagement processes.

- All those involved in the programme, whether they be full time staff, part time staff, consultants, contractors, volunteers, interns or others will be required to have their documentation validated at recruitment stage to confirm their identity, relevant qualifications and background checks.
- Safeguarding is to be covered at the interview stage, with the candidate's knowledge and appreciation of this area assessed.
- Satisfactory references¹⁶ must be received for all personnel before being confirmed in post.
- All staff and associated personnel must sign a Code of Conduct (Annex 3) which is required prior to beginning in post.
- Include a statement about safeguarding responsibilities¹⁷ in all job descriptions (full time through to consultancy agreements and MOUs).
- Where possible under national law, employment contracts will specify that staff members can be dismissed if they are found to have breached the Code of Conduct or this Framework.
- All partners must have safeguarding policies in place that are consistent with this Framework.

Training: All staff, associated personnel, grantees and others who come into contact with the programme have a role to play in the safeguarding of children and adults at risk. To fulfil that role effectively and with confidence, safeguarding training (including annual refresher training) will be provided to all relevant personnel. This training will include:

- How to keep themselves safe.
- How to prevent and mitigate safeguarding risks to children and adults at risk.
- How to report concerns.
- How to ensure that these processes are survivor-centred, maintaining the confidentiality and dignity of those who have been exposed to harm.

This training will be conducted by the Safeguarding Team. This Framework, including its annexes, will be provided to all staff and associated personnel as part of their induction in English/French and/or local languages as required.

Community engagement: Women and girls must be actively involved in assessing, planning, implementing and evaluating interventions and activities through participatory methods. For communities that we work with to be able to identify and raise safeguarding concerns, consultation, training and materials in local languages must be made available. We will take a consultative approach to translation of materials to ensure that popular versions, key resources and tools are made accessible according to community needs. We will be particularly focused on ensuring that materials are girl-friendly, and that information is easily available and accessible (e.g. on posters hung up in schools, information presented in pictorial form).

Emotional Wellbeing: This includes the safety and wellbeing of all staff and associated personnel (including activists, community leaders, and others) engaged in the Support to the ALM programme. All personnel will be provided with Emotional Wellbeing resources and training and will be encouraged to develop self-care plans to help safeguard their mental health and wellbeing.

¹⁶ We define 'satisfactory references' as being from a candidate's last two employers, covering at least 3 years, provided by the HR department or candidate's line manager. Recent graduates without two employment referees may provide a reference from their last educational establishment. Self-employed consultants may provide the details of recent clients as references.

¹⁷ This statement will vary depending on the level and scope of the position, however, should specify that all levels of position within the organisation assume some degree of shared responsibility for safeguarding, reporting concerns, and supporting a safe work culture.

Safe Programmes

Safe Programmes means that Do No Harm, Emotional Wellbeing and Safeguarding are fully integrated into all stages of programme design, implementation, monitoring & evaluation, and risk assessments for all interventions and activities.

Understanding local contexts: A political economy analysis (PEA) will be conducted during the Co-Creation phase of the programme for all focal countries. The PEA has been approached from a safeguarding perspective; ethical approval will be obtained for the PEA process, an ethics session has been incorporated into the internal 'Support to ALM' PEA workshops and prior to the start of the work and throughout the process all possible risks will be documented and fed into the risk register.

Safe activities:

- All interventions and activities must have a risk assessment conducted prior to implementation.
- Planning for activities must involve the activists/volunteers who will work on the front lines of a particular intervention to ensure that risk assessments are informed by their intimate local knowledge.
- Prior to activities, discussion should take place regarding potential dilemmas that staff, activists or volunteers may face – such as responding to requests for support when there are limited services available.
- All activities must have a designated Safeguarding Focal Point present who will ensure all participants are made aware of reporting mechanisms, receive complaints or concerns, and escalate these immediately and appropriately.
- At no time during the planning, execution or wrap-up of an activity or event should a staff member or any other adult associated with the programme be alone with a child or group of children.
- Where children are present, there must always be two or more adults in the room at any time and assent from parents or guardians will be sought.

Safe Advocacy & Communications: Campaigns and messaging design processes must be informed by thorough risk assessments to prevent backlash, DNH risks, and safeguarding concerns. Advocacy and communications must be contextually appropriate, supported by evidence, be communicated by authentic and authoritative ambassadors, and promote positive portrayals of women and girls which demonstrate their agency.

Safe Granting: All potential grantees will be screened using the Safeguarding Audit Tool as part of the Due Diligence to ensure a certain standard of safeguarding and identify areas where support is required. All grantees will be trained on their safeguarding responsibilities, and their staff and volunteers must adhere to this Framework and to the Code of Conduct.

Referral mechanisms: Services such as safe houses, women's refuges and other referral pathways should be comprehensively mapped and the information made available at schools, medical clinics and community centres, through programme activities and events, and via grantees. Mapping and quality assurance of referral pathways will be conducted by the Community Implementation teams, who will conduct regular reviews and update service provider lists based on feedback from survivors about their experiences. Separate referral pathways lists will be created for adults and for children, recognising that additional risk reviews will be required for services supporting the needs of children – particularly safe houses, which can expose children to additional risks of harm.

Capacity building: The goal is that all partners, grantees, activists, volunteers and others will have robust safeguarding policies, processes, capacities and awareness.

- Grantees, CSOs and NGOs that we partner with will undergo a Safeguarding Audit (a collaboration between them and the Safeguarding Team) to assess any gaps in their safeguarding capacities.

- Grantees will be provided with capacity building support and funding to improve systems as part of their tailored package of support.
- CSOs, NGOs and others will be provided with resources and materials to assist in improving their capacity to safeguard their participants and staff.
- Activists and individual volunteers will be trained to identify safeguarding risks and how to report their concerns.

Working online: Increasingly, the movement to end FGM/C is connected via IT platforms including Facebook, Whatsapp, email, Microsoft Teams, Zoom, social media and many others. These have facilitated shared learning, strengthened community, and supported regional and cross-border responses to FGM/C. The COVID19 pandemic, which began in 2020, required many organisations to develop new, flexible ways of working – including an increased reliance on online working. Working online comes with risks, from phishing and malware attacks, to ‘Zoom-bombing,’¹⁸ to anonymous hate speech that can be sent from anywhere in the world. Staff and associated personnel will be supported to ensure their communications and meetings are conducted safely. Hate speech and ‘trolling’ will be immediately reported to relevant platforms and to authorities where necessary.

Children and young people are also at particular risk online. Young people who engage in online campaigning or activism through social media or other channels can be at risk of imprisonment, physical harm, social isolation/exclusion, online abuse, content risks (such as viewing violent, sexual or extremist content), and grooming – whereby a person or group seeks to gain the young person’s trust for the purpose of exploitation. Before engaging young people in any such online campaign or activism, such risks must be discussed with the participants, and mitigations put in place.

Safeguarding in a crisis: Risks may be heightened to staff and programme participants in the event of a crisis – such as an environmental disaster; health crisis; political, religious or ethnic conflict; or other humanitarian crisis. Children and adults at risk are often at much greater risk of violence, abuse and exploitation during and after emergencies due to complex vulnerabilities and hardships faced, and due to increased exposure to emergency respondents who can take advantage of vulnerabilities and create situations of exploitation and harm. Safeguarding response in a crisis will be led by the Options Safeguarding Lead and the Options Security Group, in collaboration with the DNH Working Group and Safeguarding Team. The above-listed groups will be responsible for identifying relevant statutory authorities (such as the police and/or social services) and other referral mechanisms in the country.

As appropriate, activities may be postponed, suspended, relocated, or redesigned (for example, moved online). It may be appropriate to evacuate international staff, or to relocate national staff to safer locations within the country. Where staff and associated personnel have been exposed to traumatic events or risks to their lives, they must be provided with appropriate health and psychosocial support.

¹⁸ ‘Zoom-bombing’ or ‘Zoom raiding’ refers to unwanted and disruptive intrusions into video conferences on the Zoom software platform by strangers. Zoom-bombing can be prevented by assigning a password to the meeting, which is shared only with the intended attendees, and sharing Zoom links via direct communications rather than publicly via Facebook or Twitter.

Safe Information

Safe Information ensures that safeguarding measures are incorporated into all forms of information, research and data collection, media, communications and campaigning activities.

Accurate, evidence-based messaging: Safe information relies on evidence-based messaging, informed by reliable statistics and data.

- Factual errors or claims that cannot be backed up with evidence open the end FGM/C movement - and by extension activists, volunteers and the programme - to criticism and backlash.
- When campaigns make claims that do not reflect the lived experience of communities, this weakens the credibility of the campaign, and can lead to accusations that activists are spreading lies to further their own political ends.
- Examples include spreading information about the health complications of infibulation as universal outcomes of all forms of FGM/C; communities affected by Type I or II FGM/C may not have experienced these complications and this may turn them off the campaign.
- All communications approaches must be informed by the best available evidence, and where data is limited or unknown this must be disclaimed.

Ethical research: The Population Council and the University of Portsmouth will provide technical support for research and data collection under the programme, including guidance on the development of research ethics sections within the research proposals of the Support to the ALM programme. The programme will follow national research ethics approval processes required by each country. Research on the programme must meet core ethical research standards of respect for persons, beneficence, justice and informed consent. Research on the programme must be women and girl-centred, meaning that they must be involved in the design of the research project, feed into the methodology, and benefit from the results of the study. All research must be underpinned by a commitment to promoting the voice and leadership of women and girls to tell their own stories in their own words.

Informed consent: Informed consent must not only underpin research participation (see above) but the obtaining and use of participants' photographs and stories. Informed consent means that anyone participating in research, having their photograph taken or used, and/or providing their personal stories of activism work or experiences as a survivor must voluntarily choose whether not they wish to take part prior to their involvement. They must be given as much time and information as they need to decide whether or not they wish to participate – this includes informing them:

- Where the photo/story will appear (show examples of similar publications or web pages).
- The intended audience.
- Whether they will be identified/anonymised.
- Whether it may be reproduced in other future publications.
- What the potential risks or backlash are to their involvement.
- How consent can be withdrawn.

Participants must be able to make an independent decision without any pressure; financial or other incentives must not be offered as this can constitute economic coercion. All information must be made available in participants' local language(s); data collectors may double as translators to ensure participants are provided with information in their own language.

A risk assessment must first be conducted to assess whether and how to tell the stories and anonymise the identity of any child or adult at risk who is a survivor of abuse or exploitation, or a survivor of FGM/C. If there is deemed to be risk of retraumatisation, psychosocial support must be made available to participants.

Special arrangements are required when a person's understanding is limited due to age or developmental disabilities. Children require the consent of their parent/guardian to have their photograph taken, story published, or to participate in research. A Content Consent Form must be

completed by all participants (adult or child) prior to having their picture taken (Annex 4). This template form must be translated and amended to fit all contexts.

As per Do No Harm guidelines, individuals and groups must always be portrayed with dignity. No information or images should be gathered that could shame, humiliate or degrade a child or adult at risk, put them at risk immediately or at a later date, or be considered as 'poverty porn'. Children must never be depicted in erotic or provocative poses or contexts, or wearing no/minimal/inappropriate clothing. Do not take such pictures with the intention of blurring naked areas later, as the original file can put the child at risk. Photos of the genitals of children and adults (whether affected by FGM/C or not) are strictly forbidden, regardless of whether the subjects are anonymised. Staff and associated personnel must never take photos of children on their personal devices,¹⁹ or take pictures with children for their personal use (such as posted on personal social media accounts).

Secure data and information systems: All information and images for the programme will be stored securely in accordance with data protection principles.

- Confidentiality and security will underpin our use of digital and social media, and mobile technology.
- As Support to the ALM is funded by FCDO, the programme must comply with the UK Data Protection Act 2018.
- All relevant international, regional and national data protection laws, principles, and rules regarding obtaining and using information and images of individuals must be applied.
- Sensitive information, including images, must be stored securely with password protection, labelled as confidential, and not shared beyond essential personnel.
- Removal of metadata that can trace locations, particularly in any photos of children.

Communicating with the media: As per the Do No Harm guidelines, safe information in the context of digital or traditional media communications must be in the best interests of women and girls, and should at all times protect their dignity, privacy and wellbeing. Journalists covering stories about the programme's activities should be sensitised to our DNH guidelines, including our emphasis on positive story-telling, commitment to accuracy and evidence, and avoidance of sensationalised coverage or headings that can cause further stigma or backlash. Risk assessments of systems, processes and activities which relate to media, information and communications should be regularly conducted

Using social media: While programme's social media channels will be governed by the Support to the ALM Communications Policy, we recognise that staff and associated personnel have their own personal social media accounts (e.g. Facebook, Twitter, Instagram, TikTok, LinkedIn, Snapchat and others) and may from time to time wish to re-post and share content from the Support to the ALM's channels. Their accounts may also become identifiable as affiliated with the programme. Training and guidance will be provided to all personnel to ensure they use social media safely – maintaining confidentiality, privacy and dignity of all participants, safeguarding the programme from backlash or complaints, and safeguarding their own wellbeing against hate speech or offensive responses and comments.

¹⁹ An exception is to be made where staff or associated personnel are required to use their personal device (e.g. smartphone) for work use and have been specifically requested by the Communications Team or their Line Manager to take photographs of an event or activity for social media or other use.

Safe Reporting and Response

Safe reporting and response means that our approach is first and foremost survivor-centred, with confidential reporting and referral systems in place allowing concerns to be raised in the knowledge that they will be taken seriously, investigated immediately, addressed with appropriate action, and at all times guided by the survivor's wishes and their best interests.

Survivor-centered approach: A survivor-centred approach ensures and prioritises the safety, wellbeing, dignity and best interests of the survivor at all times.

- The response must be focused on the needs and wishes of the survivor of the incident.
- The response must be appropriate to the age and circumstances of the survivor – children and adults have varying levels of autonomy and decision-making capacity. This must be factored into planning a response.
- The priority is to ensure the safety of the survivor, which may mean relocating them to a safe place, and to provide the survivor with the appropriate support such as clinic referrals or psychosocial support. This may include referrals to safe and trusted confidential services with which Support to the ALM has developed relationships with.
- Confidentiality must be maintained throughout investigation and response. Information should be shared on a need-to-know basis only. Breaches of confidentiality may lead to disciplinary proceedings.
- Every report or concern raised about potential harm must be taken seriously, including if the concern is based on rumour or hearsay. Believe survivors and take their reports seriously.
- Individuals do not have to report their own experience of abuse or exploitation.

Who should report: All partners, staff members, consultants, contractors, interns, volunteers, grantees and others associated with the programme are responsible for the safe reporting of incidents and concerns. If any of the above listed representatives have concerns that a child, adult at risk or other person has been or is at risk of being abused, exploited or harmed in any way they **must report this immediately**. If a staff member or associated person does not report an incident or suspicion, they will be in breach of the Code of Conduct and may face disciplinary proceedings.

If any person not governed by this Framework but with a vested interest in the programme (such as a community member) has concerns, they are **strongly encouraged to report these immediately**.

What to report:

- Any safeguarding concern involving a child or adult at risk. Please see lists earlier in this Framework of concerns to be aware of (page 17: What are the risks?)
- Abuse or exploitation by a member of staff of anyone associated with the programme.
- Abuse or exploitation within the community by someone outside the programme (e.g. by a community member, by staff at another organisation or agency not affiliated with the programme).
- Abuse or exploitation within the programme (e.g. bullying or harassment of a colleague)
- Rumors, informal discussions and suspicions should also be reported.
- Complaints, reports or concerns can be informal or formal.
- Cases of actual or suspected FGM/C should be reported, regardless of local legislation on the practice.

Knowingly false or malicious complaints intended to malign a colleague or another person will not be tolerated and may be treated as a disciplinary matter.

How to report: It is essential that all allegations or concerns are detected and quickly brought to the attention of the Safeguarding Team who will then take appropriate action. Reports must be made **within 24 hours** of a person first becoming aware of a concern. Delays in reporting can exacerbate or compound safeguarding risks; for example, a rape survivor may be at risk of HIV-transmission and/or unwanted pregnancy if medical care is not urgently sought. The only exceptions to this are where there is a risk to the survivor's physical safety which must first be priority (for example, there may be a case

where it is not safe to begin escalating a report until a survivor is removed from an emergency situation of harm), or if the survivor expresses a clear wish that a report not be made.²⁰

A concern should be reported to any of the following options:

- Programme Safeguarding Focal Point and Deputy Team Leader, Dr Leyla Hussein: l.hussein@options.co.uk
- A member of the Safeguarding Team
- A member of the Do No Harm Working Group
- An appropriate Line Manager
- Programme Team Leader
- Options Safeguarding Lead, Dr Sarah Hepworth, Director of Programmes: s.hepworth@options.co.uk
- Options' confidential, independent, dedicated Speaking Up service:
 - Webmail: www.safecall.co.uk/report
 - Email: speakingup@safecall.co.uk
 - Phone: + 44 191 5167764 (English language only)

A report can be made using Options or a consortium partner's reporting forms (Options' form is attached as Annex 5), or can be made via email, phone call, in person or any other effective medium of communication.

What happens next:

Concerns raised to consortium Partners will be managed and investigated in line with the organisation's internal processes. Regardless of which consortium Partner receives the initial complaint and conducts the investigation, all reported safeguarding incidents must be communicated to the Programme Safeguarding Focal Point within 24 hours of the allegation being made, who will inform the Options Safeguarding Lead and the Head of Human Resources. The Options Safeguarding Lead will report to FCDO immediately. At all times the confidentiality, dignity and wishes of the survivor will be prioritised.

In the event that one consortium partner's policies contradict another's, this Framework takes precedence and the incident will be managed through the Safeguarding Focal Point, with support from the Options Safeguarding Lead and Head of Human Resources, according to the flowchart below.

Where one consortium partner receives a complaint about a representative or employee of another consortium partner, it may be appropriate to follow this Framework and to appoint an independent investigator. This will be determined by the Safeguarding Focal Point, with support from the Safeguarding Lead and Head of Human Resources.

In the event that an investigation is managed according to this Framework, rather than by the consortium partner which employs the representative in question, the consortium partner's designated Safeguarding Representative will be kept informed about progress on a need-to-know basis in order to take appropriate action to resolve the issue.

Below is a flowchart of this Framework's Safeguarding Reporting and Response steps:

²⁰ In some cases the programme may be legally required to report an incident to authorities, particularly if an incident involves a child or is of a criminal nature. In any such case, this will be discussed with the survivor, their anonymity preserved as much as possible, and support provided to them.



Roles and Responsibilities for Safeguarding

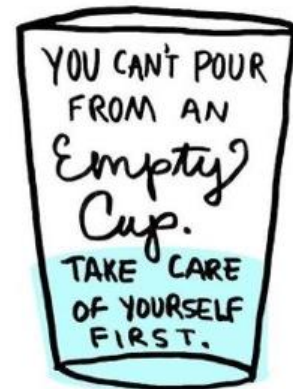
Who?	Roles and responsibilities
Options Safeguarding Lead	<ul style="list-style-type: none"> Options' Director of Programmes is the Safeguarding Lead for Options Together with Options' Head of Human Resources, the Safeguarding Lead holds overall responsibility for Options' safeguarding standards, practices and investigations. The Options Safeguarding Lead is responsible for reporting all safeguarding reports and concerns on the programme to FCDO within 24 hours of receiving the information. Together with the Head of Human Resources, the Options Safeguarding Lead is responsible for convening a meeting in response to a report to make action plan. In consultation with the DNH Working Group, the Safeguarding Lead is responsible for approving the Support to the ALM DNH Framework (this document) including any changes.
Programme Safeguarding Focal Point	<ul style="list-style-type: none"> The Programme Safeguarding Focal Point is the Deputy Team Leader. The Safeguarding Focal Point is responsible and accountable for all safeguarding matters on the programme. They report to the Options Safeguarding Lead on all safeguarding matters. The Safeguarding Focal Point is accountable for ensuring that the Framework is applied across the programme. They are also responsible for leading on promoting a DNH and safeguarding culture on the programme, ensuring that safeguarding commitments are included in all aspects of the programme's work. They are responsible for reporting all safeguarding concerns to the Options Safeguarding Lead within 24 hours, and for convening to develop a response to the report. The Safeguarding Focal Point is responsible for logging all incidents and reports on the Safeguarding Incident and Concern Log. As with all other staff members, the Deputy Team Leader is responsible for complying with the Code of Conduct.
Programme Team Leader	<ul style="list-style-type: none"> The Team Leader supports the Safeguarding Focal Point on all safeguarding matters, and deputises in their absence. The Team Leader may convene with the Safeguarding Focal Point, Head of HR and Safeguarding Lead to develop a response to a report. The Team Leader is accountable for overseeing review, learning and adaption of programme interventions as necessary as a result of safeguarding incidents or concerns. As with all other staff members, the Team Leader is responsible for complying with the Code of Conduct.
Do No Harm Working Group	<ul style="list-style-type: none"> The DNH Working Group consists of one or more representatives from each consortium partner on the Support to the ALM programme, as well as the Safeguarding Team. The group will meet quarterly. The DNH Working Group reports to the Programme Safeguarding Focal Point. The Group is responsible for supporting a DNH and safeguarding culture on the programme, as well as a culture of escalation and proactive management of concerns. The Groups is responsible for ensuring that DNH and Safeguarding principles and proceses are standardised across the programme. The Group is not responsible for responding to or investigating reports or concerns, but may support the Safeguarding Focal Point in identifying and appointing an appropriate and experienced Investigator (internal or external) who will investigate a report or concern. <p><i>Please see the Do No Harm Working Group TORs for more information (Annex 6).</i></p>
Safeguarding Team	<ul style="list-style-type: none"> The Safeguarding Team is comprised of the Safeguarding Officer, Gender Lead, Deputy Team Leader and Team Leader. The Safeguarding Team is responsible for implementing and operationalising the principles, standards and mechanisms of this Framework. The Safeguarding Team supports the work of the Safeguarding Officer. Where a safeguarding incident or concern is raised to the Safeguarding Team, members are responsible for immediately reporting these to the Safeguarding Focal Point.
Gender Lead	<ul style="list-style-type: none"> The Gender Lead convenes the DNH Working Group and is a member of the Safeguarding Team.

	<ul style="list-style-type: none"> • The Gender Leader oversees the work of the Safeguarding Officer and provides support. • As with all other staff members, the Gender Lead is responsible for complying with the Code of Conduct, and for immediately escalating safeguarding concerns that they become aware of or that are reported to them.
Safeguarding Officer	<ul style="list-style-type: none"> • Supported by the Safeguarding Team, the Safeguarding Officer is responsible for implementing and operationalising the principles, standards and mechanisms of this Framework. • The Safeguarding Officer holds the Safeguarding Risk Register and ensures it is kept updated. • The Safeguarding Officer is responsible for working with Grantees to support them to meet the safeguarding standards of the programme. This includes conducting Safeguarding Audits (together with the Grantee), developing capacity building plans with them, and arranging to secure appropriate resourcing and support (for example, peer-to-peer mentorship). • As with all other staff members, the Safeguarding Officer is responsible for complying with the Code of Conduct, and for immediately escalating safeguarding concerns that they become aware of or that are reported to them.
Line Managers	<ul style="list-style-type: none"> • Line Managers share in the responsibility for promoting an escalation culture on the programme, ensuring that their staff are familiar with this Framework, understand their responsibilities, and feel supported to escalate their concerns. • Ensure their staff take part in all relevant safeguarding induction and training sessions. • Line Managers share in the responsibility for promoting Emotional Wellbeing on the programme. As well as overseeing their staff's work, they should also be a support system and resource, encourage staff to develop self-care plans, encourage openness about mental health or other struggles, and secure support for their staff members who may be struggling. • As with all other staff members, the Line Managers are responsible for complying with the Code of Conduct, and for immediately escalating safeguarding concerns that they become aware of or that are reported to them.
All Support to the ALM staff and associated personnel	<ul style="list-style-type: none"> • All staff and associated personnel are responsible for complying with the Code of Conduct. • All staff and associated personnel must immediately escalate safeguarding concerns that they become aware of or that are reported to them. • All must undertake safeguarding training and refresher training as required. • All are encouraged to develop their own self care plans to safeguard their wellbeing.
Grantees	<ul style="list-style-type: none"> • As part of their grantee agreements, all grantees must comply with this Framework. • Together with the Safeguarding Officer, Grantees will undertake a Safeguarding Audit of their policies and processes and develop a plan for strengthening these as required. • Grantees without robust safeguarding policies and systems will be required to follow Options policies and processes until such time as their own systems are strengthened. • Grantees must report safeguarding incidents or concerns immediately.
All others who come in contact with the programme (e.g. women and girls, activists, community members, CSOs, NGOs).	<ul style="list-style-type: none"> • All persons who come into contact with the Support to the ALM programme are encouraged to report any safeguarding incidents or concerns immediately. • All persons who come into contact with the programme are encouraged to take advantage of training opportunities, particularly on Emotional Wellbeing, to safeguard themselves. All are encouraged to develop self-care plans.

Emotional Wellbeing

Understanding Emotional Wellbeing

Emotional Wellbeing recognises FGM/C as a form of childhood trauma which can be re-triggering for survivor-activists, and for people who have experienced other similar forms of GBV, sexual violence, abuse or harmful practices. Working with survivors and affected communities can also cause secondary trauma for non-survivors, who can also experience compassion fatigue and burnout. The programme operates with the philosophy that 'you cannot pour from an empty cup,' and recognises that **activists and staff must be supported to first care for their own emotional and psychological needs** before they are able to support change in their communities. Emotional Wellbeing principles on this programme aim to support activists and staff to develop self-care and community-care strategies, and to promote a working culture of openness about mental health and wellbeing.



The [Emotional Wellbeing Guide](#) (Annex 7) was developed in 2018 and is intended to provide a package of tools, strategies and resources for campaigners working to end FGM/C. Support to the ALM recognises that activists, campaigners, CSO workers and others are often on the front line, facing backlash from their communities, discrimination, and persecution without adequate support. This exposes activists to psychosocial impacts, reduced time and capacity for self-care, and burnout. The Emotional Wellbeing philosophy is that health, emotionally supported activists will have greater sustained capacity to keep themselves safe, to fuel the movement to end FGM/C, to emotionally support other activists and peers, and to create a culture of support and safety within the movement. The Emotional Wellbeing guide and resources are living documents on this programme that will be continuously updated to reflect best practice, the needs of activists and staff, and to promote a culture of safety and wellbeing in our work.

Relationship with DNH and Safeguarding

Emotional Wellbeing is a central feature of the Support to the ALM's DNH Framework, as it is an integral part of supporting a safe programme culture, safe people, and preventing unintended harm to activists and staff. Activists and staff who are supported to care for their mental health, to create safe boundaries around their work and recreational time, to seek help when needed, and to feel respected in the workplace are less likely to experience compassion fatigue and burnout. This prevents harm from coming to them, as well as harm from coming to others. Staff who are burned out and 'pouring from an empty cup' are not only at risk of being put in situations of harm to themselves (such as backlash), but also at risk of exposing others to harm (for example, by being too overworked to conduct a thorough risk assessment of a programme activity).

Emotional Wellbeing also provides the foundation for a safeguarding culture on the programme. In a culture of Emotional Wellbeing on a programme, a safe workspace is paramount. In a programme where mental health is prioritised, and where staff can share their needs, seek support and set safe boundaries, staff are also more likely to feel comfortable speaking up about safeguarding issues knowing that their concerns will be taken seriously and that they will be treated with respect.



EWB Progress

Key terms

How we use language is incredibly important for creating a safe programme and promoting Emotional Wellbeing. How we use language creates or removes stigma. Understanding key terms around Emotional Wellbeing can help to ensure that discussions about mental health and wellbeing are safe and respectful.

Trauma: Trauma is an emotional, psychological and physiological response to a frightening or distressing event that activates the body's 'fight, flight or freeze' response. Support to the ALM recognises FGM/C as a form of childhood trauma; many survivors experience ongoing post-trauma symptoms. Research has revealed that trauma produces physiological changes in the brain, including an increase in stress hormone activity which can be spontaneously triggered, causing unpleasant emotions, flashbacks and intense physical sensations.²¹ Trauma is defined not by the severity of the event itself, but by the response that it causes in the individual: trauma is very subjective and the same incident may evoke very different responses in different people.

Secondary trauma: The most common causes of secondary trauma arise from indirect exposure to a traumatic event. This can include exposure to people who have been traumatised, disturbing descriptions of traumatic events, and/or videos or photos of violent and traumatic events. Secondary trauma can be triggered by one incident or may be a gradual build-up over time arising from repeated exposure. An example of secondary trauma is a staff member who is not an FGM/C survivor reading multiple case studies of survivors' experiences of FGM/C over the course of their work. Although they have not experienced the trauma themselves, they can feel overwhelmed, helpless or anxious – with similar symptoms and feelings to survivors of the trauma themselves. The most common signs of trauma and secondary trauma include:

- Anxiety
- Flashbacks
- Severe depression
- Feeling overwhelmed
- Nightmares / night terrors
- Numbness
- Fear and phobias
- Alcohol/drug abuse
- Sexual dysfunction
- Relationship breakdowns
- Anger and conflict
- Shame and/or guilt

Untreated secondary trauma can lead to burnout and compassion fatigue.

Burnout: This is often caused by chronic workplace stress that has not been successfully managed. The WHO characterises burnout as having several dimensions: feelings of exhaustion; increased

²¹ B.A. Van Der Kolk (1994) 'The Body Keeps the Score: Memory and the Evolving Psychology of Posttraumatic Stress', Harvard Review of Psychiatry, 1(5)

mental distance from or lack of investment in one's job; or feelings of negativity or cynicism – either relating strictly to a person's job, or affecting their entire worldview.²²

Compassion fatigue: The condition of emotional and physical fatigue that results when helpers feel compassion for the people that they help, but do not have the adequate time away from caring for others to refuel and care for themselves. Compassion fatigue has been described as 'the cost of caring.'

Some terms that are often used in relation to Emotional Wellbeing can be counter-productive and unhelpful. One example is the term 'resilience'. When discussing self-care, this word is often used to mean a person's capacity to mentally or emotionally cope with difficulties or crises, their ability to adapt well in the face of adversity, or the process of compartmentalising their life (for example, not letting family or relationship problems compromise work efficiency). Resilience is typically taken to be a positive characteristic; however, it can be problematic as it centres the responsibility on the individual, rather than the workplace culture. Support to the ALM promotes a workplace culture where staff and associated personnel are supported in their self-care; we recognise that **the toxic glamorising of 'strength' and 'resilience' can leave people with little space to be vulnerable, to seek help, and to have their needs met in the work environment.**

Emotional Wellbeing in practice

A culture of Emotional Wellbeing is shaped by the Leadership Team, who have the responsibility for setting healthy examples, and creating a safe space for sharing and seeking support. However, all staff and associated personnel share in the responsibility for their own self-care, particularly in monitoring and managing their compassion-fatigue and burnout.

Culture of care

Support to the ALM prioritises the mental health of all people who come into contact with the programme and will create a culture of openness to break through stigma. We recognise that this culture is created and maintained at the highest levels of the programme – among the Leadership Team, among Consortium Partners, and in relationships with donors. Creating a culture of Emotional Wellbeing is an active process of continuously building a supportive and safe workplace, breaking down stigma associated with mental health issues, and promoting openness and healthy communication.

The programme will run Emotional Wellbeing Workshops for all staff and partners on how to safeguard their emotional wellbeing, and the Emotional Wellbeing Resource Pack will be distributed to all staff and associated personnel as part of their induction process. Grantees, CSOs and NGOs will be provided with Emotional Wellbeing workshops by the Safeguarding Team (either in person or virtually) and all personnel will be encouraged to create [self-care plans](#) (template Annex 8).

Staff and associated personnel are encouraged to proactively communicate to their line managers about their emotional wellbeing, stress levels, and feelings of fatigue or burnout, and to take self-care days (such as days in lieu or mental health days if appropriate) before becoming burnt out. The programme will champion support groups among staff and associated personnel to create safe spaces for sustainable peer-to-peer emotional care, and community Emotional Wellbeing groups to provide sustainable emotional support for activists working to end FGM/C.

Respectful discussions are essential for creating a culture of Emotional Wellbeing. This is a shared responsibility that is based on all members of Support to the ALM respecting one another, letting everyone contribute equally, and being mindful of others' boundaries. The Leadership Team will encourage this culture on the programme by promoting regular check-ins within the team (for example

²² WHO (2019) *Burn out an 'occupational phenomenon': International Classification of Diseases*, <<https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases#:~:text=%E2%80%9CBurn%2Dout%20is%20a%20syndrome.related%20to%20one's%20job%3B%20and>>

starting a scheduled weekly meeting with each team member sharing how they are doing, challenges they are going through, what their workload level is like, and how their stress levels are). The Leadership Team will also be mindful of power dynamics and imbalances within the programme, and work to ensure that these are managed to promote a culture of respect and care.

Self-care in action

Every individual requires a bespoke self-care plan; there is no one-size-fits-all approach that can cater to all staff and associated personnel on the programme. Every person will approach their self-care differently. Staff and associated personnel will be supported to explore self-care options that may work for them through Emotional Wellbeing training, and the provision of materials and resources. Some examples may include:

Creating safe boundaries: In an increasingly online work environment, and with more people working from home than ever due to the COVID19 pandemic, it is important to recognise that ‘working at home’ can also mean ‘living at work.’ Without good boundaries, it can be easy to work through lunch or late into the night – however it is important to set allocated work hours and/or days and to be strict about switching devices off and taking time away. Rest and relaxation time are essential for helping to manage day-to-day stress, and to recharge by sleeping, exercising, eating well, and socialising. Answering emails late into the night or working on weekends cuts into recharge time and jeopardises health and wellbeing.

Safe boundaries will look different for everyone. For some staff, this may mean logging off each day at the same time to set a routine, while for others it may mean scheduling a periodic annual leave or mental health day to dedicate time to self-care. For others it may mean having the confidence (and support from their line manager) to communicate that their workload levels are too high to take on a new or extra task, or to ask for work to be redistributed to provide relief. For some, self-care may involve a combination of the above.

Line Managers and the Leadership Team have particular responsibility to set good examples of safe boundaries. This includes not scheduling meetings during lunchtimes, avoiding sending emails outside of work hours (or noting in the email that a response is not expected outside of working hours), setting work deadlines well in advance to allow team members to plan and manage their workloads, and checking in with the team about whether their workloads are manageable and how they can be supported.

Monitoring burnout and compassion fatigue: Recognising the signs of burnout and compassion fatigue is critical in ensuring early intervening to prevent harm to the self and to others. All team members are encouraged to check in with themselves regularly to do a ‘temperature check’ on mood, stress levels, behaviours, and interactions with others. The following tool can be used as a guide to help reflect on signs of burnout:

<p>Observe how you react to people</p> <ul style="list-style-type: none"> • Frustrated with others • On a short fuse • Not joining in office jokes and social activities • Feeling suspicious or paranoid • Feeling disconnected and apart from the group 	<p>Evaluate your behaviour and look out for changes</p> <ul style="list-style-type: none"> • Anger/resentment • Sadness or feeling tearful • Feeling indispensable • Lack of physical care • Eating lunch alone, or isolating from others • Increased illness and absence from work • Increased pessimism and discontent
<p>Explore how you react to different situations</p> <ul style="list-style-type: none"> • Difficulty coping • Less able to adapt to change • Self-doubt that you can meet expectations • Fear of failure • Withdrawal from others • Feeling unable to ask for help 	<p>Examine how your actions affect other people</p> <ul style="list-style-type: none"> • Less trust and/or respect in the team • Others feel anxious around you • Being short or abrupt with others • People avoid you • You push more pressure on others • Conflict with team members

Self-care strategies: There is no one-size-fits-all approach to self-care; working out what is right for your mind and body can take time, as well as trial and error. Some options to consider (although this list is not exhaustive):

- Creating a self-care plan
- Regular catch ups with family and friends
- Exercise (outdoors if possible)
- Fresh air, sunlight, and vitamin D
- Sleep hygiene – create time in your schedule to wind-down and prepare for bed, don't look at screens immediately before trying to sleep
- Yoga
- Practicing mindfulness, or deep-breathing exercises
- Creative activities such as joining a choir, taking art or music classes, mindfulness colouring
- Journaling, setting intentions, making achievable to-do lists
- Seeking counselling (one-on-one or group therapy).

Monitoring and Review of this Framework

In order to ensure that this Framework reflects best practice standards, incorporates learnings from safeguarding incidents, unproven cases and near-misses, and can be effectively embedded into all programme design and activities, it must be continuously monitored and evaluated. This Framework is intended as a living document which will be regularly updated to ensure safer programming, more proactive prevention, and safe outcomes for children and adults at risk.

The Do No Harm Working Group will meet **quarterly** to review the Framework and reflect on best practice developments in the sector and within the Consortium, review safeguarding incidents, unproven cases and near-misses to see where prevention and response mechanisms can be strengthened, and to take on feedback from staff, associated personnel, Grantees and members of the community.

This Framework will be reviewed in its entirety **annually**. Reflecting our women and girl-centred approach and commitment to share decision-making, the annual review will be preceded by a period of consultation with women and girls, activists, volunteers, grantees, community members and other stakeholders. The Safeguarding Officer will facilitate opportunities for feedback and consultation, which may include written, oral or video submissions; engagement in local, national and/or pan-African discussion groups and meetings (online or in person); and other suitable and accessible modes. This will ensure that the Framework reflects the voices and needs of women and girls, and is updated according to their insider knowledge, learnings and experiences.

Annexes

Annex 1: Suggested Do No Harm Guidance

Annex 2: Safeguarding Audit Tool

Annex 3: Support to the ALM Code of Conduct

Annex 4: Content Consent Form

Annex 5: Options' Incident Reporting Form

Annex 6: Support to the ALM Do No Harm Working Group Terms of Reference

Annex 7: Emotional Wellbeing Guide

Annex 8: Self-Care Plan Template

Annex 1: Suggested Do No Harm Guidance

Do not...	Instead...
<ul style="list-style-type: none"> Describe the practice as 'barbaric' or 'savage', or use other terminology that is othering, offensive, judgemental and implies cultural imperialism. Do not use sensational language which fuels stigma. 	<ul style="list-style-type: none"> Describe the practice as 'harmful', a 'human rights violation', a 'violation of the rights of the girl child' or similar. Use comprehensive, respectful and non-stigmatising language.
<ul style="list-style-type: none"> Portray FGM/C as a cultural or religious practice, as this reinforces stereotypes and misunderstandings. 	<ul style="list-style-type: none"> Acknowledge that FGM/C pre-dates most religions, including Islam, and is not prescribed in any holy text. Emphasise instead that FGM/C is a violation of human rights and a form of violence against children and gender-based violence which occurs in many different contexts and with different justifications.
<ul style="list-style-type: none"> Generalise about where FGM/C takes place – for example talking about FGM/C as an 'African' practice, or something that takes place across the whole of Sub-Saharan Africa. 	<ul style="list-style-type: none"> Be specific about the context(s) that you are referring to. FGM/C happens on every continent in the world (except Antarctica) – and is a global issue. Also, several African countries do not practice FGM/C.
<ul style="list-style-type: none"> Conflate the health complications and statistics relating to Type III with other forms of FGM/C or conflate the experience of one country or region with another. 	<ul style="list-style-type: none"> Use evidence and statistics that are up-to-date and come from reliable sources. Use data that is specific to the context that you are discussing. Where limited data is available, be transparent about this.
<ul style="list-style-type: none"> Make broad statements about why the practice takes place or causal effects – for example suggesting that FGM/C always leads to child marriage, always perpetuates a cycle of poverty, or always forces an end to a girl's education. 	<ul style="list-style-type: none"> Be specific about the why the practice takes place in specific contexts, and what the effects are in a given community. Use reliable evidence and statistics to support any claims.
<ul style="list-style-type: none"> Use misleading terms such as 'purification,' or use a blanket term like 'infibulation' to refer to all forms of FGM/C. 	<ul style="list-style-type: none"> Use the term Female Genital Mutilation/Cut (FGM/C) as it is the internationally agreed upon term. Be specific if talking about one form of the practice, e.g. 'clitoridectomy'.
<ul style="list-style-type: none"> Describe women and girls as 'victims' or suggest that they should be 'pitied' or need 'saving'. These terms are disempowering and strip women and girls of their dignity and agency. 	<ul style="list-style-type: none"> Position women and girls as rights-holders. Show their strength and resilience by referring to those who have undergone FGM/C as 'survivors.'
<ul style="list-style-type: none"> Use graphic or sensational language to describe the practice. 	<ul style="list-style-type: none"> Use fact-based language, removed of emotion. Where content details the specifics of the practice, include appropriate trigger warnings.
<ul style="list-style-type: none"> Use judgemental or alienating language that is jarring or offensive to a community. 	<ul style="list-style-type: none"> Be sensitive to the person or community you are communicating with and use the terms they prefer. For example, some communities dislike the term 'zero tolerance' as it implies Western intolerance and judgement; they prefer 'total abandonment' and this should be respected to avoid alienation.
<ul style="list-style-type: none"> Assume that everyone in a community feels the same way about FGM/C. 	<ul style="list-style-type: none"> Use the term 'affected communities' as opposed to 'practicing communities' because it encompasses those who wish to leave the practice behind.
<ul style="list-style-type: none"> Label FGM/C as a 'women's issue.' 	<ul style="list-style-type: none"> Recognise FGM/C abandonment as a feminist issue, and one that affects not only women and girls but entire communities. Both women and men and girls and boys play a role in the continuation or abandonment of the practice.
<ul style="list-style-type: none"> Emphasise the physical health complications of the practice only as this can promote medicalisation of the practice. 	<ul style="list-style-type: none"> Recognise that all types of FGM/C are harmful physically and psychologically. Emphasise that FGM/C is more than a health hazard but is a violation of women and girls' human rights.
<ul style="list-style-type: none"> Use graphic or shocking images that risk causing re-traumatisation of FGM/C survivors and of affected communities. Do not use images of blades, stitches, or blood, or of girls of women crying or in distress. 	<ul style="list-style-type: none"> Use positive images that promote hope and inspire change – such as women and girls looking happy and healthy, girls at school, communities celebrating abandonment etc.

<ul style="list-style-type: none"> Sensationalise or romanticise a survivor's story. Do not assume every survivor's story is the same, respect that every survivor has had a different experience. Do not use a women or girl's name in her story unless she gives explicit consent for this to occur. 	<ul style="list-style-type: none"> Faithfully represent the words and stories of survivors. Give survivors the opportunity to read and sign-off on content about them before publication. Emphasise informed consent and ensure a parent/guardian provides consent on behalf of a child.
<ul style="list-style-type: none"> Focus on 'bad news stories' of new cases of FGM/C, or otherwise present the situation as hopeless or impossible 	<ul style="list-style-type: none"> Celebrate positive stories of change as a way of promoting FGM/C abandonment. Showing that change is possible can be inspiring to others.
<ul style="list-style-type: none"> Use communications or messages designed by external actors as this can be interpreted as outsider interference in local community affairs. Do not use spokespeople for campaigns that do not reflect the experiences and values of the community (e.g. a Diaspora activist may not be considered to be 'in touch' with the local reality). 	<ul style="list-style-type: none"> Change must be Africa-led, and must be informed by local knowledge, local voices, and local leadership. Avoid approaches that could be interpreted as Western imperialism, and ensure that campaigns are tailored to specific contexts, and represented by appropriate ambassadors or spokespeople. Western allies should not have a high profile or be seen as fronting the work to end FGM/C – but instead as supporting local action.
<ul style="list-style-type: none"> Expose team members and associated personnel to DNH risks. 	<ul style="list-style-type: none"> Ensure staff and associated personnel are appropriately trained and sensitised; observe protocol and local sensitivities including dress norms; and are supported by Emotional Wellbeing.

Annex 2: Safeguarding Audit Tool

Support to the Africa-Led Movement to End Female Genital Mutilation

Safeguarding Audit Tool

Purpose of the Tool

The Support to the Africa-Led Movement to End Female Genital Mutilation (henceforth: Support to the ALM) programme has specific safeguarding risks associated with its work with FGM survivors; activists (including survivor-activists), campaigners, and community leaders; girls at risk of FGM; CSOs and NGOs; and communities. The nature of our interventions may lead to protection issues arising within families and local communities, such as discovering cases of FGM or girls at risk. We also acknowledge the issues of power in our programme and the fact that our staff and associated personnel potentially have power over individuals and communities which are made vulnerable through colonial violence, poverty, dependency and other factors which could lead to harm.

Support to the ALM believes that everyone who comes in contact with the programme, regardless of age, sex, gender, nationality, race, ethnicity, disability status or sexual orientation, has the right to be protected from all forms of harm, abuse, neglect and exploitation.

Support to the ALM has developed a Do No Harm, Emotional Wellbeing and Safeguarding Framework which is made available to all staff, associated personnel, partners, grantees, activists, volunteers, community members and others who come into contact with the programme. The Framework comprehensively sets out the safeguarding standards for the Support to the ALM programme.

As this programme is made up of a number of consortium partner organisations, grantees, CSOs and NGOs, and others it is important to ensure there is consistency across the programme in how Do No Harm, Emotional Wellbeing and safeguarding standards are applied.

The purpose of this assessment tool is to measure the extent to which each respective organisation meets the safeguarding standards for the programme.

The tool asks organisations to think about their safeguarding policies, risk management, reporting and response to concerns or incidents, creation of a culture of safeguarding and escalation, and how these policies and measures are monitored and updated to include ongoing learning and best practice developments.

The tool helps to identify areas where there is need for improvement. Together with the Support to the ALM Safeguarding Officer, the organisation can then develop a capacity building strategy to strengthen policies and measures with appropriate and tailored support, resources, mentorship, and peer-to-peer learning.

The goal is that all organisations and grantees working with Support to the ALM programme will be supported to develop robust safeguarding policies and mechanisms, resulting in an end FGM movement that has a strong culture of harm prevention and management.

How to use the ToolA

It is recommended that the tool be used in a two-step process.

First, it is recommended that relevant members of an organisation come together internally to reflect on the questions included in the tool and to conduct a self-audit of current policies and standards and identify potential areas for improvement.

Once this has occurred, it is recommended that the organisation meets with the Safeguarding Officer (either in person or virtually) to discuss each question in further detail and create a tailored strategy towards addressing any gaps or areas in need of improvement. The Safeguarding Officer acts as an independent and impartial evaluator, using their expertise to draw in example scenarios to reflect upon, reviewing policies to confirm content and accessibility, and supporting organisations to identify resources, training and peer-to-peer learning that are needed to strengthen their safeguarding systems.

The outcome of the audit should be a clear score on whether safeguarding standards are met, partially met, or not yet met, together with an agreed action plan, strategy and timeline for how and when improvements will be made.

Until such time that the organisation and Safeguarding Officer agree that the safeguarding standards for the programme have been met, the organisation in question will be required to follow Options' safeguarding policies and procedures – including having Options lead any investigations – as Options is the lead implementing partner on the programme.

Safeguarding Audit

ORGANISATION DETAILS		
Name of organisation:		
Country:		
Contact details:	Email:	Phone:
	Address:	
Contact person (e.g. Safeguarding Lead; Executive Director):		
Type of Audit:	Self-Audit / Audit with Support to the ALM representative	
Date:	DD/MM/YYYY	

AUDIT SCORING	
A	Safeguarding standard met
B	Safeguarding standard partially met
C	Safeguarding standard not yet met

ASSESSMENT			
SAFEGUARDING POLICY & CULTURE			
<i>'Safeguarding policy and culture' evaluates whether your organisation has a safeguarding policy that is regularly reviewed and updated; includes definitions of safeguarding risks; has a clear statement of zero tolerance to abuse; is accessible and available to all staff; and promotes a culture of transparency, escalation and preventing harm.</i>			
CRITERIA	EVIDENCE	SCORE	RECOMMENDATIONS
Do you have a written safeguarding policy to which all staff and associated personnel are required to adhere?			
Is the Safeguarding Policy current (updated within the last 3 years) and regularly reviewed (annually)?			
Does your policy clearly define the terms 'child' and 'adult at risk'?			
Does your policy define and list safeguarding risks and harms (e.g. bullying, harassment, sexual exploitation and abuse)?			
Does your policy declare a commitment to safeguarding, including a zero-tolerance statement on bullying, harassment, sexual exploitation and abuse?			
Is your policy accessible to all staff and stakeholders? Is it written in simple language that can be easily understood?			
Is the policy easily available? Do you publicise your policy and distribute it to staff, associated personnel, stakeholders and community members?			
Does your policy mention that you share your safeguarding policy with downstream partners?			
Does your organisation have a Code of Conduct for staff and associated personnel that sets out clear expectations of behaviours and conduct (inside and outside of the workplace) that must be signed by all?			

Does the organisation maintain a copy of every team member's signed Code of Conduct on file?			
Does the Code of Conduct use clear examples of acceptable and unacceptable behaviour in accessible language? Does the Code of Conduct specify that no staff member or volunteer should ever be alone with a child?			
SAFE PEOPLE			
<i>'Safe people' assesses whether all those involved in the organisation know how to keep children, adults and themselves safe, are clear on their responsibilities, and have appropriate training and learning opportunities.</i>			
CRITERIA	EVIDENCE	SCORE	RECOMMENDATIONS
Is safeguarding built into your organisation's recruitment processes? (E.g. Asked about in interview, reference checks conducted, police checks conducted)			
Is safeguarding built into the induction for new staff members? (E.g. Provided with Safeguarding Policy, given training)			
Do you provide mandatory training on safeguarding to all staff and associated personnel (including volunteers)?			
Do you provide regular refresher training on safeguarding to all staff and associated personnel (every 6-12 months)?			
Does your organisation run annual appraisal/performance reviews with staff? If yes, are safeguarding issues raised?			
Does your policy address safeguarding children and adults at risk from harm through misconduct by staff and associated personnel (including volunteers)?			
Does the Safeguarding policy make clear the disciplinary actions associated with safeguarding violations?			
Does the Code of Conduct explain what will happen in the event of a breach of the Code?			
Does the Code of Conduct prohibit sexual contact with children and adults at risk, including beneficiaries of the organisation's activities?			
Is your organisation aware of Emotional Wellbeing resources and training? If yes, has this information been communicated to all staff and associated personnel?			
Are staff encouraged to develop self-care plans to safeguard their own mental health and wellbeing?			
SAFE PROGRAMMES			
<i>'Safe programmes' evaluates whether your organisation's safeguarding policies are principles are fully integrated into all stages of programme design, implementation and monitoring & evaluation. It examines whether there is a culture of escalation, whether risk assessments are conducted, and whether a Safeguarding Focal Point is assigned for all activities.</i>			
CRITERIA	EVIDENCE	SCORE	RECOMMENDATIONS
Do you have a designated Safeguarding Lead in the organisation, whose responsibility for safeguarding is included in their job description?			
Are safeguarding considerations included in programme design? For example, do you list these on grant applications?			

Do you conduct a mapping exercise of local child protection services and referral pathways in the areas that you will be implementing activities? Do you know where you would seek guidance and support if a safeguarding incident took place? Do you know where you would refer the survivor for care and support?			
Does your organisation keep a risk register which is regularly updated? Does it include safeguarding? Does the risk register include mitigating actions for each potential risk?			
Does senior management have oversight of the risk register and risk assessments?			
Is a risk assessment conducted for every activity/event? Does it include safeguarding?			
Is a Safeguarding Focal Point designated for each activity or event?			
Do you have specific risks and mitigating controls identified to protect children and adults at risk who come into contact with your organisation?			
Is there a culture of safeguarding on your programmes? Are staff and others encouraged to report their concerns?			
Do Line Managers encourage their direct reports to speak up about safeguarding incidents or concerns?			
SAFE INFORMATION			
<i>Safeguarding measures are incorporated into all forms of research, data collection, media, communications, social media, data storage and reports of safeguarding concerns. Evaluates whether informed consent is obtained for research participation, photos, and stories gathered.</i>			
CRITERIA	EVIDENCE	SCORE	RECOMMENDATIONS
When taking photographs of participants do you first seek consent from the person or people, and from a child's parent/guardian?			
Does your organisation have a Photo Consent Form that participants can complete to indicate their consent, which you can keep on file?			
When doing research studies, or collecting case studies do you seek informed consent from participants? Do you explain how their information will be used, whether they will be anonymised, and how to withdraw their consent?			
Does your organisation have a Communications Policy or other document providing guidance for staff on use of Do No Harm language and appropriate use of images?			
Do you ever hold online activities, such as Twitter Chats, webinars or social media engagements? If yes, do you conduct risk assessments to ensure children will be kept safe online?			
Is personal data kept on participants stored securely on password-protected servers? If yes, do you have a policy on how long participants' data is kept for?			
Are safeguarding reports kept confidential, and stored on password-protected servers with need-to-know access only?			

SAFE REPORTING & RESPONSE

Survivor-centred reporting and referral systems are in place which prioritise the safety, privacy, wellbeing and wishes of survivors. Clear roles and responsibilities for the reporting, escalation, investigation and referral of safeguarding concerns. Confidential and anonymous reporting channels available.

CRITERIA	EVIDENCE	SCORE	RECOMMENDATIONS
Does your Safeguarding Policy, or any other document, give clear instructions on how a safeguarding incident or concern should be reported?			
Do staff, associated personnel, volunteers and community members know how to report a child or adult at risk safeguarding concern?			
Do you provide multiple channels for reporting concerns, including an option for the complainant to remain anonymous?			
Do you train staff and others in receiving disclosures and allegations from children and others to be able to communicate in a child-friendly manner, and prioritise the needs of the survivor?			
Do you have an escalation process for how reports of incidents or concerns are managed and investigated?			
Does your organisation have a policy on what to do if there is a conflict of interest (for example, a complaint is made about a staff member, or senior team leader)? Do you have a plan as to who you could approach to conduct an external and independent investigation?			
Does your Safeguarding Policy specify that the response must be in the best interests of the survivor, and that they should be kept informed and be able to express their wishes?			
Do you keep a record of safeguarding issues (complaints, near-misses, unproven cases, proven incidents)? If yes, is this register regularly reviewed to inform ongoing learning and prevention of future similar incidents?			
Do you have clear guidance which indicates the authorities, services and donors that you need to contact to report safeguarding incidents and activities to and when? Most donors expect reports of safeguarding concerns within 24 hours – does your team have the capacity to respond this quickly to a report?			

OVERALL RECOMMENDATIONS

Includes assessment of overall score (met/ partially met/ not yet met), recommendations for actions, capacity-building strategy, and timelines.

--

Annex 3: Support to the ALM Code of Conduct

**Support to the Africa-Led Movement to End Female Genital
Mutilation**

**Do No Harm & Safeguarding
Code of Conduct**

January 2021

Introduction

The UK Government (Foreign, Commonwealth and Development Office - FCDO) has a vision of a world free from the practice of female genital mutilation (FGM) by 2030, in line with the Sustainable Development Goals and has established a programme to contribute to global efforts to achieve that vision. The intended impact of this programme is a significant reduction of the practice of FGM in 4-6 focus countries/regions by 2025. The intended outcome of this programme is the acceleration of positive change in social attitudes towards ending FGM in countries/regions in which the programme is operational.

The working outcomes for this programme related to the Support to the Africa Led Movement (ALM) component are:

- iv. Increased community level commitment to end FGM
- v. Increased global commitment to end FGM
- vi. The Africa-led movement is informed by improved data and measurement tools (implemented by the Data Management Supplier, working closely with the ALM)

FCDO has engaged a consortium, led by Options Consultancy Services, to deliver this programme. The Consortium is comprised of ActionAid UK, Amref Health Africa, ShujaazInc/Well Made Strategy, Orchid Project, Africa Coordination Centre for Abandonment of Female Genital Mutilation/Cutting (ACCAF), and University of Portsmouth (UoP). The Population Council is working with Greenmash to implement Lot 2, and these separate elements of the programme will coordinate and work together.

The consortium's approach to support the Africa-led movement is girl-centred, recognises the intersecting identities that inform their lives, and aims to empower all girls and women - promoting health, bodily autonomy, and their right to live free from violence. The work on the programme is framed within a learning and adaptive programming approach.

The purpose of the programme is to support the Africa-led Movement to end FGM – a diverse network of stakeholders and activists (particularly women and girls) that are challenging violence against women in their communities on a daily basis. As part of our participatory approach and commitment to co-create the programme with the ALM, the Strategic and Technical Advisory Group of Experts (STAGE) and other stakeholders were also consulted in the development of the Programme Strategy and Theory of Change.

Purpose of the Code of Conduct

The Support to the Africa-Led Movement to End Female Genital Mutilation (henceforth: Support to the ALM) programme has specific safeguarding risks associated with its work with FGM survivors; activists (including survivor-activists), campaigners, and community leaders; girls at risk of FGM; CSOs and NGOs; and communities. The nature of our interventions may lead to protection issues arising with individuals and within families and local communities, such as discovering cases of FGM or girls at risk. We also acknowledge the issues of power in our programme and the fact that our staff and associated personnel potentially have power over individuals and communities which are made vulnerable through colonial violence, poverty, dependency and other factors which could lead to harm.

Support to the ALM believes that everyone who comes in contact with the programme, regardless of age, sex, gender, nationality, race, ethnicity, disability status or sexual orientation, has the right to be protected from all forms of harm, abuse, neglect and exploitation.

The purpose of this Code of Conduct is to set out the behaviours and conduct expected of all staff, partners, and associated personnel working with the Support to the ALM programme, in order to ensure that the communities with which we work, as well as staff, partners and associated personnel, are respected and protected from harm. As this programme is made up of a number of consortium partner organisations, staff members and associated personnel, grantees, CSOs and NGOs, activists and campaigners, and community members it is important to ensure there is consistency across the

programme in the standards of conduct and behaviour. This Code ensures that all those associated with the programme have clear guidance on appropriate conduct and examples of unacceptable behaviour, reflected our shared principles and values.

The Code of Conduct should be read together with the Do No Harm, Safeguarding and Emotional Wellbeing Framework (henceforth: 'DNH Framework', or 'the Framework'), which comprehensively sets out the principles and values of the programme.

Scope

This Code of Conduct applies to all staff engaged by the Support to the ALM programme, whether full-time, part-time, fixed term or other. The Code of conduct applies to all associated personnel, including consultants, contractors, volunteers, interns, programme grantees, partners and any other individuals working with the Support to the ALM programme. It will also apply to employees of Consortium Partner organisations who are in any way engaged in work on Support to the ALM, as well as to any visitors to programme offices or activities (such as donor representatives, journalists, politicians etc.)

Throughout the Code of Conduct, where the word 'staff' is used, this should be taken to include all the above-mentioned people.

The Code of Conduct is a binding document. You are required to read and fully understand the content of the document before signing. If you have any questions, please ask your Line Manager, a member of the Support to the ALM Safeguarding Team, or the Options Head of Human Resources. If you fail to adhere to any of the provisions set out in this document, you can face disciplinary action, dismissal, or in serious cases, legal action.

Support to the ALM staff are responsible for managing their behaviour both in and outside of working hours. Staff are required to uphold local laws wherever they operate or visit for the purpose of the programme. Where local laws require a lower standard of conduct or accountability than this Code, then the Code shall prevail.

Support to the ALM's Code of Conduct

Power & Privilege

- I will be mindful of the power and privilege that I hold in relation to colleagues, community members, and others I work with.
- I will examine how intersectionality constructs power and privilege and be aware of how my own power and privilege can cause power imbalances and create vulnerabilities for others.
- I will commit myself to promoting the voices of survivors and women and girls in my work, acknowledging that their lived experiences are valuable and meaningful.
- I will actively create space for those with less power and privilege than me to have a voice on the programme, share their ideas, and be given opportunities to learn and grow.

Programme Values

- I will commit myself to the survivor-centred, women and girl centred approaches of this programme.
- I will reflect on ways in which my work should be informed by the voices of survivors, women and girls, and actively seek to incorporate these.
- I will be an advocate and ambassador for the movement to end FGM and will promote a zero tolerance/total abandonment approach.

- I will not promote FGM in any way in my professional or personal communications, including promoting medicalisation or so-called 'minor' forms of the practice (such as 'sunna') in the name of 'harm reduction'.
- I will promote the programme values of transparency, accountability, reflexivity and respect.

Respect & Care

- I will act fairly, honestly and thoughtfully and treat all people with respect and dignity.
- I will not discriminate against any person on the basis of sex, gender, age, race, ethnicity, disability, religion, sexuality, nationality or other characteristic.
- I will respect the privacy of colleagues, staff, partners and others and will not share their confidential or personal information without their consent.
- I will be mindful about perception and appearance in my language, actions and relationships with colleagues, community members and others.
- I will strive to support a culture of Emotional Wellbeing on the programme, and to support my colleagues and peers whenever I reasonably can.
- I will prioritise my own Emotional Wellbeing, recognising that my own self-care helps me to be a sustainable resource and support for my colleagues and peers, and for the broader movement to end FGM.
- I will proactively communicate my Emotional Wellbeing needs to ensure that I am adequately supported to do my job effectively.

Legal responsibilities

- I will adhere to all legal and organisational health and safety requirements at the location of my work and when I travel to other locations for my work.
- I will abide by the national laws of the country I am working in, and any countries that I travel to for my work.

Preventing harm

- I will abide by the Support to the ALM's Do No Harm, Safeguarding and Emotional Wellbeing Framework.
- I will not take part in any form of bullying, harassment, abuse (physical, verbal, sexual or psychological), exploitation or in any other way infringe on the right of others to be protected from harm.
- I will not participate in any activity that contravenes human rights or has the potential to cause harm to others.
- I will not engage in sexual activity with a child.²³ Mistaken belief in the age of a child is not a defence.
- I will not engage in sexual activity with an adult at risk.²⁴
- I will not exchange money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour. This include any exchange of assistance that is due to programme participants, survivors of a natural disaster or humanitarian crisis, or beneficiary of aid.
- I will not engage in sexual relationships with programme participants or beneficiaries of assistance, since they are based on inherently unequal power dynamics.
- I will be mindful of my use of dating apps, particularly when travelling for work, as these can inadvertently put me in contact with programme participants or beneficiaries.
- I will not engage in any commercially exploitative activities with children or adults at risk, including child labour, modern slavery, or trafficking.
- I will not take pictures of any children or programme participants for the purposes of programme communications without their informed consent. I will not take pictures of any children or programme participants on my personal devices or for my own use.

²³ A child is defined as person under the age of 18 years, irrespective of national or local definitions, and irrespective of their marital status, level of independence, employment status or other.

²⁴ Please see definition in DNH Framework

- I will report any actual, suspected or rumoured safeguarding incidents or concerns immediately (within 24 hours) of being made aware of them, as per the DNH Framework.
- I will report only genuine and legitimate concerns and will not make malicious accusations or reports motivated by a desire to discredit or malign a colleague.

Reputation & Integrity

- I will not behave in a way that undermines my ability to do my job or is likely to bring the programme into disrepute.
- When travelling for work, I will observe and respect local culture and customs (for example, dress norms) where they are not in conflict with this Code or with the DNH Framework.
- I will not work whilst under the influence of alcohol or illegal drugs or be in possession of the same during work hours, on work premises, or at the location of a programme activity or event.
- I will not be in the possession of pornography or other sexually explicit materials on my work devices (laptop, smartphone, USB etc.). I will not view such material during work hours, on work premises, or at the location of a programme activity or event.
- I will not profit from the sale of illegal goods or substances while associated with the programme.
- I will not accept bribes or significant gifts (except small tokens of appreciation which I have declared) from governments, partners, communities, donors, suppliers or others relating to the programme.
- I will ensure that I use programme funds, information and resources entrusted to me in a responsible and confidential manner.
- I will not divulge confidential information relating to colleagues, programme participants, survivors of safeguarding harms, complainants, or any other sensitive information unless legally required to do so.
- I will disclose all actual or potential conflicts of interest, including financial, personal or family interests.

For Managers

- I will promote a culture of DNH, Safeguarding and Emotional Wellbeing at all times, and set a good example of these behaviours both on and off duty.
- I will ensure that direct reports who are struggling with their mental health and wellbeing are supported through appropriate referral pathways.
- I will promote a culture of escalation when it comes to reporting safeguarding incidents, concerns or suspicion.
- I will not tolerate any form of bullying, harassment or abuse within my team or by my direct reports.
- I will not engage in a personal (intimate) relationship with anyone that I directly line manage or anyone within my reporting chain.
- I will be open to feedback and hearing concerns of my direct reports. I will value everyone's input and opinion.

Collective Responsibility

- I understand the DNH, Emotional Wellbeing and Safeguarding are shared responsibilities on this programme, and that everyone has a role to play in preventing harm and reporting concerns.
- I will report violations of the DNH Framework and the Code immediately.
- I understand that failure to comply with the Code, including failure to make a report about a safeguarding or Code violation by another person, may result in disciplinary action.
- I will at all times behave in a manner such as to avoid unnecessary risk to the safety, health and welfare of myself and others.

I confirm that I have read, understood and agree to comply with this Code of Conduct.

NAME:

SIGNED:

DATE:

Annex 4: Content Consent Form

Support to the Africa-Led Movement to End Female Genital Mutilation

Content Consent Form

Consent Form

Thank you for letting Support to the Africa-Led Movement to End FGM (Support to the ALM) use your story (photographs, film/audio, your story told to a representative, words or pictures by you). The movement to FGM in one generation is fuelled by individuals and communities sharing their stories, speaking out, and inspiring change. This programme is led by activists, survivors of FGM, African women and girls, communities affected by FGM and **YOU**. By sharing your story, you are contributing your voice and helping to end the practice globally.

For adults (18 years and over):

I,..... **[PRINT NAME]** give permission for my story **[PLEASE CIRCLE: photograph, film/audio, story told to a representative, words by me, picture by me]** to be used by the programme Support to the Africa-Led Movement to End Female Genital Mutilation. By signing this form, I agree that the story gathered may be published in any media (including publications, website and social media) for the purpose of promoting the programme and promoting an end to FGM. In giving my consent, I state that:

- I understand the purpose for which my story is being gathered, where it may be published, and what the likely audience will be.
- I have been informed that I *will not be made anonymous / will be made anonymous* **[PLEASE CIRCLE ONE]** and have been informed of the risks involved in my participation.
- I understand that my participation is completely voluntary, and I do not have to take part.
- I understand that I will not be paid for my participation, either financially or in-kind.
- I understand that I can withdraw my consent at any time prior to publication; however, I understand that once content is published with my prior consent it cannot be withdrawn.

Signature:

ID No:

Date:

Location:

To be completed by Support for the ALM representative:	
Name of representative collecting content:	
Signature:	
Date:	

For children (under 18 years):

I, **[PRINT NAME]** give permission for the child in my care, **[PRINT NAME]** to share their story **[PLEASE CIRCLE: photograph, film/audio, story told to a representative, words by me, picture by me]** to be used by the programme Support to the Africa-Led Movement to End Female Genital Mutilation. . By signing this form, I agree on behalf of my child that the story gathered may be published in any media (including publications, website and social media) for the purpose of promoting the programme and promoting an end to FGM. In giving my consent on behalf of my child, I state that:

- I have discussed this with my child (where reasonable), explained the risks and benefits of their participation, and have their permission to consent on their behalf.
- I understand the purpose for which my child’s story is being gathered, where it may be published, and what the likely audience will be.
- I have been informed that my child *will not be made anonymous / will be made anonymous* **[PLEASE CIRCLE ONE]** and have been informed of the risks involved in my participation.
- I understand that my child’s participation is completely voluntary, and they do not have to take part.
- I understand that neither me nor my child will not be paid for my participation, either financially or in-kind.
- I understand that me or my child can withdraw my consent at any time prior to publication; however, I understand that once content is published with my prior consent it cannot be withdrawn.

Signature of parent/guardian:

Relationship to child:

ID No:

Signature of child (where appropriate):

Date:

Location:

To be completed by Support for the ALM representative:	
Name of representative collecting content:	
Signature:	
Date:	

Consent for use of Content – Information

Guidelines on Ethical Content Collection

Photographs, videos and stories collected by Support to the ALM staff or representatives should respect human dignity and ensure the rights, safety and wellbeing of the person or people being portrayed at all times. This means:

- **Informed consent** must be obtained prior to the collection of any content. The staff member or representative must explain how the image or story will be used and where it will be published. This includes explaining the nature of the publication (local, national, global); the language(s) the story will be available in; and whether the content will be used for a one-off publication or be used repeatedly. It should be made clear whether the participant will be made anonymous or not (e.g. name changed in story, face blurred) and what the risks of participation are. Participants must be informed that they can withdraw their consent at any time prior to publication, however after content is published (with prior permission given) consent cannot be withdrawn as it is impossible to truly erase material once it is placed online.
- **Participants must be given adequate time and information** to make an informed choice. They must never be rushed into giving consent.
- **Respecting a person's right to refuse to participate.** If you sense hesitancy, reluctance, confusion or a lack of understanding about what is happening, do not take the photo or proceed with the interview.
- **Do No Harm.** Support to the ALM promotes the use of positive images and content that promote hope and inspire change – such as women and girls looking happy and healthy, girls at school, communities celebrating abandonment. Images or videos should not be taken of girls or women crying or in distress, looking vulnerable or submissive, enacting dramatizations of FGM being performed, or in any other context that positions them as victims or objects of pity.
- **Being respectful of local traditions and customs** in taking or reproducing images of people, objects or places.
- **Understanding national laws** relating to photography, filming and privacy rights.
- **Not misrepresenting the individual, situation, context and location of the photograph,** including producing 'poverty porn' which shows participants in situations of distress or need without context.
- **No payments or any form of compensation** are to be provided to participants in exchange for their photograph or story, or in exchange for them completing a consent form.
- **Survivor-centred.** When photographing a survivor of FGM, portray them with dignity and strength. The survivor has the right to view the image or video prior to publication to confirm their ongoing consent with how they have been portrayed. Faithfully represent the words and stories of survivors; do not sensationalise or romanticise their stories.
- **The dignity of children must be respected.** No child should be photographed nude or in inadequate clothing and/or situation. Children should never be photographed in compromising poses that could be interpreted as sexually suggestive. Do not take such pictures with the intention of blurring naked areas later, as the original file can put the child at risk.
- **Taking photos of the genitals of children and adults is strictly forbidden.**
- **Staff and representatives must not take photos on their own personal devices** (unless specifically authorised) or take pictures with children for their own personal use (such as posting on personal social media accounts).

Annex 5: Options' Incident Reporting Form



CONFIDENTIAL

Safeguarding Incident Reporting Sheet – Internal Reporting Details included so that investigation can take place.

Please complete this form if you believe that abuse or exploitation, or a breach of the Code of Conduct, or any of the Safeguarding Policies may have occurred or that a Client's safety is in danger. All protection concerns should **immediately be made verbally** to Sarah Hepworth, Director of Programmes or Tracy Brosnan, HR Manager. **This Report should be compiled immediately after the verbal report and in no case more than 24 hours after the incident.**

The report must be treated in strict confidence.

Incident date:	_____
Incident Time:	_____
Venue/Address of Incident:	_____
Name of Victim:	_____
Age of particularly if a child:	_____
Name of parents or guardian:	_____

Details of Concern / Suspicion / Incident:

Please fill out as many sections as possible with as much detail as you can.

1. Describe what happened: time / dates / names of persons) involved/ behaviour or signs observed / any other details.

.Details of any conversation with the victim:

3. Have you contacted anyone about this concern? Yes No

4. If so, who have you contacted?

Please sign this report and print your name and your position in the organisation

Signed.....

Date

Name: _____

Position: _____

Annex 6: Support to the ALM Do No Harm Working Group Terms of Reference

Support to the Africa-led movement to end female genital mutilation (ALM)

Terms of Reference for the Working Group on

Do No Harm and Safeguarding

17 December 2020

1. Introduction

The UK Government (Foreign, Commonwealth and Development Office - FCDO) has a vision of a world free from the practice of FGM by 2030, in line with the Sustainable Development Goals and has established a programme to contribute to global efforts to achieve that vision.

The intended impact of this programme is a significant reduction of the practice of FGM in 4-6 focus countries/regions by 2025. The intended outcome of this programme is the acceleration of positive change in social attitudes towards ending FGM in countries/regions in which the programme is operational.

The working outcomes for this programme related to the Support to the Africa Led Movement (ALM) component are:

- i) Increased community level commitment to end FGM
- ii) Increased global commitment to end FGM
- iii) The Africa-led movement is informed by improved data and measurement tools (implemented by the Data Management Supplier, working closely with the ALM)

Options has been engaged to implement Lot 1 with consortium partners Amref Health Africa, ActionAid UK, Shujaaz Inc./Well Made Strategy, Orchid Project, Africa Coordination Centre for Abandonment of Female Genital Mutilation/Cutting (ACCAF), and The University of Portsmouth (UoP). The Population Council is working with Greenmash to implement Lot 2.

The consortium's approach to support the Africa-led movement is girl-centred, recognises the intersecting identities that inform their lives, and aims to empower all girls and women - promoting health, bodily autonomy, and their right to live free from violence. The work on the programme is framed within a learning and adaptive programming approach.

The purpose of the programme is to support the Africa-led Movement to end FGM – a diverse network of stakeholders and activists (particularly women and girls) that are challenging violence against women in their communities on a daily basis. As part of our participatory approach and commitment to co-create the programme with the ALM, the Strategic and Technical Advisory Group of Experts (STAGE) and other stakeholders will also be consulted in the development of the Programme Strategy and Theory of Change.

2. Purpose and approach of the working group

The purpose of the Do No Harm (DNH), Safeguarding and Emotional Wellbeing Working Group (hereafter: DNH WG) is to guide, support and strengthen DNH, Safeguarding and Emotional Wellbeing commitments of the Support to the Africa-Led Movement to end female genital mutilation/ cutting (FGM/C) (hereafter: Support to the ALM). During co-creation, this includes playing a central role in the development of the Do No Harm, Safeguarding and Emotional Wellbeing Framework (hereafter: DNH Framework), which takes place early in the co-creation phase as the foundation for the programme's

approach and commitment to DNH, safeguarding and emotional wellbeing principles. During implementation, this will be to support the embedding of a DNH culture across the programme.

The approach of the Working Group is to be guided by the principles and values of the support to the Africa-led movement; being girl-centred, survivor-centred and recognising the intersecting identities of girls and women and aims to elevate all girls and women - promoting health, bodily autonomy, and their right to live free from violence. Based on consortium's approach to regularly consult activists and change makers within the Africa-led movement, the DNH WG will be guided by the context in which activists operate in, where the consortium works and the content of the consortium's interventions, and plan the necessary DNH actions. The same principles and actions will apply to safeguarding and wellbeing of staff working in the programme.

3. Roles and membership

The Gender Lead is responsible for convening the Working Group with support from the Deputy Team Leader and Safeguarding Officer. Members of the Working Group will act as the point of contact for their organisations within the Consortium and will bring their expertise and organisational experience in safeguarding best practice to oversee implementation of the DNH Framework.

Members of the Working Group: ActionAid, AMREF Health Africa, Africa Coordination Centre for Abandonment of Female Genital Mutilation/Cutting (ACCAF), Orchid Project, Shujaaz Inc./Well Made Strategy, Population Council, The University of Portsmouth (UOP).

4. Responsibilities of the DNH, Safeguarding and Emotional Wellbeing Working Group

4.1 Development of the DNH Framework

- Liaise with the DNH and Safeguarding Consultant as need arises and as it relates to specific matters related to development, implementation and review of the DNH Framework.
- Contribute to the development and review of the DNH Framework and participate in discussions regarding the approach to be applied in the development of the Framework. Members will ensure that the Framework is centred on the lived experiences of survivors, girls and women.
- Define, review and describe what is required for each consortium partners to work safely, ensure safeguarding of girls, women and / or survivors and those working to support FGM/C prevention and response efforts.

4.2 Operationalising the DNH Framework

- Support the operationalising and socialisation of the Framework across the consortium and with stakeholders, including monitoring its effective implementation.
- Work closely with the Safeguarding Consultant and the Safeguarding Officer to ensure the harmonisation / mainstreaming of certain standards and strengthen the capacity of the consortium in safeguarding. This includes identifying training needs and developing or commissioning training where required. Work closely with the Safeguarding Consultant and Safeguarding Officer to produce a set of tools to support the practical implementation of the framework.

4.3 Harnessing collective knowledge of the consortium

- Draw on the expertise, best practice and lessons learned from across the partners of the consortium and advise on how this is incorporated into programme strategy and delivery.
- Act as a source of support and information for all consortium partners and grantees on safeguarding issues.
- Ensure that partners are supported in aligning their interventions and research activities with DNH principles and protocols specifically related to interventions and research/data collection.
- Advise ALM consortium partners (i.e., any in need of such support) on ethical review processes; reviewing ALM consortium partner proposals (and local ethical review board comments) to pinpoint ethical considerations and/or provide guidance on addressing these; and providing input into addressing unanticipated ethical issues that may arise during programme implementation.

Frequency of meetings

During the co-creation period the Working Group will meet regularly to support the development of the DNH Framework. The purpose, roles and frequency of meetings for the Working Group will be defined in the Framework.

The Gantt Chart below shows the timeline and role of the Working Group for the co creation period:

#	Describe step	Lead	Contributor	Timeline (Gantt Chart) (w/c)											
				11/12	14/12	15/12	17/12	23/12	11/01	14/01	21/01	Apr/01			
1	Meeting with Deputy Team Leader and Safeguarding Consultant to confirm approach to development of framework	Options/ Deputy Team Leader	Options/ ALM Team, Safeguarding Consultant												
2	Consultation / share input on development of Working Group TORs (Deadline: 17 December 2020)	Options/ Gender Lead	ActionAid, AMREF, Population Council, ACCAF, UOP, Orchid Project, Shujaaz Inc./ WMS												
3	Draft TORs shared with WG members for further review and finalisation / WG meeting	Options /Gender Lead	ActionAid, AMREF Health Africa, Population Council, UOP, ACCAF, Orchid Project, Shujaaz Inc./ WMS												
4	Submit TORs to Support to ALM TL (Deadline: 17 December 2020)	Options/ Gender Lead	ActionAid, AMREF Health Africa, Population Council, UOP, ACCAF, Orchid Project, Shujaaz Inc./ WMS												

5	Review literature review and structure of the DNH Framework (Document to be shared by Consultant on: 17 December 2020)	Options/ Deputy Team Leader	Safeguarding Consultant												
6	Feedback sent back to Consultant (Deadline: 23 December 2020)	Options/ Deputy Team Leader	Safeguarding Consultant												
7	Draft DNH Framework is shared with WG for review and input / call this week to brainstorm/ discuss (Deadline: 11 January 2021)	Options/ Gender Lead	Safeguarding Consultant, Deputy Team Lead, Working Group members												
8	Feedback on draft DNH Framework shared with the Consultant / possible meeting to discuss feedback in the same week (Deadline: 14 January 2021)	Options/ Gender Lead	Safeguarding Consultant, Deputy Team Lead, Working Group members												
9	DNH Framework submitted to FCDO (Deadline: 21 January 2021)	Options/ Deputy Team Lead	Safeguarding Consultant												
10	Working Group quarterly meeting/ as defined in the Framework (possibly 2nd or 3rd week April 2021)	Options/ Gender Lead	Working Group members												
11															
12															



TOGETHER TO END FGM

Annex 7: Emotional Wellbeing Guide

The EMOTIONAL WELLBEING Project

Supporting social change

- A guide for activists -

THIS RESOURCE PACK

In July 2018, in Nairobi, the Emotional Wellbeing project piloted an innovative workshop for activists and campaigners. This resource pack shares the workshop content for those interested in running their own workshop or support group.

This resource pack is intended to act as a simple guide for those who don't have access to advanced psychotherapy services. You don't have to have had any experience in emotional wellbeing. Just an open mind and a desire to learn more.

We hope you find it useful.



BACKGROUND

FGM

Female Genital Mutilation (FGM) is an extremely harmful practice. It includes all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is a global issue. More than 200 million women and girls have undergone FGM globally, and over three million more are at risk every year. FGM is recognized internationally as a violation of the rights of women and girls.

The Emotional Wellbeing Project

The social movement to end FGM is driven by courageous activists across the most affected countries in Africa, and within the diaspora.

These activists often experience social discrimination, threats to their safety and stress during their work. They are at the front line, often operating alone, and until now, without adequate support. Challenges to emotional wellbeing, combined with limited support networks or resources for self-care, limit the end FGM movement's sustainability and effectiveness.

Campaigners are also increasingly calling for the psychosocial impact of FGM to be recognised and addressed, both for women's wellbeing, and as an essential component of prevention. If women can create safe spaces in which to reflect on their own experiences, and what this means for their own daughters, this creates an opportunity for the inter-generational cycle of FGM to be broken.

Funded generously by Wallace Global Fund, The Girl Generation's Emotional Wellbeing Project responds to calls from the movement to recognise and respond to these challenges.

A ground-breaking international collaboration across the end FGM movement, the programme builds and tests a package of support for activists and survivors in Africa, with the potential for future application in many other settings. The Girl Generation project represents an evolution of the Dahlia Project, a specialist service for survivors of FGM, established by Dr Leyla Hussein.



WHY EMOTIONAL WELLBEING?

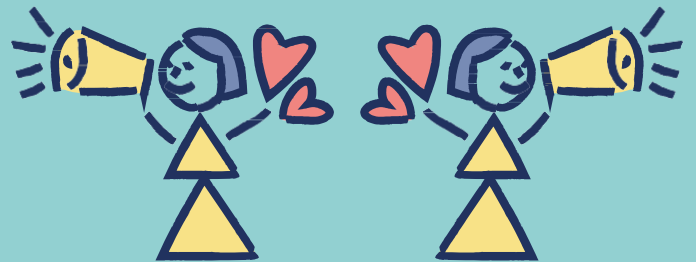
The Girl Generation exists to accelerate and sustain social change to end FGM.

#1

Individual emotional support

Supported activists

Sustainable & effective movement



#2

Encourage greater emotional support within the movement

Activists trained

Women reflect on FGM experiences



Prevention Wellbeing



A young Black woman with braided hair is smiling and looking towards the right. She is wearing a purple blazer over a black and white striped t-shirt. The background is a savanna landscape with acacia trees and a bright sunset sky with soft clouds.

The project aims to strengthen

- Provide sustainable emotional support for women and girls affected by FGM, in order to enhance prevention efforts and support survivors
- Ensure self-care for campaigners, staff and volunteers working to end FGM, and
- Break down the stigma associated with FGM and related emotional/mental health issues.

By the end of the workshop the participants will have an improved knowledge of the following:

- FGM and its psychological effects on survivors and activists
- Human Rights relating to FGM
- The link between FGM and child abuse
- What to do if you are worried about a child's safety and wellbeing
- How to safeguard your emotional wellbeing

WORKSHOP CONTENT SUMMARY

Understanding FGM

The first part of the workshop provides all participants with a common understanding of FGM, a knowledge of the different types of the practice, why and where it is carried out, and an overview of its impact on girls and women.



FGM as a form of trauma

The workshop introduces FGM as a form of childhood trauma and explores its impact on survivors. Participants learn of how trauma can impact both the brain and body and can cause a wide variety of physical and emotional reactions, sometimes appearing many years later. This workshop also introduces the concept of secondary trauma as a common reaction amongst activists who work with FGM survivors. Participants are encouraged to share their experiences and their ways of coping with challenging situations. Emphasis is placed on respecting boundaries and always considering the safety and wellbeing of the self and others. This includes recognising personal limits and seeking help when appropriate from support networks, professional counsellors or psychotherapists.



Developing self-care strategies

Participants are taught how to look after their own wellbeing. This includes practical relaxation and yoga exercises, achieving a good work/life balance, effective communications on difficult topics, undertaking risk assessments to work safely, exploring how activists can work with NGOs, and how to safely set up and run support groups. Participants also learn how to create a personal self-care plan.



WORKSHOP

SCHEDULE

Day 1	
Start of	Introduction to relaxation exercises
Morning	<ol style="list-style-type: none"> 1. Introductions 2. Rules for the workshop including Do No Harm 3. Creating a safe space for the workshop 4. Understanding FGM as child abuse and childhood trauma
Afternoon	<ol style="list-style-type: none"> 1. Exploring the impact of FGM on survivors and activists 2. Safeguarding and protecting others and self 3. End of day review and relaxation exercises
Day 2	
Start of	Relaxation exercises
Morning	<ol style="list-style-type: none"> 1. Tools and techniques for promoting wellbeing 2. How to develop a self-care plan
Afternoon	<ol style="list-style-type: none"> 1. The role of support groups and how to set up and run a successful group 2. Additional resources and support networks 3. End of day review and relaxation exercises
Day 3	
Start of	Relaxation exercises
Morning	<ol style="list-style-type: none"> 1. Complete a self-care plan 2. Action planning for participants
Afternoon	<ol style="list-style-type: none"> 1. Review and feedback on programme 2. End of workshop review and certificate ceremony

TIPS FOR RUNNING A GREAT WORKSHOP

Be organised

- Select a calm and private space. Your participants will feel most comfortable that way.
- Provide accommodation. Plan for travel and per diem expenses. It's less stress that way.
- Set an example of great financial management and support. Your participants will be learning about this, it's your opportunity to set an example.
- Send invitations out ahead of time. Don't leave it until the last minute.



Create safe spaces

- Agree "Do No Harm" rules at the start of the workshop including respecting each other's right to confidentiality.
- Think about decorating the space with inspiring quotes and images.
- Small touches like open windows, a vase of flowers or gentle music can make participants feel comfortable.
- Let participants know that they can talk through a personal issues privately after the workshop, and can be referred to a trained counsellor if appropriate.



Make the workshop participative

- Be flexible in the workshop structure. Allow plenty of time for group discussion as well as adapting to participant suggestions.
- Bring on board a facilitator who can lead discussions and bring the whole room into the debate.
- You can encourage participants to treat the workshop as a place to practice listening skills and how to support to others.
- For ideas that cannot be immediately addressed, use the 'car park' tool to note them and return to them.



Expect the unexpected

- Participants will bring their own experiences into the room. Your workshops will take on their character. No two workshops will be the same. This is a good thing. Embrace it.
- A skilled facilitator will balance interactions with learning.
- Consider building in time for quiet reflection. This could be managed in groups, perhaps taking place in the evenings at residential workshops.



Build a strong platform for ongoing wellbeing

- Helping participants develop their own self-care plan is an essential part of the workshop. It should be treated as an ever-evolving document that participants regularly come back to.
- You might want to encourage participants to share contact details. It helps to build a functioning support group. Oh, and they might want to work on future projects together too.

Say hello to the car park

You might find that there are questions raised in sessions that take the conversation off track. But ignoring them is not an option. The car park solves this. All you need to do is to pin up large piece of paper on the wall and title it 'car park'. Whenever a question is raised that cannot immediately be discussed, ask the participant to write in onto a sticky note. At the end of the day, review the sticky notes and agree next steps. You might want to visit the car park at the start of the day to capture any overnight reflections too.



RESOURCES

WORKSHOPS

[Workshop slides](#)

These workshop slides are for use by the workshop facilitator. If you're the facilitator, try to draw on the real-life experiences of the participants. It's more relevant that way.

[Roles & responsibilities for activists](#)

NGOs. Government. Partners. Media. The range of organisations that activists encounter is vast. Roles and responsibilities are often undefined. This sheet aims to provide useful guidance and structure for activists interacting with different bodies.

[Self-care plan template](#)

This template allows activists to make their own self-care plan.

[Certificate template](#)

You can adapt this template to hand out to activists at the end of the workshop.

COMMUNICATIONS

[Emotional Wellbeing Film](#)

To hear for yourself how activists found the pilot, watch the film.

[Emotional Wellbeing Postcards](#)

These postcards showcase some fabulous activists from the pilot workshop. You could share these with attendees, future donors or just about anyone who is interested in the project.

LESSONS FROM THE PILOT

Selfcare as a much-needed skillset

Feedback showed the value participants placed in learning how to set boundaries and prioritise self-care. Attendees found it useful to listen to each other's experiences and to learn different coping mechanisms.

Support groups have many applications

The session on how to create support groups was really well received. Activists were keen to apply the lessons to their specific projects, sharing ideas of how they could create support groups of survivors, activists and others in the end FGM movement.

Relationships as key to success

Participants fed back that learning about how to develop healthy professional relationships was very helpful. Everyone agreed that healthy relationships remained key to furthering the end FGM movement.

Additional topics

Activists identified additional areas for more learning. They asked for more support on financial management – specifically on how to fundraise and how to negotiate with NGOs.

They also asked for more media training, recognising that developing resilience in handling media requests is very important to the movement.



For more information about
the Emotional Wellbeing
Project please contact:

info@thegirlgeneration.




TOGETHER TO END FGM



The
**EMOTIONAL
WELLBEING**
Project

Supporting social change

Annex 8: Options' Incident Reporting Form

My self care plan 

I can exercise my body by...

I can be a good friend by ...

Important people Who I trust

I can relax my body and mind by...

This is me

I can keep myself clean and tidy by...

I can make myself happy by...

My hopes and dreams...

I can eat healthy foods...

www.elsa-support.co.uk