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Female Genital Mutilation Abandonment Program

Evaluation Summary Report

Population Council

April 24, 2008

.. my wife wanted to circumcise our daughter, but I refused and told her I'd read it was harmful to girls, and that I will take the responsibility, and for your sake I will announce that we have circumcised her, and I did actually say that. After the program I was able to announce that we did not circumcise our daughter .. I found something to support me" Naj Atia, community leader

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Acknowledgements

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Acronyms

ACDA	Assiut Childhood Development Association
BLACD	Better Life Association for Comprehensive Development
CAP	Community Activities/Mobilization Phase
CEDPA	Centre for Development and Population Activities
FEDA	Family and Environment Development Association
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
GAR	Girls at Risk Phase
ICPD	International Conference on Population and Development
LNGO	Local NGO
MoE	Ministry of Education
NCCM	National Council for Childhood and Motherhood
PDA	Positive Deviance Approach
PD	Positive Deviant
PNGO	Partner NGO
SBA	Sohag Businessmen Association
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WFFC	World Fit for Children

Executive Summary

This is an evaluation of the FGM/C Abandonment Program (FGMAP) that was piloted by UNICEF in partnership with Center for Population and Development Activities (CEDPA) from 2003 to 2006.

The purpose of this report is to rigorously examine the implementation and results of project activities and interventions of the FGM/C Abandonment Program (FGMAP) in three key areas: program relevance, effectiveness, and efficiency. This evaluation was conducted based on qualitative methodology that was anchored in a review of national and international literature on FGM/C and project documents from UNICEF, CEDPA, partner NGOs, and local NGOs. Qualitative data collection was based on in-depth interviews, case studies and focus group discussions (FGDs) with a variety of stakeholders including UNICEF, government counterparts, partner UN agencies, civil society organizations, local community development associations, community members, girls at risk, and positive deviants. Two communities in each of the four governorates part of the program were selected for evaluation. The cumulative results of these resources will be detailed in this report accompanied by a brief evaluation of the strengths and weaknesses of the approach and recommendations for future implementation and expansion.

In terms of its relevance, the study key findings and conclusions are that the program is much needed both nationally and on the community level. While the report highlights concerns that program activities need to be integrated as part of a comprehensive developmental approach, this does not undermine its relevance. This was particularly detrimental to Local NGOs (LNGOs) working exclusively on the FGMAP. Data reflects dissident voices who consider an intervention against FGM/C as a "Western conspiracy" against Egyptian traditions and values. FGDs showed that the FGMAP objective of breaking the silence surrounding the issue was relevant as FGM/C was a tabooed issue prior to FGMAP. Fieldwork, however, shows that these dissident voices are most vocal when efforts against FGM/C are provided by LNGOs that are not highly integrated into the community and in isolation from other activities of the LNGOs.

The program has been effective in reaching some of its major objectives. The program mobilized communities and raised awareness about the dangers of FGM/C through a variety of activities. Based on information from focus group discussions and in-depth interviews, we note that more efforts are needed for the message to trickle down to target families. Some of these showed a great deal of ambivalence and lack of clarity about the negative consequences of FGM/C. Moreover, data from the field show that the focus on the physical consequences of FGM/C, leads to increasing the medicalization of the process to avoid such harms. Program activities succeeded in empowering volunteers and Positive Deviants (PDs) to be advocates for eradicating the practice and generally broke the silence on the issue. Moreover, based on statistics obtained from Partner NGOs (PNGOs), it is obvious that the number of girls saved from FGM/C has been increased throughout the program. In terms of targeted families the study shows that the number of targeted families constitutes a small minority of village populations. This hampers the effectiveness of the program and its outreach and achieving the objective of FGM/C free communities. However, PNGO reports indicate that the program succeeded at transitioning a large number of targeted families from supporting FGM/C to being against the practice FGM/C or hesitant about it. It has succeeded in mobilizing a "core group of families" which have shifted towards FGM/C abandonment and which can play a role through social networks and other FGMAP efforts toward enrolling more families and achieving the "critical mass of people" willing to abandon FGM/C and thus create a shift from a convention of cutting to one of non-cutting. This is indicative of the need

to continue program activities to achieve this critical mass of families and also, as many indicated, abandoning the project at this time would result in "hesitant" families returning to FGM/C.

In terms of program efficiency, it was emphasized that the workload associated with reporting was heavy and many times exceeded the capabilities of the LNGOs. PNGOs were generally able to accurately support and monitor LNGOs, in many cases avoiding problems by maintaining a high level of involvement. Some PNGOs indicated a great desire to work more closely with community leaders, and many commented on the influence of such individuals. In terms of sustainability, PNGOs and LNGOs expressed a desire to continue working on the project, but indicated that financial constraints would prevent them from doing so. Cost analysis showed that targeting families was expensive given the results. However, analyzed cost per target families and saved girls varied greatly between governorates.

The most enabling factors to FGMAP on the community level has been the presence of supportive community and religious leaders, active PDs, volunteers, and supportive doctors to the message of FGMAP. Up till the time of data collection for this evaluation, some of the major external factors that hindered the success of the project have been the lack of a unified religious message on the issue of FGM/C and the unclear stance of the Ministry of Health towards those practicing FGM/C. With the new developments after the unfortunate death of Bedour in July 2007, an eleven year old girl who died in a private clinic from complications associated with her circumcision, it is hoped that these factors will be eliminated. These developments include a strong media campaign against FGM/C, a *fatwa* against FGM/C by the Grand Mufti of Egypt, and the new decree of the Ministry of Health banning the practice. Still, international political events such as the American invasion of Iraq and Israel's military attacks on Lebanese and Palestinian villages had direct negative impact on the project. Supporters of FGM link the project activities to these events and label the project as a western conspiracy to demolish values and morality.

The evaluation highlights a number of learned lessons. First, that efforts against FGM/C need to be from within the community. PDs and volunteers from the community undertook an important role in FGMAP activities. The same applies to supportive community and religious leaders. Second, the evaluation shows that sustained efforts against FGM/C on the community level yields better results, as communities that had earlier interventions against FGM/C were more receptive of the message. Third, the evaluation highlights the important role of strong and active NGOs in the success of the program. The success of the implementation is mediated through NGOs. Finally, the evaluation shows that the sole focus on the physical harms of FGM/C leads to the medicalization of the process. Recommendations related to this learned lessons call for the incorporation of the message against FGM/C within the framework of child rights.

Based on the data collected, the Population Council makes a number of recommendations for further implementation and improvement of the FGMAP. The major recommendation of the study was that FGMAP needs to be scaled up both vertically and horizontally to have larger outreach and deeper effectiveness. In terms of improving the existing mode of operation of FGMAP, study recommendations include integrating the message on FGM/C with other awareness activities such as health, hygiene; involving more men as a target group; involving the media and investing in increasing the visibility of the project; and maximizing the potentials of cooperation with different government, consultative committees and national partners. In terms of program efficiency, the study recommends the provision of more capacity building activities to local NGOs and a simplification of the project reporting process and also offers options for future project structure and partner roles. The study suggests five different options for project structure. These include, besides the existing structure, an option

where the LNGO is of medium or high capacity; an option where UNICEF can work in partnership with a PNGO that works directly with the local community; an option where UNICEF works in direct partnership with an LNGO at community level; and an option where UNICEF works in direct partnership with different government and local bodies and institutions at both governorate and community level. Roles of the different partners (UNICEF, CEDPA, PNGO, LNGO, PDs, Volunteers) will differ according to the different structure options. Given the importance of the PDs role as credible advocates for FGM/C abandonment, their roles need to be differentiated from those of volunteers in terms of the the value of the PD's contribution towards understanding why and how community members can deviate from the norm and resist social pressure to conform, and their role in planning and designing activities.

Introduction

This report is an evaluation of the FGM/C Abandonment Program (FGMAP) that was piloted by UNICEF in partnership with the Center for Population and Development Activities (CEDPA) from 2003 to 2006.

The purpose of this report is to rigorously examine the implementation and results of project activities and interventions of the FGM/C Abandonment Program (FGMAP) in three key areas: program relevance, effectiveness, and efficiency. Comprehensive evaluation of these three areas allows for an adequate assessment of the strategy and effect for future use in expansion or replication:

- Evaluation of **program relevance** indicates the extent to which the program is aligned with the needs and priorities at the community and national levels.
- An assessment of **program effectiveness** identifies the most successful strategies within the program, the overall impact of the program on the target population and the implementing organizations, the relationship between the impact and capacity building activities, and internal/external factors influencing the outcome of the project.
- Evaluation of **program efficiency** reviews cost-effectiveness, support given to PNGOs and LNGOs, program management structure, and makes an overall judgment as to the sustainability of the project.

Based on the results of the 2005 Egyptian Demographic and Health Survey (EDHS), 96 % of ever-married women aged 15- 49 are circumcised. The survey also shows substantial prevalence differentials among sub age categories: 51% amongst girls aged 11 - 12, increasing to 69% amongst those aged 13 – 14 and 77% amongst those aged 15 - 17 which indicates a noticeable decline in the practice..

The 2005 EDHS showed a disparity between rural and urban regions. Survey findings showed that 92% of women in the urban areas were circumcised compared to 98.3% in the rural areas. The 2005 EDHS also found that the prevalence among highly educated women (secondary education or higher) is 92%, and compared to 98% among uneducated women and those with primary education. Furthermore, it revealed the impact of the socio-economic status of the household, with women in the poorest 20% of households having the highest prevalence of FGM/C (98%), compared to 88% among women in the richest 20% of the households. A study conducted in 2005 by the MOHP in 10 selected governorates in Upper and Lower

Egypt indicated signs of change as well in FGM/C practice. This study conducted among school girls between the ages of 10-18 years showed that 50% of these girls were circumcised. It also showed that the percentage of girls circumcised is higher among daughters of non-educated mothers (64.7%) as opposed to daughters of women who attended university (22.3%).[1]

EDHS shows that a significant transition occurred regarding the practitioner of FGM/C. In 1995, 79.5 percent of cuts were performed by traditional practitioners and only 17.3 percent by medical personnel, but in 2000 the numbers were practically reversed with 61.4 percent being performed by medical personnel and only 38.3 percent by a traditional practitioner.[2] The most recent data from 2005 shows that this trend is continuing, with 67.6 percent being performed by medical personnel, compared to only 24 percent by traditional practitioners.[3]

At the time of writing this report, a development of great significance to FGM/C in Egypt took place. In June 2007, an eleven year old girl in the Menya governorate died in a private clinic from complications associated with her circumcision. Shortly after the incident, clear statements by high ranking officials came out against FGM/C (see Annex 1) including a landmark religious *fatwa* by the Grand Mufti Ali Gomaa the country's supreme religious authority condemning the practice and forbidding it and saying it had nothing to do with Isalm and that is was "*haram*" or forbidden. Moreover, the Ministry of Health issued a ministerial decree (Decree 271 in 2007) that bans FGM in all clinics, public and private hospitals, overruling the 1996 ministerial decision that allowed FGM in hospitals for cases approved by doctors.[4]

The National Council for Motherhood and Childhood (NCCM), the highest national body entrusted with policy making, planning, co-ordination, monitoring and evaluation of activities in the areas of the protection and development of children. NCCM has been the main government body coordinating national and international efforts towards the abandonment of FGM/C in Egypt. NCCM has been playing this role since it incorporated FGM/C in its Strategic Orientation Document 2002-2007. In this context, UNICEF signed a plan of action in 2003 with NCCM to contribute to the World Fit for Children (WFFC) goal of ending FGM/C during the course of this decade (2000-2010). Under this agreement, UNICEF provided technical and financial support to efforts aimed at deepening the understanding of the causes and the determinants of FGM/C and means of addressing them, to place FGM/C on the national agenda, and to encourage target groups in selected communities of interventions to reduce the practice of FGM/C.[5] This is achieved through supporting governmental and non-governmental initiatives to prevent FGM/C at national and sub-national levels, supporting the development and implementation of a National Communication Plan, contributing to the national dialogue on FGM/C, promoting regional exchanges, undertaking studies and research, and integrating anti-FGM/C messages into UNICEF-supported projects.

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[1] El Zanaty, Fatma and Ann Way. 2006. *Egypt Demographic and Health Survey 2005*. Cairo, Egypt: Ministry of Health and Population, National Population Council, El-Zanaty and Associates, and ORC Macro, 211.
[2] Ibid.
[3] El Zanaty, Fatma and Ann Way. 2006. *Egypt Demographic and Health Survey 2005*. Cairo, Egypt: Ministry of Health and Population, National Population Council, El-Zanaty and Associates, and ORC Macro, 215.

[4] Ministerial decree 271 for the year 2007 bans FGM in all clinics, public and private hospitals, stating that it is "prohibited for any doctors, nurses, or any other person to carry out any cut of, flattening or modification of any natural part of the female reproductive system, either in government hospitals, non government or any other places," thus overruling the 1996 ministerial decision that allowed FGM in hospitals for cases approved by doctors.

[5] UNICEF Plan of Action.

The FGM/C Abandonment Program (FGMAP) is an initiative that seeks to contribute to the national dialogue on FGM/C, promote regional exchanges, and promote non-governmental initiatives to prevent FGM/C at sub-national level. FGMAP is based on the Positive Deviance Approach (PDA), which focuses on identifying individuals within local communities who chose not to practice FGM, and builds on their experiences to encourage other community members to abandon the practice. The Positive Deviance Approach was initially piloted by the Center for Population and Development Activities (CEDPA). FGMAP is implemented in 40 communities in four governorates in Upper Egypt: Assiut, Minya, Sohag, Qena in partnership with four partner non-governmental organizations (PNGOs) with the support of twenty local NGOs on the community level. It is based on six months of large scale community mobilization activities followed by six months of close monitoring of girls at risk of FGM/C, where a total of 6951 families are targeted by the intervention.

UNICEF commissioned this evaluation to examine the implementation of the FGMAP from 2003-2006. The evaluation is part of the comprehensive strategy to improve on efforts against FM/C with the goal of eradicating the practice within the decade.

Methodology

The study is based on qualitative methodology, supplemented by extensive analysis of project documents from UNICEF, CEDPA, Partner NGOs, and Local NGOs. The data collection process was undertaken between November 2006 and February 2007.

A total number of 25 interviews at the community level and with governorate and national-level stakeholders, 60 focus group discussions with a total nujber of 436 participants and 11 case studies (originally 12 but one was lost due to technical problems) were conducted. The evaluation covered a total of 8 communities, 2 from each of the four governorates:

- Zaweit Sultan and El Zawih El Bahareya in Menya;
- El Hawatka and El Massoudy Sharq in Assiut;
- El Kom el Ahmar and El Araky al Aum in Qena;
- Najaa Aateya and Najaa Abassa in Sohag.

In each governorate, interviews were conducted with the PNGO project executive manager, the PNGO project manager, two relevant government representatives (either Ministry of Health and Population, Ministry of Education, Ministry of Religious Endowment, or the Ministry of Social Solidarity), and two community leaders such as priests and sheikhs. Attempts were made to include individuals against FGM and in favor of FGM in order to better understand this dynamic and its influence at the governorate level. FGDs were conducted with Partner NGO staff members, Local NGO staff members, members of targeted families with a representation of people against FGM/C, hesitant and for FGM/C (male and female separately), positive deviants (male and female separately), volunteers (male and female separately), and girls at risk (young girls between the ages of 8-12 at the age of circumcision). Participants in the FGDs with the families, volunteers and Positive Deviants were randomly chosen from the available lists at PNGOs and LNGOs. At national level, in-depth interviews were conducted with UNICEF Egypt staff members, CEDPA staff members, and representatives from UNDP, and NCCM. Case studies were conducted to create a complete profile of different stakeholders in order to throw light on the effectiveness of the project on an individual level. A total of 12 case studies were conducted (although one was

lost): four with girls at risk, four with male positive deviants, and four with female positive deviants. Those have provided the research with the opportunity of closely studying the effect of the project on participants' lives.

Some of the limitations and methodological issues of this study include lack of specific indicators where the project objectives do not differentiate between outcomes and outputs. The fact that no survey data was collected among targeted families hampered the possibilities to fully gauge the project impact. Moreover, quantitative data provided by PNGOs included some discrepancies in reporting on the position of targeted families towards FGM/C before and after the intervention. A major issue has been the unclear definition of a "saved" girl, and whether this would be a girl who was not circumcised during the project period, a girl who was not circumcised till age 13, or a girl who was not circumcised until she gets married. This confusion has hampered an accurate estimate of the project impact and its cost effectiveness.

For the qualitative data collection component, one of the challenges has been that informants had to be contacted by the PNGOs and LNGOs. In order to avoid biases an effort was made to crosscheck the data gathered from the different sources and to triangulate it, as well as to randomly select participants wherever possible from project participation lists. Some focus groups had to contain less than the ideal number of participants (minimum of 7 participants) because the LNGO was unable to provide enough participants. Furthermore, when forming FGDs involving positive deviants, it became apparent that some individuals identified by PNGOs or LNGOs as being "positive deviants" were in fact just volunteers. Confusion about the definition of a positive deviant is discussed in more detail later in the report.

Although the monitoring and evaluation reports designed by CEPDA were intended to be completed by LNGOs, including detailed data on the project implementation and the status of positive deviants, these reports were not duly available during data collection.

Research results were discussed with PNGO in a consultative meeting in July 2007. Some of the main comments of the PNGOs on these results included:

- Regarding the categorization of some communities as "successful" in terms of results of project implementation, PNGOs, noted that a more accurate term would be "easier communities" as opposed to "difficult communities (Assiut PNGO regarding Al Hawatka and El Massouedy).

- Regarding the need to rely on LNGOs within the communities rather than LNGOs from outside the communities, PNGO pointed out that in some communities there were LNGOs but they had problems and were not active.

- PNGOs also responded to comments made by participants during FGDs or interviews among which were a comment by a sheikh that the UNICEF had forced them to say that FGM/C was wrong while they were not convinced (the PNGO denied having heard this in any of the communities where sheikhs have lectured in seminars);

- a comment made by a girl that she was told by an LNGO staff worker that she should consult with a doctor before circumcision (PNGO denied hearing this type of message from any man, woman or girl who have been visited or met with LNGO staff field workers),

- responding to the call for the need to address girls regarding FGM/C the PNGO responded that this is actually being done by the project through schools, churches and home visits. The PNGO in Sohag provided clarifications regarding some of the activities held at the governorate level.

The FGMAP Model: Using the Positive Deviance Approach in FGM/C Abandonment in Egypt

The Positive Deviance Approach (PDA) was initially used by Jerry Sternin of Save the Children to combat childhood malnourishment in Vietnam in the 1990s. The Positive Deviance Approach works by identifying individuals who have already found solutions to widespread problems and replicating their approach to the problem to create realistic, contextually based programming solutions. In Vietnam, this meant identifying children who were healthy amongst the majority of their malnourished peers. Their parents and families who had managed to deviate from the normal course of action to save them from malnutrition were termed positive deviants.[6] The Positive Deviance Approach has several attractive qualities. It allows for local, culturally sensitive and appropriate solutions to be used to solve common problems. The solutions are available to all people equally, and generally require very few outside resources. Most notably, the PDA mobilizes normal people from the community, who share the same values and resources as their neighbors, friends, and relatives, but who have found an alternative solution to a particular widespread problem.

In previous interventions, PDA has generally been used to change the behavior of an individual resulting in a positive action (increased nutrition, safe sex practices). In FGMAP, the model is used to induce a negative action by stopping FGM/C. A major adaptation of the model was in defining who should be considered a positive deviant on the community level. During the pilot project, local NGOs defined and identified positive deviants as those who were "not the uncircumcised girl or woman, but rather the parent who had decided against the procedure, the sheikh or Coptic priest who spoke out against the practice, or the husband who knowingly married an uncircumcised woman."[7] Positive deviants included individuals (and families or clans) who have successfully advocated against the practice in whatever circles (within the family, mosques, churches, office, schools, neighborhood, media, etc); who have given up the practice (doctors, or traditional practitioners) or stopped circumcising subsequent daughters or granddaughters (mothers, grandmothers, head of clans, etc..).
FGMAP has six major objectives. These are:

1. Increase knowledge of community members of the dangers of FGM/C and empower them to be advocates for eradicating the practice.
2. Support leaders to break the silence about FGM/C in their communities.
3. Increase the number of local NGOs implementing the FGMAP through training and support by partner NGOs.
4. Increase community mobilization activities related to eradicating FGM/C.
5. Increase the number of girls saved from FGM/C.
6. Help establish FGM/C free communities.

FGMAP consists of two main phases. The first phase establishes the program, identifies positive deviants, raises awareness on the issue of FGM/C and identifies girls at risk. The

[6] Sternin, Monique, Jerry Sternin, and David Marsh. 1998. Designing a Community-Based Nutrition Program Using the Hearth Model and the Positive Deviance Approach – A Field Guide. Available at: http://www.positivedeviance.org/pdf/fieldguide.pdf [Accessed November 2006].
[7] The Change Champions p. 33

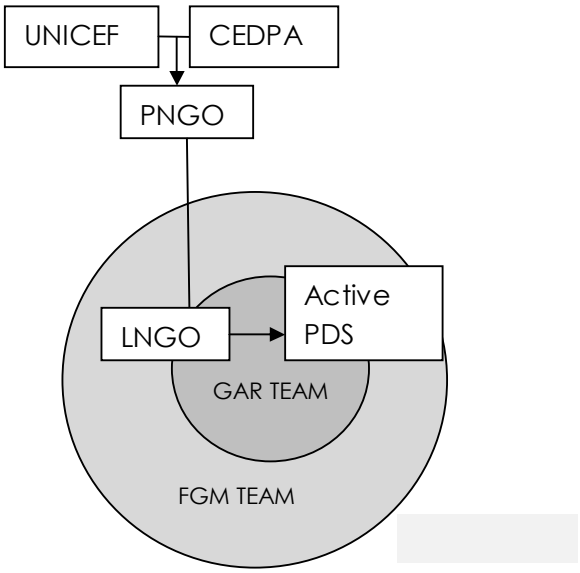
second phase consists of working directly with the girls at risk and their families through home visits and other activities to convince families to abandon the practice of FGM/C. Table 1 indicates the different phases and activities and objectives of each.

Table 1: Phases and Activities of the FGMAP

	Activity	Objective
Phase 1:		
1	Nomination and Preparation of PNGOs	PNGOs are selected to participate in the program based on their capacity to manage the FGMAP and train LNGOs. PNGOs are trained on FGMAP and all materials.
2	Nomination and Preparation of LNGOs	PNGOs nominate and identify the LNGOs that will be implementing the FGMAP in their communities. LNGOs are then trained by the PNGOs.
3	Situational Analysis of Each Community	The LNGO, with support of the PNGO, conducts a complete situational analysis of the two communities in which it will be implementing the FGMAP.
4	Orientation Workshop	Based on the situational analysis, the PNGO conducts an orientation workshop to prepare the five LNGO staff members for the FGMAP, training them in FGM/C, PDA, and interviewing and analysis techniques.
5	Identification of PDs and Preparing for Workshop 2	The LNGOs conduct PD interviews, through home visits, with individuals in their communities. They also used PDs to identify and get in contact with one another.
6	Analysis and Planning Workshop	Information from PD interviews is analyzed to plan awareness activities over the next six months. The local anti-FGM/C Team is formed, consisting of members of the LNGO and Active PDs from the community. The team is supported by the PNGOs and other NGOs working on FGM in the area. The workshop provides the anti-FGM/C Team with the skills and tools needed to prepare an Action Plan appropriate to each community. The Action Plan details how each community will execute the FGMAP through awareness activities over the next six months.[8]
7	Six Month Awareness Activities	This activity executes the Action Plan designed in the Analysis and Planning Workshop.
8	Three Month Check In	Half way through the awareness raising activities, the PNGO will organize a meeting for LNGOs and anti-FGM/C Teams to share information and experience. PNGOs also introduce LNGOs to the
9	Preparation for the Girls at Risk Workshop	The LNGO selects a core group of individuals active in the awareness raising activities, including both LNGO staff members and volunteers, to continue into the Girls At Risk Phase.
10	Girls at Risk Workshop	Hosted by the PNGO, this workshop trains the LNGOs and the selected Girls At Risk Teams on the focusing on monitoring of girls at risk.
Phase 2:		
11	Girl at Risk Phase	The Girl At Risk Teams begin their community outreach activities in the form of home visits.

Figure 1: Roles and Responsibilities in FAGMAP

[8] According to the CEDPA Training Manual, the objectives of the Action Plan must be to: "(1) break the silence surrounding the topic of FGM; (2) create an environment within the community for informed discussion on the issues surrounding FGM; and (3) create a wide base of community awareness on the issues surrounding FGM."



The FGMAP implementation program structure as designed by CEDPA is depicted in the figure 1. The PDA was initially piloted by CEDPA, and based on the results of the pilot, UNICEF adopted the approach in four governorates in Upper Egypt: Menya, Assuit, Sohag and Qena. The FGMAP was built upon the various constraints and challenges gained from the pilot phase and developed a detailed monitoring and evaluation package which aimed at monitoring the progress of behaviour and attitudinal change towards the abandonment of FGM.

The main objectives and activities of the FGMAP have been set by CEDPA based on the pilot experience. The figure shows that UNICEF and CEDPA operate at the central level and the PNGOs at the governorate level, whereas the LNGOs operate at the community level. UNICEF and CEDPA both support the PNGO to provide the needed support to LNGOs implementing the project in a specific community. The LNGOs identify and work with positive deviants. Members of the LNGO and active PDs together comprise the FGM Team where they are the focal points for awareness raising activities. Members from within that FGM Team are then selected to be a part of the Girl at Risk Team(Phase 2 above) who take part in monitoring girls at risk and are responsible for the following:

- Mobilize all available resources necessary to encourage families on the "Active" list to abandon FGM. This will include seeking out materials on FGM or individuals who could convince families not to circumcise their daughters.
- Follow standard criteria when moving families from the "Active" list to the "Surveillance" list.
- Conduct consistent and quality monitoring of the families.
- Prepare all necessary documents and evaluation forms for the LNGO.
- Participate in all monthly meetings with other members of the GAR Team at the LNGO.
- Establish informal networks with other members of the GAR to share helpful information and support each other during the homevisits.

The following Table 2 lists the roles and responsibilities of each group:

Table 2: Roles and Responsibilities in FGMAP

UNICEF	Provide technical and financial support to PNGO; supervise the implementation of the FGMAP

CEDPA	Provide training to PNGOs; provide technical and financial support to PNGOs, work closely with PNGOs to monitor the implementation of the program
PNGO	Provide technical and financial assistance to LNGOs; Organize governorate level awareness activities; and Approve the work plan of the local NGO.
LNGO	Set an executive work plan; Arrange for monthly meetings with the project team; Identify new PDs to replace PDs who may no longer be with the program; Be committed to timely reporting to the PNGO; Attend workshops; Participate in the monitoring and evaluation process; Exchange experience with other LNGOs; Cooperate with community leaders within the local community; Be committed to accurate reporting and status record of all GAR.
Active Positive Deviants	Be a role model for the community as someone who refuses FGM because of its harmful effects; Be involved in community awareness activities and private meetings in order to help others abandon FGM; Commit to the Action Plan and the FGM team through contributing towards breaking the silence on FGM/C in their home communities during community awareness raising phase and tracking and monitoring girls at risk of FGM/C during the GAR phase; Work with community leaders to take a stance against FGM

Program Evaluation

Program Relevance

Not a Demand Driven Intervention

Data shows that on the community level FGMAP is not a demand-driven intervention. Data from the field shows resistance to the intervention and accusations of being a "Western conspiracy" or an American intervention against Egyptian traditions and values. These dissident voices link international political events to the motivations behind the intervention. Whether it was the American occupation of Iraq, Israeli military attacks on Palestinians and Lebanese, the western cartoons insulting Prophet Mohamed and Islam, or the Egyptian parliament discussions on veiling, the motivations of the intervention were linked to these events. This was voiced by men in FGDs and a village leader in Zawyet Sultan Kibli, Menya, by men in Masseoudy and Hawatka, Assiut. Girls in Hawatka also repeated concerns over the source of funding and whether it was "an American conspiracy to corrupt girls". Women in Al Araki, Qena mention ti was funded by the US . In one FGD in Sohag, a young man referred to the timing of the intervention as aiming to "*distract us from what is happening in Iraq*" (Naja Atia, Sohag). In the field, volunteers and program staff are confronted by the question "*Why now?"* For this reason, data from the field shows that efforts against FGM are part of a real battle, with "door being slammed" on field staff. [9]

[9] Interview with a UNICEF staff member

Discussions in the field also pointed out that community members only knew UNICEF through the FGMAP and as a foreign organization linking it with the "Western Conspiracy" to the extent that one PNGO (Assuit) reported that they at times avoided mentioning UNICEF at all in their work. Both the PNGO in Assuit and an LNGO in Qena pointed out that they would emphasize UNICEF's contributions of schools and vaccinations in order to link the organizations tangible services with its FGM/C campaign. This helped give credit to the FGMAP. Furthermore they suggested that UNICEF should integrate it's FGM/C abandonment efforts with it's other projects such as community schools so it would be linked to the other positive services that UNICEF provides.

> *"Female circumcision has to be integrated into other developmental projects, so that people would listen to us." (PNGO, Sohag, FGD)*

Fieldwork, shows that these dissident voices are most vocal when efforts against FGM/C are provided in isolation from other services to the community and when the LNGO is not highly integrated into the community. The situation is aggravated when the LNGO is from outside the community. In three out of the eight communities included in the sample FGMAP activities were implemented by LNGOs located in another community. These were Masseoudi (Assiut), Zaweit Sultan Qibli (Menya) and Najaa Abasa (Sohag)

In these three communities, program staff faced great local resistance. When the LNGO presents the community with an intervention that is solely focused on FGM, this supports the discourse that the intervention is alien to the community. This stresses the need, voiced through many FGDs, that in order to secure people's attention and enthusiasm, it was essential to incorporate other elements catering to the village's most pressing needs into project activities. PNGO staff in Menya recommended merging FGM/C with another issue such as education or reproductive health to secure the interest of the entire community. During the later part of the project, this started to be the case in Assiut and Qena, much to the satisfaction of community members. The incorporation of awareness raising against the Avian Flu was a timely decision during the pandemic and PNGOs noted that this made people understand that the intervention truly sought to benefit them.

> We were unable to talk about this *topic (at the beginning)*. After two years of work, when we talk to people, they say you are right because they had problems (related to FGM), for which they did not know the reasons. (PNGO FGD, Sohag

Government officials interviewed asserted that FGMAP was necessary but needed to be incorporated in a different package to address these concerns. For example a MOHP representative in Menya recommended addressing FGM/C indirectly within a more comprehensive development packages to avoid the "why now" question. This reflects a generalized sentiment expressed throughout the sampled communities, that project resources should be directed towards other interventions that cater to their more pressing needs such as education.

This also relates to comments in discussions with program staff for the need of a variation of activities involving PDs and their families. During the GAR phase, targeted families continue to receive home visits from program staff and volunteers until the girl is married (when she is considered 'saved'). While FGDs with women showed that these visits were appreciated, men opposed these visits and considered staff to be prying on their privacy.

Thus, As will be discussed in more details in the recommendations section, while efforts against FGM/C are certainly critical, they need to be integrated into a comprehensive development package.

Raising Awareness on the Harmful Implications of FGM/C

PNGOs pointed out that this intervention was important because it brought awareness and knowledge of the harms and implications of FGM/C to communities where, even among the educated, the dangers were unknown. (PNGO Menya, Assiut). They saw that community members may not recognize a need for a project that challenges a deep rooted tradition, but that it was an important intervention to make them aware of the social, economic and psychological implications of the practice. For example they point out that after the intervention, many people realized that some of their marital problems and unfulfilling sexual relationships were a consequence of FGM/C (Sohag/Assiut). Community leaders echo this point of view where in Assiut one leader points out that "*the project was needed in order to alarm people (of the dangers of FGM). This is a timely issue and (the project) has affected many people who were convinced that FGM/C is harmful*". PDs in Naj Abassa point out that FGMAP was needed to spread the general knowledge about FGM/C known to only a few, and to make it known to the entire community.

> *"I feel relieved (being part of the project). It is as if I was drowning in a sea. Now I know where I stand. I met other families and I saved many (girls)."* (Hawatka, FGD, women)

A National Need

FGMAP addresses a national need to combat FGM/C. The practice is highly prevalent in Egypt, particularly in the four governorates and 40 communities where FGMAP operates. According to the EDHS 2005, the prevalence rate of FGM in Menya is 96%. In Qena, it is 99%. While published EDHS data does not include the prevalence in Sohag and Assuit, the national average for Upper Egypt is 96.9%, which indicates that the prevalence in these two governorates is equally high. Data on the prevalence rate of FGM/C by age group indicates that for Upper Egypt it was 45.8% for ages 9-12 and 81.1% for ages 12-17 (compared to a nationwide rate of 37% and 73.6% respectively), reflecting the fact that in Egypt, traditionally girls are circumcised slightly before or at puberty. Figures are higher for rural Upper Egypt being 47.8% and 85.4% respectively. EDHS estimates regarding future trends in FGM/C levels indicates that for Upper Egypt 80.9% and 87.1% of girls aged 9-12 and 12-17 respectively will be circumcised by age 18. These figures rise for rural Upper Egypt to 85.4% and 92.3% respectively, compared to a national rate of 71.2% and 79% respectively. Although these figures and trends indicate a decline in the proportion of young women being circumcised, the rates are still high and indicate a continued need for efforts to change the attitudes supporting the practice. [10]

> *.. my wife wanted to circumcise our daughter, but I refused and told her I'd read it was harmful to girls, and that I will take the responsibility, and for your sake I will announce that we have circumcised her, and I did actually say that. After the program I was able to announce that we did not circumcise our daughter .. I found something to support me" Naj Atia, community leader*

[10] EHDS, 2005 pp 211-219

A Priority in the National Agenda

FGM/C abandonment has also been included in the forefront of the national agenda since 2002. The NCCM, the highest national body entrusted with childhood issues and establishes policy, drafts legislation and mainstreams childhood and motherhood development in the five year state plans, incorporated FGM/C in its Strategic Orientation Document 2002-2007 and is the main body that coordinates national and international efforts towards FGM/C abandonment in Egypt. It supports action at community level, promotes a national dialogue on FGM/C as well as legal and policy reform. In this context, FGMAP is UNICEF's contribution to the plan of action with the NCCM with the objective to contribute to the World Fit for Children (WFFC) goal of ending female genital mutilation during the course of this decade (2000-2010). NCCM is also the coordinating body under which the FGM Free Village Model is being implemented.

At the community level the two projects are currently operating in different geographic locations (different villages in the same governorates) with separate interventions. Both projects have adopted a strategy that mobilizes partner or focal NGOs at the governorate level, as well as local NGOs at the community level. While the FGMAP has relied heavily on positive deviants as the main advocates of FGM/C abandonment with the support of volunteers and community leaders, the FGM Free Village Model has relied largely on mobilizing community leaders and youth volunteers as main advocates for the cause. It has also worked towards mobilizing advocates against FGM at the national level such as youth volunteers, doctors, legal personnel and media personnel, as well as launching media campaigns for FGM/C abandonment. Positioning the project's technical unit within the NCCM has allowed it access to decision making bodies and the ability to lobby for needed policy change for FGM/C in an effort to create an enabling national environment at the national level for FGM/C abandonment.

Both projects have worked towards unifying their FGM/C messages using the FGM/C manual "FGM…Until When?" (*Khetan Al Inath…Ila Matta*) which uses an interactive approach to demonstrate the social beliefs and misconceptions supportive of FGM and addressing the practice from a religious, historical, social, medical and legal perspective. Both projects have also begun using the same religious message as presented in the booklet entitled "FGM from an Islamic Perspective" ("*Khetan Al-Enath men Manzour Islami*") written by Islamic Scholar Dr. Selim El Awaa , and which responds to the religious debate and addresses all the religious inquiries raised regarding FGM/C.

Promoting the Rights of the Girl Child

FGM is a violation of the basic right of the girl child to bodily integrity. In that sense, this project seeks to promote the rights of both children and women by protecting them from undergoing this procedure. It comes as a response to a pressing need that is increasingly being pushed to the forefront of the agendas of both international donors and local institutions working in Egypt such as the NCCM, especially following the death of a 11 year old girl while undergoing FGM/C procedure in Menya in June 2007 after which efforts towards FGM/C abandonment have gained momentum and are being pushed by the government at the highest levels.

Program Effectiveness

This section of the report addresses the following: the extent to which project met its objectives; results of various components; groups reached through activities; internal and external factors affecting the project results. One of the important factors that may impact on

these results is the fact that has been repeatedly voiced in interviews and FGD which is the limitations regarding assessing the prevalence of a sensitive issue like FGM/C where people may not be willing to publicly admit their rejection of the practice, or that their daughters have not or will not be circumcised, while other families may declare that they will not circumcise but actually do perform the practice.

A. The extent to which the Project met its objectives

This section focuses on the extent to which FGMAP met its six objectives.

1. Increase knowledge of community members of the dangers of FGM/C and empower them to be advocates for eradicating the practice:

The FGMAP targeted community members such as families of girls at risk, men and women of different age groups and girls at risk.

GAR Target Families:

The evaluation study organized a total of 12 FGDs for target families (7 for men and 5 for women) with a total of 53 men and 40 women participating in these FGDs. Separate FGDs were conducted with families who supported FGM/C, those who opposed the practice, and those who were hesitant in order to obtain an in-depth understanding of their experiences with FGM/C, their knowledge, attitude and perception with regards to FGM/C, their perceptions of the project interventions and their recommendations. The FGDs also helped to highlight the main factors that may have contributed towards changing the stance of families towards FGM/C and the main challenges and obstacles faced by FGMAP in achieving this.

Circumcision (El tahara) is a crime. Every woman should know that she can only protect her daughter through raising her (right) (Zawiet Sultan Qibli)

Quantitative data regarding changing positions towards FGM/C:

According to quantitative data provided by the PNGOs on the stances of target families in the sampled communities towards FGM/C at the beginning and the end of the intervention, it is noted that there was a significant increase in the absolute numbers of targeted families who either changed their stance to opposing or being hesitant about FGM/C in all communities. However, the percentage changes varied between the communities. Table (3) shows change in stance among targeted families in the sampled communities in the four governorates. For the four governorates as a total we can see that the percentage of targeted families opposed to FGM/C has risen significantly from 13% at the start of the intervention to 51% by the end of Dec 2006 with a slight rise in the percentage of hesitant families from 25% to 26% of targeted families, and a significant drop in the percentage of families supporting FGM/C from 62% of families in sampled communities to 21% .

Table 3: Changes in the Stance of Targeted Families Towards FGM/C in Sampled Communities[11]

[11] In Menya a family from Z.S.Qibly and 8 families from Z.S. Bahari left their communities; In Assiut there is a discrepancy between number of targeted families at end of 2006 and the total sum of families by stance which is unaccounted for by the PNGO.

START OF PROJECT	MENYA		ASSIUT		SOHAG		QENA		TOTAL	
TOTAL FAMILIES	270		357		329		159		1115	
FOR FGM/C	137	51%	357	100%	190	58%	5	3%	689	62%
OPPOSED	95	35%	-	-	11	3%	40	25%	146	13%
HESITANT	38	15%	-	-	128	39%	114	72%	280	25%

END OF 2006	MENYA		ASSIUT		SOHAG		QENA		TOTAL	
TOTAL FAMILIES	598		357		329		409		1693	
FOR FGM/C	252	43%	4	4%	56	17%	26	6%	348	21%
OPPOSED	160	27%	144	40%	273	83%	293	72%	870	51%
HESITANT	177	30%	175	49%	-		90	22%	442	26%

We can see from the table that the most significant change in opinion of targeted families towards opposing FGM/C was in Sohag and Qena. At the level of communities in Sohag, 91% of the targeted families were opposed to FGM/C in Naj Attia and 72% in Naj Abassa at the end of the intervention compared to 5% and 0,7% respectively at the start of the intervention with zero hesitant families. In Qena the percentage of opposed families rose from 16% of total families to 56% in El Kom Al Ahmar while hesitant families dropped from 80% to 37%; in Al Araki opposed families rose from 33% of total families to 85% with hesitant families dropping from 64% to 10%.

In Assiut and Menya, the change changing stance of targeted families in sampled communities as a whole indicates a move towards a hesitant stance, with a significant minority opposed to the practice. In Assiut this varied at community level where Hawatka had a higher percentage of families opposed to FGM/C 62% with 22% hesitant and Al Massouedi had a higher percentage of hesitant families , 83% with 14% opposed. In Menya the percentage of families opposing FGM remained the same in Z.S. Qibli at 40% of total targeted families a the end of the intervention compared to the start of the intervention, whereas the hesitant increased to 19% from 14%. In Z.S.Bahari those supports FGM fell to 18% from 31% of total targeted families while the hesitant also fell from 14% to 4%.

Qualitative data regarding changing opinions of FGM/C

The results of the 12 FGDs with target families reflect these results to some extent. Results show that some families were thoroughly aware of the FGMAP's aims, becoming more informed about the harms associated with FGM/C eventually opposing the practice. Others are ambivalent and unsure about what position to take, while still others continue to cling to the practice and support it. In communities such as Zaweyt Sultan Bahari (Menya), Naj Atteya (Sohag), El Massouedy (Assiut), El Kom El Hamar,(Qena), Al-Araki (Qena) families expressed notions that FGM/C was a tradition and not required by religion, nor was it necessary for a girl to be chaste. There was also awareness regarding the physical dangers and harms of the practice . As one woman in Naj Atteya explained: " Circumcision is (*haram*) "forbidden" in both the Quran and the Bible. "*It is only a custom*". Another woman in Al-Araki (Qena) mentioned hemorrhage as a consequence of FGM/C. Men against the practice in El Kom Al Ahmar (Qena) connected FGM/C to frigidity, marital problems and drug use among husbands, while men in El Masseoudy (Assiut) mentioned physical and psychological consequences of the procedure. One of the GARs in Naj Atteya (Sohag) stated that "*My father wanted to have me circumcised but after the (project) meeting he was convinced and changed his mind"* indicating that FGMAP had reached parents and convinced them to stop the practice. Girls at risk also reported in El Massoeoudy (Assiut) that their parents did not circumcise their younger sisters which is a sign that the message is being spread.

In general, data from the field show two specific types of information that were most repeated by FGMAP's target families. The first was the knowledge of the physical harms of FGM/C. The second was the fact that FGM/C was not required by religion. One of the men in Kom Al Ahmar (Qena) shows the impact of the religious awareness activities by highlighting the religious views he came to know on FGM/C through the project.

Conversely, some families in these and other communities continued to support the practice. In one community, Zawyet Sultan Qibli, (Menya) people showed a lack of knowledge about FGMAP, where many were unaware of the project's existence and hence still insisted FGM/C was necessary. Men in this community considered FGM a religious duty and a hygienic practice. Men in Hawatka (Assiut) insisted on the necessity of FGM/C to the extent of being ready to go to other villages to perform it if ever it is deemed forbidden in their villages, while men in Al-Kom Al Ahmar (Qena) saw that FGM/C was a generation held tradition that is necessary to prevent homosexuality among women and to ensure their fidelity when their husbands are away from home. Women in Hawatka also linked FGM/C to notions of pride and chastity for the girl, and one woman linked the procedure to making girls grow and become beautiful.

Other groups of families were ambivalent and hesitant about FGM/C. Women in Zawyet Sultan Bahri and Zawyet Sultan Qibly (Menya) repeated the notion that they would go to the doctor to know whether they need to circumcise their daughters or not. Women in El Masseoudy (Assiut) stated that they were convinced of the dangers of FGM/C but they were all waiting for the first person to take the initiative and not circumcise. *"I' m like my neighbors. People say no, I'm like them, people say yes, I'm like them"*. Thus, there is still ambivalence amongst women about subjecting girls to FGM/C. Women are hesitant and many prefer to adhere to local practices, fearing to take the lead in renouncing FGM/C. PNGO have also reported that women have expressed concern that if their daughters are not circumcised they will not marry. Moreover, peers/midwives (*dayas*) and neighbors exert pressure on mothers which can lead them-despite their hesitancy- to make the decision to circumcise.

Additionally, knowledge about the physical harms of FGM/C (such as hemorrhage and infections) may have had the adverse effect of leading people in some communities to turn to doctors instead of midwives to perform the procedure. According to one woman from Al-Araki (Qena) participating in a FGD: *"The doctor is the best (cleanest) thing (to do)" (Qena, January 2007)*. In Zawyet Sultan Kibli (Qena) GARs reported that when they shared the information they received from the project about the dangers of FGM with their mothers, they were told that they would be circumcised at the doctors. This group of targeted families is convinced of the dangers of having FGM/C performed under unhygienic conditions rather than of the fact that the practice is entirely unnecessary. Project documents[12], discussions with project managers, PNGO staff and UNICEF representatives have also indicated the trend towards increased medicalization. UNICEF representative pointed out that one of the main challenges facing the project is the increasing number of doctors performing the practice. This has resulted in raising the price of circumcisions, thus providing additional income to doctors who now have a vested interest in the continuation of the practice. A PNGO staff member in Assiut mentions that before the project the cost of circumcision was LE10 *"but now is for LE50 because it is (performed) at the doctor."* A representative of MOH in Menya pointed out that "*as people began to fear the harms of the daya, they began to go to the doctor*." The PNGO in Qena point out that some doctors perform the procedure because they believe they will cause less harm than if they leave it to the *dayas*. Other doctors are not aware of the harms of FGM/C as pointed out by PNGO in Assuit and practice it as an age old tradition or out of religious conviction where a female doctor circumcised her own daughter and many other girls until she became aware through the project of the harms of FGM/C. Project documents have also indicated that some doctors stated that there are some rare conditions under which circumcision is necessary, and this has provided proof for many community members that FGM should not be completely eradicated.[13]

Quantitative data made available by the PNGOs for GARs indicate that there appears to be a growing trend towards medicalization in most of the researched targeted communities. As

[12] FGMAP M&E Finding: ACDA January-June 2004 where it is stated that: "According to mothers and fathers, this greater awareness encouraged fathers to become more involved in the decision-making process around the practice…Fathers became more concerned and used midwives less frequently and turning to doctors instead."

[13] FGMAP M&E Findings: Qena (FEDA) October 2003-March 2004

table (4) indicates, in all the communities with the exception of Menya, over 66% of the GARs who were circumcised since the start of the project and up till the end of December 2006 were done so by doctors.[14] This corresponds to national data and trends where the 2005 DHS indicates that three quarters of circumcisions were performed by medical personnel. As there is no similar data available before the FGMAP intervention, it is difficult to assess to what extent exactly the project may have induced medicalization. Moreover, in some of the communities, such as in Araki, Qena, FGM/C the practice was 100% conducted by doctors even before the start of the program because there were no *dayas* in the village.

Table 4: Providers of FGM in studied communities

Governorate	Community	Doctor	%	Nurse	%	Daya	%	Total	
Sohag	Naj Abassa	50	*66*	12	*16*	14	*18*	76	
	Naj Attiya	25	*66*	5	*13*	8	*21*	38	
Menya	Z.S. Bahari	3	*5*	17	*28*	41	*57*	61	
	Z.S. Kibli	-	-	20	*70*	8	*30*	28	
Qena	Araki	2	*100*	-	-	-	-	2	
	Kom Ahmar	6	*100*	-	-	-	-	6	
Assiut	Hawatka	10	*67*			5	*33*	15	
	Massouedi	1	*100*					1	

Girls at Risk:

10 FGDs with 85 girls and 6 case studies were undertaken for this research.

The FGDs with GARs show that some girls were aware of the dangers of FGM/C and took a stance against it, others condoned the practice while a third group was ambivalent. In many of the communities girls were aware of FGMAP and receptive to the message of FGM abandonment and had received information about the dangers of FGM/C from the initiative (Z.S.Bahari, Menya; Naj Abbassa, Sohag; Al Araki, Qena, El Masseoudy, Assiut). Girls said it was an old custom harmful to girls (El Masseoudy, Assiut), and that girls could get married even if they were not circumcised (Naj Abbassa, Sohag). In Al-Araki (Qena) girls expressed strong views against FGM/C and connected it with ignorance. They also expressed the fact that FGM was not necessary but that they were not always able to convince their mothers (Z.S. Bahari, Menya) and expressed fears that even if they don't get circumcised now they still worry that it might happen to them someday (Z.S. Kibli, Menya). In the same village one girl had attempted to dial the Children at Risk hotline to report the *daya* who was going to circumcise her but could not finish the call because her family prevented her. Girls in El Masseoudy, Assiut point out that they can play a role in spreading the message against FGM/C by talking to their peers or performing plays to educate people. It is worth

[14] There is no similar data available before the FGMAP intervention, which makes it difficult to assess to what extent exactly the project may have induced medicalization.

mentioning that the representative of the Ministry of Social Solidarity in Sohag mentioned an incident of a girl who ran away from her parents while they were taking her to be circumcised after which they agreed to spare her from the procedure.

However, in other communities such as Z.S. Kibli (Menya) girls believe FGM/C is essential despite the negative physical consequences which were outweighed by the negative social consequences of not doing it. In El Hawatka (Assiut) girls were unaware of the reasons why FGM/C might be dangerous as they have not had access to this information. Some girls in Menya also mentioned they had not received any visits from the LNGO. Some girls still associated it with cleanliness, beautification and one girl thought it should be done according to the girl's body size. Another girl mentioned that FGM/C is both a religious duty and a local custom that needs to be followed.

Other girls were ambivalent. Girls in El Kom El Ahmar (Qena) showed very little knowledge about the harms of the practice and many repeated notions that FGM/C was not harmful if done by a doctor. In El Masseoudy, Assiut, some girls expressed worry about being undesirable for married if they were not circumcised. Also religious messages condoning the practice caused confusion as noted by a girl in Hawatka, Assiut.

In general gender was an important indicator of receptiveness to the message against FGM/C. Overall, women seemed to have been more supportive of the argument against FGM/C. Girls at risk were particularly receptive of the message against FGM/C as can be seen from above and their attempts at resisting the procedure despite their family's persistence. On the other hand, FGDs with men showed the clear focus of this group on two major issues. The first has been the religious debates surrounding FGM/C, with those supporting the practice being convinced of - and most vocal about –the religious argument for its continuation. The second issue was marital sexual dysfunctions, an argument that was most repeated by men against FGM/C. These men cited "women's frigidity" caused FGM/C as a major reason behind high rates of divorce. These men were more receptive to the message opposing FGM/C.

Factors affecting effectiveness of FGMAP with respect to families and GARs

Some of the factors affecting the effectiveness of FGMAP among families and girls in these communities and leading to the above results include: lack of venues to hold FGMAP activities (Z.S. Kibli, Menya) which may explain why some people in this community never heard of the project; the position of religious leaders (both Muslim and Christian) regarding FGM/C, where those leaders who support the practice have created an obstacle to the abandonment initiative. Moreover, differences between religious leaders on the issue leave community members confused and reluctant to abandon FGM. As one of the men in Hawatka, Assiut says: *" If religious men have such differing opinions then we should stick to our norms and circumcise"*. Likewise, a girl from the same community voiced her confusion caused by the fact that some sheikhs still preach that FGM/C is right and no one can explain to her why it would religiously be wrong. Conversely, the position of the Church against FGM/C in communities such as Hawatka (Assiut) and Naj Atya (Sohag) was an important factor in convincing families against the practice, while the position of a local Imam who was critical of the practice was influential in communities such as Z.S. Bahari (Menya). Doctors who perform and/or support FGM/C also add to the confusion of families since they are important community leaders and highly trusted by the people. For example, women in Naj Atteya, Sohag pointed out that many doctors who are supposedly educated and more informed, still circumcise. Moreover, PNGOs have pointed out the pressures exerted by mid-wives who have a vested interest in the practice. The representative of MOE in Assiut also pointed out how mid-wives contribute to the spread of the practice. But when these are won over, they have an important impact as the PNGO in Assiut pointed out, where a mid-wife was eventually convinced to stop the practice and announce publicly that she had stopped. The level of education in the community also seems to be an important factor. For example, FGMAP is considered more successful in Naj Atteya (Sohag) because the population is educated,

whereas it has encountered more difficulties in Z.S.Kibli (Menya) where a small percentage of the population is educated. Also PDs in Hawatka (Assuit) considered low levels of education to be one of the main obstacles they faced in the village. Other factors may include past awareness raising efforts for FGM abandonment such as in Z S Bahari (Menya)[15] which might explain why FGMAP was more successful there. Also greater difficulties were faced in communities where the LNGO was from outside the community and FGMAP activities were implemented by LNGOs located in another community Maseoudi (Assiut); Z.S. Qibly (Menya) and Najaa Abassa (Sohag),

Positive Deviants and Volunteers.

The research organized 14 FGDs with a total of 95 PDs (41 men and 54 women) as well as 7 case studies (4 men and 3 women) and one in-depth interview; and 11 FGDs with 82 volunteers (45 men and 37 women). Overall, the program identified 1317 PDs (Menya 136, Assiut 937, Sohag175, Qena 69) of which 560 were active PDs[16]. A total of 582 volunteers were mobilized (Menya 142, Qena 440) of which 263 were active participants in the project in Qena.[17]

Positive Deviants

Positive Deviants and volunteers were the groups most knowledgeable about the harms of FGM/C. For many of these PDs, FGMAP allowed them to announce publicly their stance against FGM/C, after they had privately renounced the practice because of bad personal experience or that of their family members or through knowledge gained about it. As a male PD from Hawatka (Assiut) says: *"I was convinced before the FGMAP but didn't announce it, I declared it after the project. I was afraid people would say my daughters are corrupt*". PDs in Z.S. Bahari stated that FGMAP had allowed them to break the silence and talk openly about FGM. As a female PD points out *"The thing I benefited most (from the project) was the courage to (talk about FGM/C)"*. FGMAP contributed to empowering these individuals to talk about the harms of FGM/C and to advocate its elimination. FGMAP gave PDs new information, new relationships with the community and new skills and improved their personal development through trainings. It also provided them with more knowledge on the harms of FGM/C. Most female PDs in Zawyet Sultan Qibli, Menya only found out about the dangers of FGM through the project.

They have supported FGMAP through numerous efforts such as preparing for seminars, meeting with community leaders, providing speakers such as doctors to attend seminars, talking to families (Z.S.Bahari-Menya); holding meetings in their homes, responding to peoples' religious concerns and providing religious arguments against the practice, speaking with those who oppose FGMAP and organizing home visits. PDs who worked as teachers served as entry points into schools and helped organize plays and debates among students on the issue as mentioned by the PNGO in Assiut.

PDs were seen as live examples that could convince families that FGM/C is not related to chastity, as a LNGO staff pointed out in Hawatka, Assiut. The representative of the MOHP in Assiut also pointed out the importance of having PDs, who are members of the community, giving out the message of FGM/C abandonment rather than outsiders who are usually

[15] FGM abandonment efforts have been ongoing for 15 years.

[16] Menya 136, Assiut 364, Qena 60. The figure for PDs in Sohag (175) does not specify if all of these were active or only a number of them. We therefore did not include them in the total number of active PDs

[17] There is no figure for active volunteers for Menya.

regarded with apprehension by village communities. It was also pointed out how PDs helped in getting the project to enter the homes of community members.

However, PNGOs (Menya, Sohag) mentioned that some PDs were not sufficiently trained or prepared to respond to strong resisters to the FGMAP and that they needed more personal and awareness skills. The need for developing and intensifying PD trainings was stressed. The initial back lash from the communities against the FGMAP led the project to look for PDs among community leaders such as doctors and sheikhs who are role models and respected members of the community to counteract this response[*], giving credibility and legitimacy to the campaign of abandoning FGM/C.

Volunteers:

FGMAP also sparked the interest of volunteers in FGM/C abandonment. While some of the volunteers were aware of the dangers of FGM/C, others gained this knowledge only through FGMAP. Volunteers in Assiut pointed out that prior to the project none of them had a stance against FGM/C but changed their minds about the practice through the project seminars where they got both medical and religious information. In Naj Abbassa (Sohag) most volunteers admitted they weren't convinced of the dangers of FGM initially but they changed their attitudes after listening to LNGO staff discussions. In El Kom Al Ahmar (Qena) volunteers highlight the role of listening to a Sheikh and knowing the stance of religion from FGM/C in convincing them to join the project. In some instances however, such as in Al-Araki village (Qena) male volunteers reflected a state of ambivalence similar to the targeted families. While some had a clear stance against FGM/C, others did not have such a clear stance. Volunteers gained knowledge and skills through training, although in Sohag, volunteers do not seem to have received training due to time constraints thus "leaving them unprepared to address the challenges they faced in the community" as noted.

It is an achievement of this project to have enabled and created an environment where PDs, and volunteers talk about FGM first among themselves and then with the rest of the community. The FGMAP also gave men, women and girls the opportunity to talk about and debate this issue even if some of them are not yet convinced of its dangers. The fact that the prevailing societal norms regarding FGM/C are being challenged and debated in public for the first time is an important step towards encouraging community members to reflect and reconsider the practice. Discussion and reflection allow the previously hidden costs of FGM/C to emerge as women and men share their own experiences and those of their daughters (such as marital sexual problems, hemorrhaging of daughters during procedure…etc) As a female volunteer notes in Al-Kom Al Ahmar (Qena): *"Now everyone is talking about the project. Even hesitant families will be (eventually) affected by those who oppose FGM/C"*.

2. Support leaders to break the silence about FGM/C in their communities

FGMAP has targeted numerous community leaders given their crucial role in shaping views and ultimately decisions regarding FGM/C . These included religious leaders (priests and sheikhs), high ranking officials in the community, doctors and heads of influential families. FGMAP addressed this objective on two levels: the community level and the governorate level. Locally, FGM/C has always been a sensitive, often tabooed issue. Prior to the project, this topic was never openly discussed among members of the communities. It is an

[*] As pointed out by a representative of CEDPA.

achievement of this project to have enabled and created an environment where community leaders were able to break the silence on this issue and discuss it openly among themselves and with the rest of the community. In this way a deeply entrenched custom is challenged and the harms of FGM/C are exposed, and the community is encouraged to reflect and reconsider it's position towards this practice.

Mobilizing community leaders at community level[*]

Size of community leaders mobilized

Data from PNGOs show that FGMAP secured the support of a total of 140 community leaders in the eight sampled communities in the four governorates (20 in Minya, 21 in Assiut, 62 in Sohag and 37 in Qena) out of a total of 257 community leaders that were addressed or about 54% . In the eight communities that were evaluated, there were 140 active leaders (20 in Menya, 21 in Assiut, 62 in Sohag and 37 in Qena) up from 120 when the intervention began. Of these, 54% were natural and civic leaders, 28% were doctors, 20% religious leaders and 12% health providers. As can be seen over half are natural and civic leaders who are largely heads of families or members of local councils The distribution by governorate indicates that for three of the governorates (Menya, Sohag and Qena) the majority of active leaders were civic leaders (45%, 74% and 49% respectively) while in Assiut the medical/health providers were the most active at 52%.

Change in stance towards FGM/C

The stance of community leaders towards FGM/C shifted from a total of 153 or 55% opposed to FGM/C at the start of the intervention, to 177 or 69% of the total number of community leaders at the end of 2006. The proportion of leaders opposing FGM/C was highest in Qena at 100% up from 67%[**]; Sohag at 73% up from 54.5%; in Assiut 63% up from 51% and in Menya 43% up from 26%.

Both religious leaders and doctors are key community leaders that play a critical role in influencing decisions on FGM/C. Importantly, FGMAP managed to reach several religious leaders and convince them against FGM/C. A total of 20 religious leaders were active in the sampled communities They, in turn, took it as their duty to transmit this knowledge to the rest of the community.

During UNICEF's project to train advocates for FGM/C Abandonment implemented during the years 2003-2005, a total of 512 community leaders: doctors, religious leaders, media personnel were trained on FGM/C related issues. Religious leaders (from Menya, Sohag, Assiut and Qena) and doctors (from Menya) received training on FGM/C related issues from a medical, religious legal and social perspective during the years 2004 and 2005.[18] A representative of the Ministry of Religious

[I am a positive role model (literal translation of the Arabic equivalent of positive deviant) - I advise people about the harms of circumcision (Zawiet Sultan Qibli, FGD of PDs)

[*] Data provided by PNGOs at different intervals involved discrepancies which casts doubts on how accurate the data compiled is and thus the analysis on which it is based.

[**] Although in percentage terms the proportion of leaders opposing FGM/C was highest in Qena, in absolute terms the total number of leaders as reported by the PNGO actually dropped from 68 to 37 and the number of leaders opposed to FGM dropped from 53 to 37.

[18] A training workshop organized in cooperation with Family Planning Association in Alexandria during August 2004 for 30 religious leaders from Menya; a training workshop for 27 doctors and supporting health practitioners from Menya during Jan 2005; a training workshop for 30 religious

Endowments in Menya indicated that he had participated in these training workshops and is now cooperating with the FGMAP, presenting an enlightened Islamic religious perspective on the practice. However, information from the field has indicated that some of the Sheikhs and doctors involved in seminars could not deliver a strong message against FGM/C despite their commitment against it. It is not clear from the available data whether these leaders had received training or not. If they had it would indicate that it had not been sufficiently effective. If they had not, then it is important that leaders selected to address the community should be effectively trained in communication techniques, group facilitation and FGM/C related issues.

Role of Community Leaders

Supportive leaders opened their homes for different program activities and some of them participated in seminars that provided the medical and religious views against FGM/C. Community leaders (the mayor and religious leaders) are seen as important role models who affect people's decision as mentioned by men in Zawyet Sultan Kibli , Menya.

In many communities, religious leaders actually played the biggest role in convincing people to renounce the practice. For example, in communities where the local Imam was supportive of FGM abandonment such as in Zawyet Sultan Bahari, Menya, and cooperated fully with the project, results were more successful. In Naj Atteya (Sohag) a female PD talked about families that she could not convince. She asked them to attend a seminar at the church and the priest managed to change their opinion. Volunteers in El Kom Al Ahmar (Qena) highlight the role of listening to a sheikh and knowing the stance of religion on FGM in convincing them to join the project. In Menya, men mentioned the importance of the Church's prohibition of the practice as a decisive factor that helped many abandon FGM. In El Hawatka, Assiut, women stated that one of the most influential factors in FGM abandonment was the church's declaration that FGM is not necessary for girls.

LNGO staff have pointed out to the important role of both doctors and religious leaders. A doctor gynecologist and village leader in Al Araki, Qena explains to his patients and their families the harms of FGM/C, and does the same during his visits.

Some families reported learning about the FGMAP from community leaders rather than from PDs or volunteers such as in Qena. Girls in Sohag (Naj Abassa) reported that they had learnt about the harms of FGM/C from a nurse at the health unit who vaccinates children. PDs in Al-Araki also highlighted the role of community leaders in having an impact on raising awareness against FGM/C and a female PD in Menya pointed out that an essential element in changing people's attitudes is the inclusion of community leaders in seminars and meetings: *"In the seminars doctors, the mayor, sheikhs, the school director, are present. The mayor has an important say in our community."*

Communities with strong natural leaders appear to have posed less difficulty compared to communities who did not, as noted by the Project Manager in Menya. One of the reasons the FGMAP may have been less successful in Z.S. Qibli compared to Z.S Bahari is the fact that in the former there is no strong local leadership that could help combat the resistance to FGM/C abandonment. Many community members, who are admired, respected and looked up to support the FGMAP efforts and even held activities in their homes is an important factor in granting FGM abandonment a positive value and encouraging a shift in the attitudes and behavior within the community.

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leaders from Menya and Sohag during Jan. 2005; training workshop for 30 religious leaders from Qena and Assiut, March 2005

However, the crucial role key community leaders play – especially sheikhs and doctors –in shaping individual's views and ultimately decisions regarding FGM is problematic when they send mixed messages. Religious leaders, opposing the intervention and supporting FGM constituted a real problem for the FGMAP team. In many instances they caused great opposition on the community level to project activities and even publicly attacked the integrity of project personnel. Doctors, who are considered educated models to emulate by the community, create confusion among community members when they continue to practice FGM/C.

Given the important role that community leaders play and their influence in the community more efforts are needed to empower this group to play a bigger role as advocates for FGM/C abandonment.

Mobilizing leaders at governorate level: Interdisciplinary Consultative Committees (ICCs)

On the governorate level, FGMAP achieved some success in mobilizing relevant authorities to act against FGM/C. This varied by governorate and amongst different authorities within the same governorate. The interaction took different forms, from creating Interdisciplinary Consultative Committees (ICCs) at the governorate level, to personal communications with relevant officials particularly at the local level.

The composition of the ICCs varied in different governorates, but mainly included representatives of Directorates of Health, Education, Insurance and Social Affairs and Religious Affairs, in addition to representatives from the governor's offices, the PNGOs, LNGOs. The main objective of the ICC is to create a forum for interaction and cooperation between the FGMAP stakeholders and the relevant authorities in order to facilitate the work of the FGMAP. The effectiveness of ICCs varied between the different governorates, being most active in Menya, followed by Assuit and Sohag, with regular meetings and actual facilitation of the work at the local level. In Qena however, an ICC was not established due to the absence of support of the governorate level leadership of it

The differences in ICC effectiveness may be attributed to different levels of involvement and reactions of authorities in the different governorates. In Menya, the MOHP seems to have been supportive of the project. PNGOs mention that they not only provided access to health units, as they did in the other governorates, but also took action against those practicing FGM/C as reported by the project team. However, in general UNICEF has reported that the project faced difficulties in convincing the MOHP to implement the Ministerial Decree and punish doctors who performed the procedure.

The Ministry of Awkaf was also cooperative in Menya, sending sheikhs to training workshops on FGM/C. The latter authority was in general not that cooperative with the project in other governorates such as Assiut and although in Sohag the Awkaf Mudirya was cooperative, the Awkaf representatives in one of the districts (Sakulta) was hostile to the FGMAP.

Ministry of Education (MOE) were also cooperative, especially in Assiut and Sohag providing access to schools, even when some teachers refused this, such as in Assiut. The PNGO in Sohag reports that they had difficulty entering schools until the intervention of the ICC. The representative of the MOE in Assiut points out that they organized lectures and competitions in schools on FGM/C which were provided by a female doctor by the PNGO in addition to a sheikh. He also pointed out the need to address university students. In Menya however, the MOE representative prevented the project from holding seminars at the school in Z.S. Qibli as reported by the PNGO. In Sohag, girls mentioned that they were not allowed to talk about FGM/C at school, recalling that *"it was wrong (to talk about it)"*. The representative of the MOE in Sohag pointed out that there is a need for more IEC material in

schools on FGM/C and families in Sohag (Naj Abassa) also voiced the need for more seminars and messages on notebooks in schools.

The Ministry of Social Solidarity has usually been supportive and coordinated with the project and UNICEF mentioned that the project worked with them to streamline FGM/C in their existing projects.

Variations between governorates appeared to be more linked to staff and individual connections than program structure. Positive deviants proved to be helpful in this area, particularly when they had connections with influential families or community leaders.

It is worth noting that local authorities efforts have no institutional basis, e.g. such as agreements between the PNGOs and the specific authorities.

Success of ICCs seem to be dependant on the willingness of governorate level personnel to cooperate, the ability (not all have that capacity) willingness of the PNGOs/CDAs to engage in lobbying/advocacy, and the effectiveness of their advocacy efforts.

In general successful ICCs facilitated a number of activities, such as:

- Provide access to schools and health units,
- Send doctors and sheikhs to receive training in workshops,
- Send doctors and sheikhs to lecture in seminars at the community level,
- Reporting doctors from practicing FGM/C by lobbying with Ministry of Health and Population to them

However, opinions voiced by UNICEF and CEDPA indicate the need for a higher level of cooperation and support from the Ministries. UNICEF collaborated with MOHP to provide training at the governorate level to doctors and health providers against FGM/C, but more efforts are needed to put into effect the MOHP Ministerial decree against FGM/C.

3. Increase the number of local NGOs implementing the FGMAP through training and support by partner NGOs.

The FGMAP has been implemented by 4 PNGOs working with 20 LNGOs in 40 communities: 4 LNGOs in Menya, 5 LNGOs in Qena, 3 LNGOs in Sohag and 8LNGOs in Assiut. The selection of LNGOs was based on a number of criteria as delineated in the FGMAP manual : their enthusiasm for the program and ability to implement it; their credibility and standing in their communities; their prior or current experience with health, education or other social programs; their ability to commit to a two year program, their ability to generate funding for sustainability and previous experience with CEDPA projects.

However, Assiut is the only governorate that showed progress in the objective of increasing the number of LNGOs implementing the FGMAP through the training and support of four new LNGOs and 8 new communities. UNICEF and CEPDA supported the expansion in Assiut based on availability of funding and ACDA being the first NGO with an accumulated field experience. At the time of the evaluation, the program was implemented in 16 communities through 8 LNGOs.

Discussion with Project Managers and PNGO staff revealed some of the difficulties or limitations of working with LNGOs that meet the required criteria and which may have been a factor in not including more LNGOs in the project. In Qena the Project Manager noted that some of areas of weakness of LNGOs were the staff turn-over and limited capacity of organization and their staff. Moreover, the family-based composition of the board and staff makes it difficult for PNGOs to take action against non-active members of the LNGO. In Menya, it was discovered that one of the Board members of the LNGO practiced circumcision. Some LNGOs also are not totally convinced about the project and therefore are not that active, as they joined mainly because they wanted the project to be among the LNGOs activities.

> *"I didn't have any idea or background about FGM ….. the training of CEDPA made a difference with regards to FGM and the reproductive health system, and I became able to explain all this for the groups of girls and boys" PNGO staff FGD, Menya*

Staff members in these NGOs received training on FGM/C as well as communication and interpersonal skills in addition to expanding their social ties with fellow LNGO staff and the rest of the community. Discussions with some of them reveal that the project changed their personal convictions on the issue, with some shifting from being supportive of the practice to opposing it. As LNGO staff in Al Araki, Qena point out, the FGMAP taught them to talk and speak out with courage about FGM/C. One noted that training allowed her to overcome her shyness towards talking about the issue. It is an achievement of this project to have enabled and created an environment where LNGO staff could talk and debate about FGM first among themselves and then with the rest of the community, and to take a stance against the practice through a process of discussion and reflection that challenges a deeply engrained social norm.

4. Increase community mobilization activities related to eradicating FGM/C

Outreach activities

FGMAP has concerted various activities with the aim of increasing community mobilization to fight FGM. Overall, the four PNGOs undertook 7052 activities during the project duration. These included awareness seminars, small gatherings, debates and plays; aside from home visits. Activities were distributed around the four governorates as follows:

Type of Activity	Minya	Assiut	Sohag	Qena
Awareness Seminar	146 6%	390 12%	148 19%	70 10%
Small gatherings	2015 80%	2,689 87 %	459 60%	596 85%
Other activities	341 14%	2 1%	156 21%	40 5%
Total	2,502	3,081	763	706

Awareness seminars were held where religious leaders and doctors were invited to speak on the dangers of FGM/C were critical in breaking the silence surrounding FGM/C. Aside from their impact on those already against FGM/C, seminars were important events within the community as they attracted individuals curious about the presented information and those undecided about the practice. They also responded to the desire voiced by community members to hear medical and religious opinions directly from sheikhs, priests and doctors. Seminars also allowed for more publicity for the program on the community level hence increasing FGMAP's visibility and outreach. They are also seen by PNGOs as having a broader outreach, targeting wide sectors in society. However, it is important to note that the success of public seminars heavily depended on the skill level and clear stance of the speakers invited. For example, the manager of the program in Menya points out that although some sheikhs are good speakers, some are not well prepared to appropriately answer and respond to the queries or criticism of people, thus negatively impacting their credibility and not convincing people. This is also supported by project documents which mention that the effectiveness of the seminars and their impact on the attitudes of the participants towards FGM depended on how convincing the speakers were[19]. However, successful speakers, particularly Sheikhs committed against FGM/C can have a great impact in changing attitudes. This is demonstrated by a case in Hawatka, Assiut where a volunteer woman highlighted the impact of seminars and the opportunity of "talking to sheikhs" in convincing her and other volunteers against FGM/C

Small gatherings comprised the majority of activities in the four governorates. These were usually led by a LNGO team member discussing the harmful effects of FGM. They were important venues for women to talk and exchange ideas in a non-threatening atmosphere. These meetings allow PDs to interact with women in a small group setting and allow them to ask questions freely without embarrassment. Meetings create a sense of community for those against FGM, particularly among women. This project component has been very effective in breaking the silence on the issue and mobilizing communities. The small size of groups allows for an efficiently targeted mode of argument that is relevant to the education level and the stance of the different group members towards FGM. Moreover, the fact that the biggest proportion of activities implemented in the four governorates was in this category is indicative of the fact that communities chose to focus more on small private meetings to avoid the often inhospitable public environment, especially at the beginning of the program as noted in project documents. The major problem identified by LNGOs in this activity is that when a speaker is not well conversed on the topic, or is not sensitive to the prevalent notions of the community, the meetings lead to a negative impact. This was clear in the monthly reports by ACDA, when a speaker in a meeting denounced male circumcision. This had a negative impact on the program.

Other Activities included items such as debates, field trips, celebrations of special days, plays, etc. and were used as forums for FGM education. For girls at risk, plays were mentioned as the activity with the most impact (Assiut) and a girl in Qena (Al-Araki) had an idea about a play depicting the harms of FGM/C.

I didn't accept this (argument against FGM) at the beginning. But with seminars and after talking to sheikhs, I started to be convinced that it has harms in marital relationships. Volunteer, Hawatka, Assiut

Home visits started with the community mobilization phase and were intended to inform people about group activities,

[19] This issue is also mentioned in the: FGMAP M&E Findings: ACDA Jan-June 2004 where it is pointed out that "who the speaker was at the seminars seemed to have the greatest effect on people's attitudes…the few men and women who still supported the practice attended only one seminar and listened to only one sheikh who they described as unconvincing".

disseminate information and build trust. These were implemented more systematically during the GAR phase. They were important in order to reach women who do not leave the home (such as mothers and grandmothers), who have been identified in most FGDs as influential decision makers regarding FGM. They allow the FGMAP team to speak individually with families and to find out their attitudes and behaviours regarding the practice. Home visits allow program participants to listen to women's opinions of FGM and for discussion on a one-on-one basis and like small gatherings, allow women to ask questions freely without embarrassment. PNGOs (Assiut) have also reported that through home visits, some families have supported the project as volunteers. However, home visits offer limited interaction and activities which end up boring some people. Project documents show that home visits are made twice a month for each target family and that there is little that can be done on such an infrequent basis. PNGO in Assiut reported that families began to complain of *"the same people coming every time and saying the same things"* and said that to address this one LNGO decided to rotate the staff members who visit each family. This could also indicate that visits may need to be better planned or managed in terms of communication. Home visits to target families that have a strong stance supporting FGM/C are seen as prying on their privacy. Home visits are also the component most taxing to field staff. It is during home visits when they get harassed and threatened by those supporting FGM. Harassments listed during interviews include being called names (as a spy or agent to the US); throwing dirty water or stones at volunteers and workers; or being threatened by a knife in one extreme case especially during the early stages of the intervention. This poses a question mark on the value of having the visits at this rate. However, when visits were combined with the hygiene and environment and avian flu awareness they appear to have been more effective.

Main audience of activities

An analysis of activities provided by the PNGOs indicates that the major audience of these outreach activities were women. In Menya 75% of activities targeted women. In Assiut 82% of activities targeted women. In Qena 66% of activities targeted women while in Sohag 47% of activities targeted women. Targeted men were 25%, 18%, 34% and 53% respectively in the above mentioned governorates. Evidence from the field indicate that support of FGM/C or ambivalence towards the practice among men was based largely on religious arguments and concerns regarding the chastity of their daughters and wives, and thus the need to equally address and target men with the outreach activities.

Analysis of the sampled activities provided in the Field Coordinator's reports show a similar trend in outreach audience, but indicates a far lower targeting of men and young males. Most activities listed women as a target group. In Menya, 73% of activities targeted women, In Assiut, 87% of activities targeted women. In Sohag, 75% of activities targeted women. In Qena, 57% targeted women. Young men were the group least targeted by FGMAP activities. In Menya, activities targeting men constituted 2% of all activities and those targeting male youth were 1%. The figure for men in Assiut was a bit higher (6%); and in Sohag were 9%. Only in Qena were men a target of more activities, where 27% of activities targeted men and 6% targeted male youth.

PDs and volunteers

A major component of FGMAP community mobilization activities has been the recruitment of positive deviants and volunteers. The project recruited, trained and relied on PDs and volunteers to address communities. Overall, the program identified 1317 PDs (Menya 136, Assiut 937, Sohag175, Qena 69) of which 560 were active PDs[20]. A total of 582 volunteers

[20] Menya 136, Assiut 364, Qena 60. The figure for PDs in Sohag (175) does not specify if all of these were active or only a number of them. We therefore did not include them in the total number of active PDs

were mobilized (Menya 142, Qena 440) of which 263 were active participants in the project in Qena.[21]

Many of these had no previous experience with development interventions and got involved in the project out of their support for the issue.

Discussions with Project Managers in PNGOs indicate that it wasn't easy finding PDs and when these were found, not all had the willingness or capabilities to cooperate with the project, nor was it always clear who was sincere or not (Menya.) PDs also have to meet certain criteria such as a good reputation and standing in their communities that give them the credibility needed for such a sensitive issue. Moreover, they pointed out that it wasn't always easy to ascertain that they were indeed PDs. This is evidenced by the FGD with male PDs in El Araki, Qena who were introduced to the Research team as PDs but who mentioned that they took a stance against FGM/C after the project and after attending the seminars, indicating in fact that they were volunteers rather than PDs. Moreover, this point was also mentioned by UNICEF, CEDPA and PNGOs, and indicated that there was confusion between PDs and volunteers. The Positive Deviants as defined by the FGMAP model are those members of the community "who are against FGM (before the intervention) and refuse under all circumstances to practice this harmful and unnecessary practice". Volunteers were individuals in the community whose role was to support the PDs and Project team in implementation. Most of these took a stance against FGM/C as a result of the intervention

The role of positive deviants in all four governorates was highly demonstrated through the percentage of meetings and awareness raising activities in the governorate taking place in their homes. In Menya, 56% of sampled activities were in PD homes. In Assuit, 72% of sampled meetings took place in their homes. The figure for Sohag was 58%. Venues for activities included a myriad set of locations. Houses of PDs and community leaders ranked top on the list of locations. Other locations included churches, mosques, literacy classes, health units, the local NGO premises, premises of MOISA, youth centers, and schools.

It is a success of the project that PDs, both men and women, many of whom had been afraid to declare their position against FGM/C before the FGMAP, were ready now to provide great efforts and open their homes to promote FGMAP. This is true inspite of the resistance the project and the PDs faced in almost all communities, where some were initially shunned by many of their peers, as a young male PD from Masseoudy, Assiut points out. Moreover, the homes of PDs provide appropriate spaces in which individuals can feel safe and confident to share their views, especially those who may normally be voiceless to express their opinions, such as women, and also men who do not have the opportunity to discuss a sensitive issue such as FGM/C and matters related to it (e.g. marital sexual dissatisfaction).

PDs have supported FGMAP through numerous efforts such already mentioned in detail as preparing for seminars, meeting with community leaders, providing speakers, talking to families (Z.S.Bahari-Menya); holding meetings in their homes, responding to peoples' religious concerns and providing religious arguments speaking with those who oppose FGMAP and organizing home visits. PDs who worked as teachers served as entry points into schools and helped organize plays and debates among students on the issue as mentioned by the project manager in Assiut.

PDs were seen as living examples that could convince families that FGM/C has nothing to do with chastity, as a LNGO staff pointed out in Hawatka, Assiut. The representative of the MOHP in Assiut also pointed out the importance of having PDs, who are members of the community, spreading the message of FGM/C abandonment rather than outsiders who are

[21] There is no figure for active volunteers for Menya.

usually regarded with apprehension by village communities. PDs also were an entry point into the homes of many community members. The initial back lash from the communities against the FGMAP led the project to look for PDs among community leaders such as doctors and sheikhs to counteract this response as pointed out by a representative of CEDPA

However, it was pointed out by PNGOs (Menya and Sohag) that some PDs were not sufficiently trained or prepared to respond to strong resisters to the FGMAP and that they needed more personal and awareness skills. They stressed the need for developing and intensifying PD trainings was stressed.

5. Increase the number of girls saved from FGM/C.

Data provided by the PNGOs as well as data collected from the Council's concurrent evaluation of the NCCM/UNDP's FGM/C Village Free Model intervention indicate that the prevalence of circumcision among targeted FGMAP girls is less than it is in the control sample of the other study. This confirms that the project has been effective in increasing the number of protected girls among targeted families. The following table (5) includes data from PNGOs on the circumcision status of girls in the communities that were part of the study in December 2006.

Table 5: Status of Girls at Risk in the Four Governorates at beginning of FAGMAP till end of December 2006[*]

	Menya				**Assiut**				**Sohag**				**Qena**			
	Zawyet Sultan Kibli		Zawyet Sultan Bahari		Hawatka		Massoudi		Naj Ataya		Naj Abassa		El Kom el Ahmar		El-Araki	
	No.	%	No.	%	No	%	No	%	No	%	No	%	No	%	No	%
Total # of GAR at beginning of FGMAP	348		575		142		246		396		300		185		193	
Girls Circumcised since FGMAP till now	14	4%	46	8%	15	11%	1	<1%	38	10%	76	25%	6	3%	2	1%
# of girls who haven't been circumcised (and are between the ages of 13-17) [3]	28	8%	19	3%	19	13%	14	6%	88	22%	42	14%	62	33%	54	30%

[*] PNGOs stated that they did not share a unified criteria of how "protected" is calculated. Some indicated that they provided the # of circumcised and non circumcised girls out of the **TOTAL GAR** families, while others provided the numbers of both categories out of **only those who oppose the practice** from the GAR families

The prevalence of the practice as indicated by the concurrent evaluation of the FGM/C Free Village Model show that the prevalence of the practice for girls between (10-15) and girls between (16-24) in control villages in Menya is 87.5% and 100% respectively; 90% and 96.7% respectively in Assiut; 96.7% and 100% respectively in Sohag; and 100% for both age groups in Qena. The FGMAP figures in the above table indicate that girls in the FGMAP targeted families are less likely to be circumcised than those in the control villages who did not receive similar attention.

The above figures also compare favorably to national statistics from the Egypt Demographic Health Survey (2005). Statistics for circumcised girls in rural Upper Egypt for ages 9-12 and 12-17 are 47.8% and 85.4 % respectively. (EDHS, 2005).

The lower levels of prevalence seem to reflect the changing stance of targeted families towards FGM/C. These indicate that families changed from supporting FGM/C to being hesitant, or opposing the practice. This has varied among communities as we have seen before. The highest proportion of "protected" girls as depicted in table (5) is in Qena followed by Sohag then Assiut and Menya are in line with the results depicted in Table (3) which indicate that these governorates have witnessed a significant move towards opposing the practice with a significant hesitant minority, whereas in Assiut and Menya, there has been a move towards more hesitant families with a significant minority opposing the practice. Comparing figures for protected girls with those of circumcised girls as depicted in Table (6) indicate that, with the exception of Menya, the three governorates show a higher percentage of protected girls than of circumcised girls.

Table 6: Protected Girls (not circumcised and between ages of 13-17)[22]

BY END OF 2006	MENYA		ASSIUT		SOHAG		QENA		TOTAL	
TOTAL GARS	923		388		696		378		2385	
PROTECTED	47	5%	33	8%	130	19%	116	31%	326	14%
CIRCUMCISED	60	6.5%	16	4.3%	114	16.4%	8	2.1%	198	8.3%

Hesitant families postpone the decision to circumcise their girls, according to PNGO staff in Assiut, hesitant families keep postponing the decision to circumcise their girls, without declaring stance on the issue. PNGOs have also indicated that there are positive indicators that girls under 13 are not or will not likely be circumcised especially among opposing families. However, the stance of hesitant families, in the absence of persistent anti-FGM/C efforts, could be influenced or swayed by peer pressure or confusing religious, medical and media messages, that may lead them to opt for circumcision.

Moreover, these results should take into consideration some of the limitations regarding assessment of the sensitivity factor regarding issues like FGM/C. Many people may not be willing to publicly admit their rejection of the practice, or that their daughters have not or will not be circumcised, while other families may declare that they will not circumcise but actually do perform the practice. PNGOs, PDs and UNICEF and CEDPA representatives all pointed out this issue. A PD in ZS Bahari mentions that FGM/C knowledge has reached most of the

[22] Data by age cohort was not available to make a more in-depth assessment.

village but that some people would be too embarrassed to admit to not having circumcised their daughters. Some male PDs in El Masseoudy, Assiut said they would not declare their stance against FGM because they fear for their daughters' reputation and would rather keep this decision private. In Hawatka, Assiut, volunteers mentioned that a grandmother who beat her five granddaughters so they would not admit to not being circumcised. CEDPA representative also point out that some GAR families say they will not circumcise, but actually do the procedure.

6. Help establish FGM/C free communities.

The project has not been able to achieve the overly ambitious objective of establishing FGM free communities. Analysis of data from PNGOs on the stances of target families in the sampled communities towards FGM/C at the beginning and end of the intervention, show that there has been an important shift towards opposing the FGM/C or being hesitant about it. This has contributed towards a lower circumcision prevalence as noted above.

However, eliminating such a deeply rooted custom as FGM/C from the targeted communities has not been an easy task given the social dynamics that perpetuate the practice and the resistance and opposition the FGMAP team has faced and which has often been supported by pro-FGM/C religious and medical messages and arguments. Prevailing social norms and dynamics make if very difficult for individual families as well as individual girls and women to abandon the practice. Even when families are aware of the harm it can bring, they continue to have their daughters circumcised because it is deemed necessary by their community for her proper upbringing and protecting her honor and maintaining the status of the entire family. Changing attitudes towards FGM/C and shifting from a convention of cutting to one of not cutting, as evidenced by other FGM/C abandonment programs, requires initially mobilizing a core group of families to abandon the practice after which a sufficient proportion or "critical mass" (past the tipping point) of families and people who are willing to abandon the practice are mobilized and enrolled through social networks and organized abandonment efforts.

International experiences, such as the Tostan project in Senegal, have indicated that despite efforts towards FGM/C abandonment and public declarations against FGM/C over a number of years, this does not mean a 100% abandonment of the practice in the community. Rather it indicates that a critical mass of people are abandoning and are publicly encouraging others to do the same. It is estimated by the Tostan project that if the proportion of people doing so reaches 40%, then it may constitute enough people to influence others and lead to a tipping point where all will abandon.[23] At this point, those who still consider following the practice recognize that the status and honor it brings to a girl and her family no longer outweigh the risks involved. [24]

PNGO staff have pointed out that still more time and efforts are needed both on national level (e.g. law criminalizing FGM; fatwa or decree by Al Azhar) and local level to achieve FGM abandonment on a wider scale in their communities. PNGO in Assiut mentioned that it would

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[23] Charlotte Feldman-Jacobs and Sarah Ryniak, Abandoning FGM/C: An in depth look at promising practices ,Population Reference Bureau (PRB),USAID Dec. 2006

[24] CHANGING A HARMFUL SOCIAL CONVENTION: FEMALE GENITAL MUTILATION/CUTTING, Inocenti Digest, UNICEF, 2005

require not less than 10 years to reach an FGM/C free community. CEDPA representative has also pointed out for change to really take place and be rooted could require between 5 to 6 years. Ministry of Social Solidarity representative in Qena mentioned that 3 or 5 more years would be needed for any real change to be visible. UNICEF representatives have also pointed out the need for integrating the FGM/C abandonment message in schools and health units and NGO projects for the message to continue and reach a broader audience and to ensure sustainability.

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In the sampled communities, based on the comparison of the percentage of targeted families to the total population of villages in which the project takes place, it can be noted that in all communities those targeted by home visits remain a minority within their larger communities. Comparing census data of village populations to the number of targeted families shows that in all eight sampled communities, the families targeted for home visits constituted about 10% of the village population. Thus even if the project were to convince all targeted families, which was not the case according to PNGO reports, they still would constitute only a small percentage of the total population living in these villages which would fall below the critical mass of people required . This is further evidenced by opinions voiced by PNGOs, LNGOs, PDs, volunteers, community leaders and families that if the project were to stop now, many of the hesitant families could revert to FGM/C as a result of social pressure. However, these families may be considered "core families" which have shifted towards FGM/C abandonment and which can play a role through social networks and other FGMAP efforts toward enrolling more families and achieving the critical mass of people needed.

Furthermore, from the previous section we have seen that the majority of outreach activities were small gatherings in addition to home visits to the targeted families and seminars to a smaller extent. This could mean that these outreach activities may not reach a larger number of families other than the selected targeted families. However, in rural settings, community members are highly integrated and their opinions and behavior affect one another. As has been pointed out by some of the community leaders (Sohag), in these villages and rural settings, people are more closely connected and messages travel quickly. The consequence of this is that the outreach activities, even if largely focused on the targeted families may have a much broader impact. However, to gauge this accurately would require a survey of the targeted communities to assess changes in attitudes and behavior associated with FGM/C.

B. External Factors Impacting FGMAP

Data from the field highlight the role of **National Media** in achieving FGMAP's objectives. Television ranks highest among the different sources of information on FGM/C, as highlighted in the EDHS 2005. The national media played a two-edged role for FGMAP. On the one hand, national media has displayed the commitment of the government to the fight against FGM/C. Interviews with the Secretary General of NCCM and other officials, as well public declarations by villages against FGM/C aired through media channels reflect this commitment. Community members in Assiut and Sohag cited television as a source of information on FGM/C. However, some of the programs and talk-shows aired on Egyptian TV have addressed the issue in the form of a debate between the opponents and the proponents of the practice, leaving the audience confused with unclear and contradictory messages. Discussions with PNGOs has indicated that this ethical ambiguity has been has been problematic[25]

[25] For example, the program, el Beit Beitak, invited a doctor stating that 30% of girls needed circumcision. Similarly, the film "Asar El Banat" (Girls Secrets) in which a girl is circumcised after being impregnated out of wedlock, gave the message that the problem with the girl was in her not being circumcised. Also, some

The national media has been pivotal in circulating the religious debates surrounding FGM/C. Up until the recent issuing of a **religious *fatwa*** stating that FGM is *haram* (forbidden), the impact of religious authorities and the broader religious discourse on the issue had been negative. A recurring notion in FGDs and interviews was the need for a unified Fatwa. For example men in Assiut called for the need for such a decree banning the practice and the representative of Awakf Ministry in Menya felt the only solution to the problem was for the Azhar to issue a decree banning the practice. A significant evolution, however, has recently occurred in the broader religious discourse on the issue of FGM.

The official landmark *fatwa* issued by the the grand Mufti against FGM/C after the death of Bedour in June 2007 condemning the practice and forbidding it and saying it had nothing to do with Isalm and that is was "*haram*" or forbidden has given a clear message against FGM/C from an Islamic perspective. This has been further supported by the statement issued by the Islamic Research Academy of Al-Azhar, *(Magma' El Bouhouth Al-Islamiya)* the highest seat of religious learning in the Sunni world, on June 28th 2007 regarding FGM stating that FGM is a harmful practice and tradition and is not Islamic. The statement called for an awareness campaign in the media against the un-Islamic practice. However, the impact of these recent developments is yet to be seen on the community level.

Although the official fatwa is important in meeting the need for a religious decree against FGM/C as voiced by many groups there remains a skepticism regarding the impact of such decree as it does not involve any obligation on religious leaders who may continue to preach their own convictions.

A third important factor is the position of the **medical establishment** and doctors performing FGM/C. Doctors supporting and performing FGM/C hamper the impact of interventions against this practice. Data collection took place before the issuance of ministerial decree 271 for the year 2007 that bans FGM in all clinics, public and private hospitals, stating that it is "prohibited for any doctors, nurses, or any other person to carry out any cut of, flattening or modification of any natural part of the female reproductive system, either in government hospitals, non government or any other places," thus overruling the 1996 ministerial decision that allowed FGM in hospitals for cases approved by doctors. This decree is an important development in that it sends a clear message that FGM/C is a harmful, unacceptable practice. It is also an important step in combating the increased medicalization of the practice and provides a legal tool for lobbying with the MOHP to take measures against doctors who perform the procedure. Moreover, it provides an additional awareness raising tool for LNGO staff, volunteers and PDs in their discussions with hesitant families or those who support the practice, as well as with doctors who practice FGM/C. The decree followed a major media campaign spurred by the death of a 11-year old girl in Menya as she was being circumcised by a doctor. It is hoped that the extended media and the ensuing decree will have a positive impact in raising awareness about the harms of the practice.

Program Efficiency

To assess the program efficiency, this section provides an evaluation of the cost-effectiveness of specific trainings; an evaluation of the program management structure at both, the governorate and local level where the following elements will be examined: (1) the

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participants felt the message through the media should be clearly stated, e.g. the TV spot Bent Masryea (An Egyptian Girl), and think the message was not clear for the average viewer.

relationship between UNICEF/CEDPA & PNGOS; (2) the capacity of PNGOs to manage LNGOs; (3) the capacity of the LNGO to implement the FGMAP ; and (4) the coordination between community leaders and the project management; and (5) an assessment of the sustainability of the project and finally (6) cost

1. Relationship between UNICEF/CEDPA and PNGOs

UNICEF is seen by the PNGOS as the provider of financial and technical support in the selection and implementation of activities and in assisting them in solving problems in the communities as well as in networking with other NGOs in other governorates. Mention was also made on the importance of the UNICEF field coordinator who is aware of the needs and conditions in the different governorates in facilitating the relationship between UNICEF and PNGOs. A request was voiced by PNGOs to provide a field coordinator to replace Dr. Ayman after his departure from the project. UNICEF also pointed out that the burden of following up with the field became heavier without the FC.

Discussions with PNGOS also point to the fact that UNCIEF was responsive to the introduction of new activities based on the recommendations of PNGOs and the experience of the project in the field. PNGOs in most of the governorates felt that the original design of the project, focusing only on FGM was not appropriate for the communities, and thus initiated other activities. For example introduction of hygiene awareness activities and Avian Flu awareness in both Assiut and Qena during the later part of the project in order to address the limitations associated with an intervention solely focused on FGM/C and provide new services/activities that cater to the needs of the local communities. This gave credibility to the LGNOs on the community level as pointed out by the Project Manager in Qena. In Menya, the PNGO also introduced other activities and addressed different interests to mitigate the resistance to the project. In Assiut the PNGO mentions other activities such as participating in medical caravans and vaccination day.

However, PNGOs mention delay in agreeing to new activities they want to implement for which sometimes funding is not available (Assiut). PNGOs also point to having to refer to UNICEF on many issues which often wastes time and that they should have greater authority or independence as they are the ones in touch with the field (Sohag). This may indicate a need for more communication between PNGOs and UNICEF and a clearer delineation of roles and responsibilities.

On the other hand UNICEF sees that although the PNGOs or at least the project team are committed to the cause, this at times is not so evident among the Board members who have shown reluctance to engage in advocacy efforts to form a lobby against doctors who practice FGM/C such as in Assiut prior to the decree. In general UNICEF sees the PNGOs as more inclined towards service provision rather than advocacy and lobbying with the Ministries (MOHP).

CEDPA is seen by the PNGOs as the provider of technical support, mainly in the form of training and knowledge on FGM/C. The PNGOs have commended CEDPA for their expertise and the training delivered. There was flexibility and interaction in the relation where in Assiut, the PNGO was allowed by CEDPA to introduce changes to the TOT FGM/C training manual based on fieldwork experience (including more material on religion, health and female reproductive system). In Sohag the PNGO mentioned that CEDPA responded to any financial or technical question

The issue of the complexity of reporting forms came up frequently. Some PNGOs felt the problem had been resolved, whereas others still felt there needed to be a change. This situation may be indicative of a lack of capacity building at the PNGO or LNGO levels, or a

lack of efficient communication between levels of the project. The difficulty of reporting and record keeping was even felt by the evaluation team; basic information often times not available for PNGOs.

2. PNGO's ability to manage the LNGO

The relationship between the PNGOs and the LNGOs varied among the governorates and the different communities given the differences in capacity and commitment to the project among the different LNGOs as well as the social dynamics in play in these communities and the level of authority allocated to the PNGOs in dealing with the LNGOs.

In general, the PNGOs felt they were able to manage the LNGOs, through regular field visits, follow up of activities, providing training for new PDs and volunteers, reviewing and modifying work plans, participating in home visits and meeting with community leaders in target villages, reviewing reports and information for accuracy and ensuring timely and regular reporting, review of financial matters, and evaluating and assessing activities and individuals. For example, follow up allowed the PNGO in Sohag to detect financial irregularities in one of the LNGOs after which the entire project staff was changed after consultation with UNICEF.

However, several problems were mentioned by the PNGOs in all the governorates, These included, elements such as : the need for a clear system of management within the LNGO and a clear division of labor; lack of budget to cover operating expenses (Menya); lack of proper criteria for LNGO selection; weak performance of some members of the LNGO and a need for more capacity building (Qena and Assiut); different levels of interest between executive managers and board members in the project (Assiut); and LNGO staff not committed to the work plan (Sohag). This is evidenced by the fact that PNGOs had to undertake some of the tasks originally assigned to LNGOs, such as adequately completing reports and organizing activities at the community level. PNGOs also pointed out that they did not have the full authority to change LNGO project staff that were not fully cooperative or active, since this required UNICEF approval and in some cases they never responded to this request (Sohag). Another issue is the family structure of the boards and management of some LNGOs, making it difficult for the PNGOs to take action against members who are not active or effective enough (Qena). The PNGO in Sohag also pointed out that although the LNGO project staff should be working full time on the FGMAP and GAR, some are engaged in other LNGO projects and activities which negatively affect the timel y and effective completion of project activities.

These problems indicate the need to address capacity building issues such as management skills, administrative skills (computer, accounting, reporting). It also indicates that project criteria for LNGO selection may not have been fully implemented and/or that PNGOs were not fully aware of these criteria and this issue has to be reassessed with the PNGOs. More direct communication between all levels of the project is also needed.

3. Ability for LNGO to implement the FGMAP

The PNGOs indicated as a whole that the ability of LNGOs to implement the FGMAP varied among LNGOs according to their capacity and experience, the level of commitment of LNGO Board and management to the cause of FGM/C abandonment, and /or their lack of active participation, and staff turn-over.

The PNGO in Menya mentions that LNGOs faced problems with computer and financial skills as well as difficulties with the frequency of required activities involving different groups in a short period of time. In Assiut, PNGOs mention that "*Half of the LNGOs did not have records or receipts for the projects*". Additionaly, PNGO's in Sohag noted lack of skills for financial teams, . in which necessary training skills were provided to LNGOs and weakness were overcome with time, but that more capacity building is needed.

PNGOs noted that most of the LNGOs with a few exceptions, were involved in the project for funding purposes, and this may have been reflected in the apathy and generally uninvolved nature of the board of directors. In one instance, in Menya, a board member of a specific LNGO was found to be practicing FGM/C. In Sohag the PNGO mentions that "*The local NGO board had no clear role and is not actively participating*". UNICEF also acknowledges that some of the LNGOs joined the project for the funding and or for the capacity building offered.

"We used to take the reports and send it to a typing office, because [the LNGO team] could not type the reports."
FGD, PNGO, Menya

However, other LNGOs were highly committed to the project. In Sohag PNGOs report that Hermas CDA is experienced in reproductive health projects and is highly active, and Gallaweya CDA dedicated itself to the project. The Youth Center in Abou Teej, Assiut was committed from the beginning. The Assiut PNGO points to how they initiated new activities (medical caravans/ID cards) to provide community needs and address the resistance to the project. In Menya the PNGO mentions the commitment of Maramena and El Amal LNGOs from the start (the latter had already worked on FGM/C abandonment before the FGMAP) and their persistence to continue despite the strong resistance and attacks at the beginning of the project. Moreover, with training, more of the LNGO boards became more involved and committed as the PNGOs point out.

One of the most disabling factor was high staff turn over for a variety of reasons: mostly due to "brain drain"; once individuals were trained for the FGMAP, the skills they acquired enabled them to find better employment with other organizations, projects or with the public sector who offered better pay; harassment from community members who opposed the project especially during the early phase; long working hours; marriage and pregnancy and migration. The high turn over of some staff had a negative impact on the project process leading to disruptions of the follow up process and difficulty in locating records and providing statistics on the status of the target families in a timely manner.

The above indicates that LNGOs are in need of more capacity building in managerial, administrative, computer and financial skills. Selection of LNGOs should be implemented with greater scrutiny to ensure commitment of the board to FGM/C abandonment. The turn over of staff is a critical issue that threatens the efficient and effective implementation of activities as well as the sustainability of the project.

4. ***Coordination with Community Leaders and Government Bodies***

> *"We will not stop but rather continue without reports or forms. It will be just friendly visits to the families."*

All PNGOs demonstrated a significant amount of coordination with religious leaders, community members, doctors, and lawyers and succeeded in mobilizing relevant authorities at the governorate level. The activity of coordination with community leaders on the local level serves as a powerful tool in ensuring the success and sustainability of the intervention. The PNGOs and LNGOs contacted and addressed a wide number of community leaders and gained the support of some of them in FGMAP activities. In the eight communities that were evaluated, there were 140 active leaders (20 in Menya, 21 in Assiut, 62 in Sohag and 37 in Qena). Of these, 54% were natural and civic leaders, 28% were doctors, 20% religious leaders and 12% health providers. As can be seen over half are natural and civic leaders who are largely heads of families or members of local councils The distribution by governorate indicates that for three of the governorates (Menya, Sohag and Qena), the majority of active leaders were civic leaders (45%, 74% and 49% respectively) while in Assiut the medical/health providers were the most active at 52%..

In addition, PNGOs felt there was good cooperation with the heads of the Health, Education, and Social Ministries especially with the establishment of Interdisciplinary Consultative Committees (ICCs) at the governorate level. This varied through governorates as pointed out before, but appeared to be more linked to staff and individual connections than program structure. Positive deviants proved to be helpful in this area, particularly when they had connections with influential families or community leaders. This indicates the important role that can be played by PDs who are well connected and influential.

5. Sustainability

While the Unicef, PNGOs, LNGOs, PDs and volunteers indicated that there was a need for the project to continue, the feasibility for that to happen varied widely. Largely, the feasibility of the project sustainability depended on the following: availability of funding for PNGOs, LNGOs, and PDs; the level of commitment to FMG/C abandonment of LNGOs; the personal commitment of PDs and volunteers to the cause; and the position of hesitant families towards FGM/C.

Opinions voiced by the PNGOs and LNGOs in all the governorates indicate that it would be hard for PNGOs and LNGOs to continue with their activities without funding to cover their costs and expenses or resources to sustain efforts against FGM/C. PNGOs who already have other ongoing projects have actually integrated FGM/C in some of these projects with the assistance of UNICEF, as the UNICEF representatives have pointed out, especially in Assiut and Menya. Also for LNGOs with committed boards, FGM/C abandonment could be integrated within the LNGO's other causes (such as reproductive health, mother and child health, violence against women etc), but for both PNGOs and LNGOs, FGM/C would not be a stand alone project/program with specific activities that need funding and follow up. An LNGO in Menya pointed out that *"…it would be friendly visits to the families*". For LNGOs who joined mainly for the funding or for other reasons, and were not very active or committed, they would probably not continue with the cause unless more funding is made available. As the PNGO in Assiut remarked: *"…it will depend on how much the head of the board is convinced"*. The Head of the NGO Unit at the Ministry of Social Solidarity in Sohag pointed out that it would be difficult for LNGOs to continue if the project ends because of lack of sufficient funding, and that 2 or 3 more years were needed to ensure sustainability.

PNGOs in the governorates indicate that the PDs (and the volunteers to a lesser extent)are the groups most probable to continue the issue as a personal cause, while the PNGO in Menya pointed out that there are already doctors, and priests who are independently advocating against the practice in their immediate circles. In Qena, a PD (a doctor) pointed out that the intervention has formed a critical mass of people that can hold opposition within the communities, and a PD in Menya saw that the seed had been sown and would grow on its own. However, the PNGO in Assiut indicated it would be impossible without funding; and that PDs would be forced to move on to other issues and an income generating project should have been designed in the project to sustain the efforts of the PDs and volunteers.

Overall, PNGOs, LNGOs and PDs felt that those families who have decided to oppose FGM would not return to practicing it, but the hesitant families would waver towards FGM.

6. Output Relative to Cost Input

The efficiency of the project varied by governorate. The following table compares the average costs to "protect" a girl[26] and to convince a target family to oppose or be hesitant towards FGM. These numbers are based on tables provided by PNGOs at the beginning and the end of the project. In order to calculate the average cost to "protect" a girl from FGM/C, the total budget per village for the duration of the project was divided by the number of girls "protected". To calculate the cost to convince a target family to oppose or be hesitant about FGM/C, the total budget per village for the duration of the project was divided by the difference in number of families who oppose or are hesitant about FGM/C between the beginning of the project and the end of the project.[27]

Table 7: Cost to convince household against FGM as per PNGO reporting

Governorate	Average Cost to "Protect" a Girl from FGM/C	Average Cost to Convince a Target Family to Oppose or Be Hesitant Towards FGM/C
Menya	3,943.37LE	936.02LE
Assiut	7,899.47 LE	946.63LE
Sohag	1709	599.77
Qena	1676,35 LE	426.55 LE

These numbers are not meant to be examined as absolute numbers, but rather relative to each other. There are also several limitations to this calculation given that the numbers are self

[26] A girl is considered "protected" if she is not circumcised and between the ages of 13-17. A girl is not considered saved until she is marred without having been forced to undergo FGM/C.

[27] For example, in Menya in the village of Zawyet Sultan Bahary, at the end of the program 196 families opposed or were hesitant about FGM/C. However, 68 families opposed or were hesitant about FGM/C at the beginning of the program. Therefore, to calculate the number of families who opposed FGM/C as a result of the program, the total budget is divided by 128 (the difference in the number of families who oppose or are hesitant between the beginning of the project and the end of the project).

reported by the PNGO and because it does not take into account initial variations in the resistance to the FGM/C abandonment message among villages.[28] Another point also is that these numbers do not take into consideration the impact of the project on other members of the community other than the targeted families. It also does not take into consideration the fact that was voiced by PNGOs, LNGOs and UNICEF that many families may not express their true position on FGM/C. The costs are lowest where the proportion of girls protected is highest (Qena) and the proportion of families who have changed their stance is highest (Qena). The high cost in Assiut relative to the other governorates may relate to the expansion in LNGOs and budget in this governorate

Overall Project Structure

Roles of Different Groups participating in FGMAP

The following table (Table 8) describes the roles of various groups in the execution of the FGMAP comparing the proposed roles, the roles of the groups during the FGMAP based on the data collected. The table indicates the vertical hierarchy of groups/roles as designed in the FGMAP and which eliminates replication of duties between the PNGOs, LNGOs and PDs. However in practice, because not all the separate entities had the capacity to implement the project as designed, some tasks were replicated or assigned to entities other than those originally intended. Thus while the roles assigned to UNICEF (providing technical and financial support and supervising the implementation of the FGMAP) and CEDPA (providing training, technical and financial support to PNGOs, and working with them to monitor the implementation of the program) were implemented during the intervention as designed, the actual roles of PNGOs, LNGOs PDs and volunteers differed. Capacity issues pertaining to LNGOs ability to adequately complete reporting forms meant that the burden of this task was shifted to PNGOs. Moreover, PNGOs assisted LNGOs in organizing community level activities when necessary. The table also indicates an overlapping between the roles of PDs and volunteers. The main issues and problematics associated with the structure will be discussed in the next section.

[28] Many PNGOs noted that working in villages that were predominantly Christian posed less difficulty than those that were Muslim due to religious hierarchical structures. This is one example of a variable that hast not been factored into this calculation.

Table 8: Roles of different groups in program implementation

	Role at project inception	Actual Role
UNICEF	**Provide technical and financial support to PNGOs; supervise the implementation of the FGMAP**	**Provide technical and financial support to PNGOs; supervise the implementation of the FGMAP**
CEDPA	**Provide training to PNGOs; provide technical and financial support to PNGOs; work closely with PNGOs to monitor the implementation of the program**	**Provide training to PNGOs; provide technical and financial support to PNGOs; work closely with PNGOs to monitor the implementation of the program.**
PNGOs	**Provide technical and financial assistance to LNGOs; organize governorate level awareness activities**	**Provide technical and financial assistance to LNGOs; organize governorate level awareness activities including Interdisciplinary Consultative Committees (ICCs); Assisting LNGOs directly in the reporting process; organizing activities on the community level when necessary**
LNGO	**Arrange for monthly meetings with the project team; identify PDs; report accurate information regularly to the PNGOs; participate in the monitoring and evaluation process; cooperate with community leaders.**	**Arrange for regular meetings with the project team; identify PDs and volunteers; organize community awareness activities, small group meetings, etc; participate in the monitoring and evaluation process; cooperate with community leaders.**
Active Positive Deviants	**Be a role model for the community as someone who refuses FGM; be involved in community awareness activities and private meetings in order to help others abandon FGM; work with the community leaders to take a stance against FGM**	**Combined with Volunteers Be a role model for the community as someone who refuses FGM; be involved in community awareness activities and private meetings in order to help others abandon FGM; work with the community leaders to take a stance against FGM**

Volunteers	**Assist in the execution of the FGMAP by supporting positive deviants and working with the FGMAP and GAR teams**	**Combined with PDs Be a role model for the community as someone who refuses FGM; be involved in community awareness activities and private meetings in order to help others abandon FGM; work with the community leaders to take a stance against FGM**

Project Structure: Key Issues

Examining the different components of the project has highlighted several key issues in the execution of the FGMAP. Each of these will be discussed in turn:

- Communication and Knowledge Transfer

  The project structure does not facilitate complete vertical dialogue from the PDs and volunteers up to UNICEF and CEDPA. For instance, even when requests for changes in forms, budgets for operating expenses, and requests for compensation from PDs and volunteers were reported to the LNGOs, and in some cases the PNGOs, these requests did not readily reach UNICEF and CEDPA. Also the departure of the Field Coordinator created a further gap between the local level and the central level. Conversely, the complete definition of a positive deviant was not always able to trickle down from UNICEF and CEDPA to the PDs. Evaluation of training workshops also indicate that knowledge on key issues did not fully reach PNGOs, LNGOs and PDs. This could be a result of a knowledge gap (training on issues pertaining to FGM/C not completely effective) or problems with the hierarchical structure of the program.

- LNGO Selection Criteria

  PNGOs also indicated the need for more specific criteria in the selection of LNGOs. PNGOs often encountered difficulty with the capacity of the LNGO, the willingness of the board of the LNGO, and the location of the LNGO in relation to the implementation villages. Although the FGMAP had set very specific criteria for the selection of LNGOs, these don't seem to have been applied in all cases or may not have been adequately or clearly known or understood by the PNGOs. One of the criteria included "their standing in their community" whereas we find that three of the communities included in the evaluation sample did not have LNGOs within the community and FGAMP activities were implemented by LNGOs located in another community which affected the efficiency and effectiveness of the intervention. One PNGO pointed out that this was sometimes necessary because in some cases the available LNGOs are not qualified or are not active. Not all LNGO board members showed sufficient "enthusiasm for the program" as was mentioned above, nor did they have the administrative and managerial "ability to implement the program". Criteria for LNGO selection needs to be specified further and adequately understood by PNGOs so as to ensure that the best candidates to implement the FGMAP will be identified, resulting in a more efficient intervention.

- PNGO Management and LNGO Capacity Building

  Both PNGOs and LNGOs reported that not enough time was spent on capacity building at the LNGO level. Although training was provided on a variety of subjects, the training was not extensive enough and compromised the efficiency of the project. The FGMAP required high levels of reporting and accounting accuracy and an intimate knowledge of advocacy on sensitive issues. While attempts were made to decrease the reporting load and increase the capacity of NGOs, this was not fully achieved. Furthermore, some NGOs did not have experience working with FGM/C or similar sensitive issues and received no training on how to execute a project of this nature. As a consequence PNGOs had to undertake tasks that were originally delegated to LNGOs such as adequately completing forms or assisting them in community level activities. This extra work has deterred PNGOs from actively fulfilling their original purpose of advocacy at the governorate level. Capacity building needs would include administrative/managerial skills, financial/accounting skills, computer skills, FGM/C abandonment advocacy.

- **Positive Deviants: Challenges in Adapting PDA Model to FGM/C Abandonment**

  The Positive Deviants as defined by the FGMAP model are those members of the community "who are against FGM and refuse under all circumstances to practice this harmful and unnecessary practice". Program activities gave this group the role of advocates for the eradication of the practice and breaking the silence on the issue. Volunteers were individuals in the community whose role was to support the PDs and Project team in implementation. Most of them took a stance against FGM/C as a result of the intervention. PDs and volunteers were identified through LNGO staff, their families, friends, neighbors, the local health unit and through the PDs identifying one another.

  Female PDs were primarily active in talking to neighbors and family, attending seminars and small-group meetings, and inviting others to these meetings. Some also took part in home visits. Discussions with female PDs showed that they also opened their houses for meetings with other women from the community to discuss FGM/C. Discussions with female PDs show that most of them were involved in the project due to their personal experience of suffering FGM/C and not wanting their daughters to continue to suffer as well.

  Male PDs had a relatively more leading role in the process, compared to female PDs. They were active in the organization of events, either inviting speakers or speaking out in public seminars. Similar to women, they talked to friends and neighbors about the harms of FGM/C. Reasons for their decisions against FGM/C mainly focused on having access to education and to being knowledgeable about the issue. It was noticeable that male PDs were primarily educated, and many of them took pride in this fact and in their role in helping others in their communities to understand the harms of FGM/C. Similar to women, male PDs also opened their houses to be venues for project activities and small group meetings.

  PDs were also important as living examples to convince families that FGM/C has nothing to do with chastity as a LNGO staff pointed out in Hawatka, Assiut. The representative of the MOHP in Assiut also pointed out the importance of having PDs, who are members of the community, giving out the message of FGM/C abandonment rather than outsiders who are usually regarded with apprehension by village communities. PDs were also instrumental in entering the homes of community members.

  It is important to note that PDs and volunteers received no monetary compensation, with the exception of some recreational trips as part of the program.

  However, the evaluation identified a number of issues pertaining to the implementation of the Positive Deviants model in combating FGM/C. These include:

- A basic premise of the PDA is to identify positive deviants through a process of inquiry to arrive at a better understanding of the reasons why positive deviants chose to abandon this widespread practice. This allows them to be able to identify local solutions to the problem of FGM/C and be able to design effective ways of combating it. The FGMAP project documents state: *"This model, built on the PDA, is designed to help local NGOs identify and mobilize community based solutions by engaging local individuals who are against the practice to rally against FGM. It focuses on individuals who deviated from conventional societal expectations and sought alternatives to cultural norms, beliefs, or perceptions in their communities*. However, in the implementation of FGMAP, there was a lack of involvement of PDs in program design. In order to successfully mobilize their own communities, an inquiry process should be undertaken to understand why they chose to end the practice. This not only helps identify local ways to address the issue, but also creates a sense of ownership of the intervention among the local community.

The use of the model in combating FGM/C is a clear modification. In the original model, PDs are admired members of the community for doing something that others aspire to: being able to feed their children in a healthy manner. In FGMAP, the model is adapted to refer to individuals not doing something that is condoned by the rest of the community and seen as a positive practice: female circumcision. As a result, while some of the PDs actively participated in project activities in order to spread the message, others provided minimal support to program activities or chose not to cooperate altogether out of concern of loss of status/ostracized or difficulty in finding a husband for their daughters. In one extreme case, some PDs relapsed into denying their stance against FGM/C when faced by strong opposition from the community. This indicates the challenges associated with the modification of the model but does not in any way diminish it's importance. Active PDs are role models and strong assets in their communities because they declare their rejection of the FGM/C practice and volunteer to convince other families to abandon the practice. Moreover, it is important that PDs be credible personalities and community members that the community will look up to as role models.

- Another outcome of this situation has been the broadening of the definition of a "positive deviant" to include anyone who would be against FGM/C despite the circumcision status of his/her daughters if they had daughters. The Arabic translation of the term into *"namouzag igabi"* or "role model" helped with this outcome. The positive connotation related to the translation of the term and its deviation from its original model had two results. On the one hand, being a *"namouzag igabi"* became a prestigious status to the extent that even some of those who had circumcised their daughters acquired this label for their announced stance against FGM/C. This in itself is a positive development, as it signaled the fact that PDs could be looked up to as role models rather than being ostracized by the community. On the other hand, because the term was loosely used, even targeted families could not distinguish between volunteers, PDs and the staff of the LNGO. They were all grouped together as people working together against FGM/C. This blurred the significance of PDs as community members who had chosen to abandon the practice before the intervention as a result of personal and/or family related reasons or knowledge acquired regarding the harms of the practice. It also compromised the essence of the model where PDs should be community members with a cause against FGM/C as opposed to being paid staff. This hampers the community ownership of efforts against FGM/C and opens the door for criticisms that the intervention is an alien body to the community. This requires a more precise delineation of who PDs are and that LNGOs be capable of distinguishing between PDs and volunteers.

- Moreover, because PDs were loosely defined and unidentifiable to some target families, they were rarely mentioned by target families as a palpable component of the intervention.

- Although the inclusion of PDs was intended to increase the sustainability of the project, the success of this aspect varied widely. In some instances, PDs did indicate they would continue working on the issue, but in others they would not. A more concrete sustainability plan should be incorporated in the future.

Lessons Learned

1. *The Significance of the Positive Deviants Approach in Efforts against FGM*

In FGMAP, the innovative approach of the model has been the involvement of PDs and volunteers in project implementation. This is a unique feature of the intervention that has been internationally recognized as one of the promising practices in the field of combating FGM/C.[29] Program activities gave this group the role of advocates for the eradication of the practice and breaking the silence on the issue. PDs are members of the community and their argument against FGM/C is not easily brushed aside by the people as alien to the morals of the community. Their presence and support legitimizes efforts against FGM/C. In a rural Egyptian setting, community members are highly integrated; their opinions and behaviors affect one another. Data from the field show that even neighbors impact the decision to circumcise. PD's and volunteers, being members of the community, are more trusted than an outside individual would be.

PDs and volunteers were identified through LNGO staff, their families, friends, neighbors, the local health unit and through the PDs identifying one another. In the analysis of project activities, it was noted that PDs and volunteers provided their homes to be venues for many project activities. This creates a sense of confidence and ease for the community and provides spaces where men, women and girls can feel safe and confident to share their views, and this further signifies their important role in the project. Moreover, in the discussion on project sustainability, PDs were mentioned by partner NGOs as the entity most likely to continue the efforts against FGM/C after the end of the project.

In instances when the PDs were from among sheikhs and doctors, they were very effective in delivering a strong message against FGM/C as these are community members who enjoy status and leadership and are looked up to and respected as role models by their community members. The impact of PDs standing up and speaking openly about their personal experiences with FGM/C and its affect on their marital life was mentioned as an important element in project effectiveness. PDs were seen to enjoy considerable credibility with extensive reach within the community.

However, it was pointed out that PDs were in need of more training to enable them to respond appropriately to those opposing the FGMAP and to be able to counter their arguments. Since PDs are important advocates against FGM/C, it is important that they be well prepared to respond appropriately to those opposing the FGMAP and be able to counter their arguments.

2. *Importance of Involving Community Leaders*

Supportive community leaders have been a most enabling factor on the community level. This is supported by FGM/C abandonment programs elsewhere, such as the TOSTAN experience in Senegal indicated that involving village leaders, particularly religious leaders, was crucial. There, Islamic leaders were able to alleviate people's concern regarding Islam's position on

[29] The Population Reference Bureau highlights this feature of FGMAP and lists the program as one of the innovative models as part of its survey of promising practices (PRB, 2006).

FGM/C. This was clear in findings from the field in a number of places. Similar to PDs, community leaders such as religious leaders, doctors, high ranking officials, and members of influential families played an important role in FGMAP. They opened their homes for the FGMAP team to conduct small meetings and seminars, particularly for women. Moreover, community leaders, primarily religious leaders and doctors, took part in public seminars and publicly supported the message on FGM/C. In the case of Christian communities, the support of religious leaders has been pivotal in making families change their attitudes towards FGM/C. In general, change in Christian communities has been relatively easier given the fact that FGM/C is not required by the Christian faith nor included in it's religious texts. In addition the official position of the Christian Orthodox Church is that of opposition to the practice as having no religious bases in Christianity.

Conversely, the presence of religious leaders who attack the project by labeling it as a Western conspiracy, and labeling those implementing it as spies and agents, represents a major hurdle. This often antagonized the community against program participants. Further, the presence of doctors who perform FGM/C is yet another serious disabling factor on the community level. Physicians are considered educated models to emulate by the community so their approval of the procedure affects the people adversely.

3. Important Role of Strong Community-Level Partnership

The impact of FGMAP in different communities is particularly mediated by the ability of the LNGO to effectively implement program activities. The REACH (Reproductive, Education and Health)[30] program in the district of Kapchorwa in Uganda adopted an approach that emphasized ending the excision of girls and women and replacing it with a symbolic alternative rite of passage that maintained the cultural values of the community. Among the keys of the success of the project in lowering the incidence of FGM/C was the importance of building partnerships with communities and the great efforts placed on collaborating with as many partners as possible and involving everyone in the design and implementation of the project. Program activities in the FGMAP were more successful in communities that had LNGOs meeting certain criteria. **First**, LNGOs should share the commitment and vision against FGM/C. LNGO board members with a clear stance against FGM/C join the forces of supportive community leaders and positive role models. A good example was the LNGO in Hawatka. The board of the NGO stood firmly to the strong opposition by Muslim religious leader. **Second,** NGOs with a strong capacity and well-trained staff were more successful in achieving project objectives. **Third**, NGOs with a long standing relationship with the community and earlier interventions, either in FGM/C or other programs, received less resistance from supporters of FGM/C. In such communities, the long standing relationship between the local NGO and the community facilitated the work of the FGMAP team. When FGMAP is perceived in the community as another intervention by a known and respected NGO, the impact of rumors and misconceptions that it is a Western conspiracy is undermined. The legitimacy of activities against FGM/C is enforced by the legitimacy and level of trust of the community in the implementing NGO. An established LNGO with long standing relationship to the community is often considered by community members as an important employer in the community, and hence gains the respect of community members for that reason. Moreover, the LNGO trust is also built when the LNGO has a record of activities that serve the community besides FGM/C. As positive deviants commented on the problem of

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[30] WHO, Female Genital Mutilation: Programmes to Date – What Works and What Doesn't Work. 1999, pp 116-121

outside LNGOs focusing only on FGM-related activities, one positive deviant remarked: "*People are suspicious of the LNGO because they are not doing any development work and are only doing FGM". – FGD, PD, Assiut*

4. Messages against FGM/C should be provided within a Rights framework

Analysis in this report shows that a narrow focus on the potential physical harms of FGM has serious unintended implications. **First**, it affects the credibility of the intervention when participants do not know of cases that actually had symptoms such as "hemorrhage" and "psychological shock". **Second**, the focus on the medical harm has conventionally led to the medicalization of FGM. This was clear when many women and men noted that it is safer – "cleaner" – to have circumcision done by a doctor. The lesson learned in the FGMAP intervention is that the message against FGM/C needs to be embedded in a framework that seeks to increase the awareness of women and men on human rights, gender-based violence and reproductive health. This learned lesson is closely connected to the Tostan[31] experience in Senegal, where the message on FGM/C was integrated within an awareness raising program that included these issues. It is also related to the experience in Sudan in eradicating FGM/C. The Sudanese Programme for Accelerated Social Transformation PFAST[32] had focused on providing information about the health consequences of FGM/C and on disassociating the practice from Islam. As it became apparent that this alone was insufficient to promote the abandonment of FGM/C, the progamme began to shift its focus to the empowerment of women and the promotion and safeguard of human rights.

In FGMAP, the success of integrating the message against FGM/C within a message on hygienic practices in some communities, particularly during the Avian Flue pandemic in Egypt, shows the relevance of this lesson. When FGM/C is provided as a stand-alone intervention, it gives the community the message that the implementing NGO is ignoring more pressing issues of poverty and pandemics in favor of an intervention against something they value. This augments sentiments of resistance to the project and allows for a conspiracy discourse as outlined in the Relevance Section. Conversely, when community members get the message that the NGO is providing something they need, its efforts against FGM/C are respected.

Recommendations

The following recommendations are in relation to the FGMAP community initiative during the period 2003-2006 and not the entire UNICEF Plan of Action on FGM/C.

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[31] Changing a Harmful Social Convention: Female Genital Mutilation/Cutting, Inocenti Digest, UNICEF, 2005 pp.23-24

[32] Ibid. p.24

I. *Relevance*:

A. As a stand-alone intervention against FGM/C, FGMAP is criticized for ignoring more pressing community needs such as poverty, unemployment to rather focus on an issue that community members do not feel is equally relevant to their needs. It is recommended that the message on FGM/C be part of larger awareness activities related to hygiene, health, nutrition or child care as well as the integration of a service provision component into the project. The integration of these awareness messages and services in program activities will be essential to pacify many of the groups that attack the project. International experience, primarily the Tostan[33] experience, show that the integrated approach is an effective tool against FGM, where the message can be incorporated within a comprehensive development package.

Moreover, findings have indicated that counseling is required for women who went through FGM/C and their husbands. While it is important to raise awareness about the harms of FGM/C, those who already went through the practice cannot undo the harm. Counseling would meet a need voiced by women and men particularly with regards to marital problems and unfulfilling sexual relationships, which were highlighted in field findings. The FGMAP made people connect problems in sexual martial relationships to FGM/C, however, it did not give them any message on how to deal with FGM/C consequences.

B. This transition can best be initiated with UNICEF integrating the message against FGM/C in its other activities and through different sections: education, adolescent, young child survival and development sections. The experience of CARE in FGM/C abandonment efforts in select villages in East Africa[34] (Kenya and Ethiopia) is an important example. CARE integrated FGM/C abandonment programming with existing reproductive health projects focused on reproductive health and primary health care. The existing reproductive health services had played a significant role in the community for a substantial period of time and CARE was viewed as a trusted entity at the time of the FGM/C intervention. Particularly, UNICEF community schools could be important venues for the message on FGM/C.

There is a need for printed materials to inform communities about UN and UNICEF and their other activities. This was seen as a crucial input to addressing the "western conspiracy" accusations, as it makes distinction between UNICEF as an "apolitical" UN agency that provides a variety of services to advance children rights and wellbeing far beyond FGM issues. This will also help situate FGM/C as a human rights issue critical to girls and women's health. Moreover, printed material will help provide needed information and proper orientation to PNGOs and the communities about UNICEF thus minimizing suspicion and strengthening partnerships.

C. The closer cooperation and coordination between UNICEF/ FGMAP activities and a national partner or "champion". This is an essential step in order to counter allegations that efforts against FGM/C are foreign funded projects that are part of a "Western" conspiracy. Given the sensitivity of the issue, it is essential that such a partner be ready to share the commitment against FGM/C. For this reason, the proposed national champion is National Council for Childhood and Motherhood (NCCM). UNICEF's FGMAP has to be integrated into the national campaign against FGM/C currently led by NCCM which is the highest national body entrusted with policymaking, planning, co-ordination, monitoring and evaluation of activities

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[33] Unicef, Innocenti Digest, p. 23-24

[34] Rajadurai, Henrietta and Susan Igras. "At the intersection of health, social well-being, and human rights: CARE's Experiences Working with Communities toward Abandonment of Female Genital Cutting (FGC)." CARE USA.

in the areas of protection and development of children, and the main body that coordinates national and international efforts towards FGM/C abandonment in Egypt. Further details on cooperation and coordination with NCCM are discussed below.

II. Effectiveness:

A. **Strategies**:

UNICEF should continue to invest in educating and building the capacity of different groups in the community and sensitizing them to FGM issues. Partnership with NGOs at governorate and community levels and with the government, mobilizing PDs, volunteers and community leaders, and awareness raising activities have contributed towards breaking the silence on FGM and promoting open communal dialogue on this once taboo issue. Efforts should continue to develop the capacity of community members to facilitate discussion that enables people to reflect and exchange opinions and listen to each other, whereby the harms of FGM/C become evident as women and men, PDs and volunteers share their experiences. The FGMAP has been able to mobilize a core group of families and individuals against the practice, but further sustained efforts will be needed to reach a critical mass of families and individuals that can create the shift from a convention of cutting to one of not-cutting. The message on FGM/C should be integrated in a more comprehensive holistic approach to development.

B. Scale-up, Sustainability and Expanding Outreach

Eradicating FGM/C and changing deep rooted social conventions is a process that requires sustained efforts over a relatively long period of time. More support and efforts will be needed to reach a critical mass of families and community members that can create a shift in behavior regarding FGM/C in the targeted communities and facilitating a collective decision to change this social practice. Ending support now would be, as in the words of a community member in Qena : "*like a "tree untimely cut"*.

For the FGMAP to reach a critical mass of families and community members who have declared their intention to abandon the practice, there is need to scale up and expand its program outreach. In its current mode of implementation, the project targets a small number of families for home visits within each village. Even though a "core group" of families or community members may have been reached through these visits and through other outreach activities, the numbers are still limited and not cost efficient. Even if all targeted families oppose FGM/C after the intervention, which we showed to not be the case, this achievement would be dwarfed by the fact that the size of targeted families was too small to begin with. To achieve increased effectiveness and cost efficiency, the FGMAP will need to be scaled up through a sustainable approach.

Following are the recommendations for program scale up and sustainability:

1. **Partnership with NCCM**

The closer cooperation and coordination of the FGMAP activities with those of a national partner or "champion" such as the NCCM is an essential step. UNICEF's FGMAP has to be integrated into the national campaign against FGM/C currently led by NCCM. FGMAP has a lot to offer to this partnership. The strength of the model has been in involving community members from the positive deviants, volunteers and leaders to play an important role in raising awareness about the harms of FGM/C. The Council's evaluation of NCCM's intervention shows that through it's efforts at both the community level and the policy level it has been able to break the silence on this issue at both levels, mobilize advocates against FGM/C among different groups and sectors in society, encourage a national dialogue and public debate on the issue and work towards creating a more enabling environment for FGM/C abandonment. For instance, NCCM efforts towards combating the medicalization, which included awareness raising and strong lobbying had led to a Declaration of Doctors Against FGM and a ministerial decree preventing doctors to perform FGM/C (Decree 271 for 2007). The NCCM's program involved strong media campaigns against FGM/C. Survey data as part of the evaluation of the Council to the intervention of NCCM shows the strong impact of this campaign in breaking the silence about the issue, bringing it to the public discourse arena and relaying the message to community members against FGM/C.

a. **On the community level**, collaboration between UNICEF and UNDP/NCCM should continue working towards greater coordination efforts to maintain quality. Efforts should be made towards sharing and benefiting from best practices, tools, and resources that have proved effective on the ground in combating FGM and moving towards a more unified approach. Their collaboration should allow for the cross-fertilization of capacity building activities, such as in training and monitoring and evaluation, and in awareness raising activities. Both programs can develop common indicators to assess output and impact.

b. **<u>At the Governorate Level</u> :** A focus on a governorate level is necessary, not only to coordinate efforts at this level, but in order to ensure sustainability of FGM eradication activities and to create an enabling environment. Two mechanisms can contribute to this:

- The already existing Interdisciplinary Consultative Committees (ICCs) should be further developed in partnership with NCCM and other NGOs working in the field of FGM/C. Findings from the study indicate that ICCs facilitated entry into schools, health units, training of sheiks and doctors. However, their meetings were not regular and levels of cooperation varied. The committees would include representatives of the different line ministries (education, *awkaf*, health, social solidarity,), representatives from the governor's office, universities and civil society organizations working on FGM as well as media representatives. This should be a unified committee for all UN organizations providing interventions against FGM on the level of each governorate to ensure coordination on that level. The committee could also include a permanent NCCM staff member for each governorate. The committee's roles would include: sharing experience, coordination, technical support and lobbying. The committee could function as an important focal point at the governorate level for outreach services in response to the NCCM Child Help-Line that could include emergency assistance and medical help or counseling services

- A governorate-level 'FGM/Child Welfare task force' should be formed from among the different core groups/individuals, who are committed against FGM to be supported by the ICCs. These would include NGOs working against FGM, youth volunteers, NCCM, university professors and doctors, judges and media personnel. The objective of this task force would be:
  - to maintain a flow of information and linkage among the different levels of implementation in order to reach out to communities.

- to create a local cadre of advocates capable of responding to people's inquiries on FGM
- to provide awareness raising to children and youth in schools and universities on FGM issues.
- to suggest activities at a governorate level that will help create an enabling environment at governorate level

Capacity building activities to achieve these tasks should be provided.

c. <u>At the National Level :</u>

A national level committee would include the NCCM, UN agencies, relative international NGOs working in the field of FGM/C and the pertinent Ministries (health, education, *Awkaf*, social solidarity, Council of Youth, justice, information) and governorate level committees (ICCs). UNICEF is well placed as a prime advocate for children's rights to contribute, through this committee, towards the formulation of a national strategy to eradicate FGM/C in the context of the rights of the girl child and the CRC.

UNICEF should also build on the collaboration that has developed between NCCM/UNDP/UNICEF during the past year in the communication component to ensure unified messages; the medical component and the relationship with the MOHP in order to develop a unified manual/curricula for physicians on FGM; and the legal component to change the attitude of legal community towards FGM and criminalize the practice.

2. **<u>Partnership with Line Ministries</u>**

Partnership with Line Ministries can be further developed in collaboration with the NCCM as follows:

- UNICEF should continue its efforts in cooperation with NCCM/UNDP to amend the **<u>Child Law</u>** and to include an article which criminalizes FGM.

- UNICEF should also continue its joint efforts with NCCM/UNDP with the **<u>MOHP</u>** to provide unified manual/curricula for doctors on FGM. There is a need to provide doctors with adequate training on the harms of FGM/C and the fact that it is not required by religion. Doctors need to realize that performing FGM/C is unethical since it inflicts harm on the girl child. While FGM/C has been recently incorporated in the standards of practice manual of primary health care providers, more efforts are needed to raise awareness on the harms of the practice and to highlight this part to doctors. Training also needs to be provided to medical school students and to students in nursing schools. UNICEF and NCCM/UNDP can assist the MOE in developing curricula that include FGM as an adverse health practice.

Moreover, joint efforts should be implemented for ensuring the circulation of Ministerial Decree 271 for the year 2007 and strengthening enforcement mechanisms. Efforts should be made to assist MOHP in developing the tools for monitoring the implementation of the 271 decree at local/ grass roots level, including devising a joint strategy to lobby against doctors who perform FGM/C and to ensure the enforcement of the new ban on the practice by medical professionals. Doctors and nurses should also be encouraged to counsel mothers against FGM/C as early as a girl child is born. The current MOHP flip

charts have a chapter on FGM/C, it needs to be further discussed and highlighted to practitioners.

Project implementation should build on the MOHP's long experience with family planning. Community health workers "raeda rifia", and maternal and child health nurses have been very successful in family planning as documented in many studies. These can target families who have girls at risk with the message against FGM/C and include the message as part of their outreach visits and the counseling they provide to women. Similar to doctors, these health workers need extensive training on the harms of FGM/C and that it is not required by Islam and neither the Coptic Church.

- Also on the national level, and in collaboration with NCCM and the **MOE**, special attention should be given to students in schools by incorporating the message on FGM/C in school curricula and providing training to teachers and social counselors to be able to discuss the issue in schools. School curricula should cover subjects such as human sexuality, gender roles, human rights... etc. The topic of FGM/C can be discussed in a culturally sensitive manner under any of the above subjects. This serves two objectives: addressing youth at a young age ensure a new generation with views against FGM/C, and utilizing youth and children as educators for their parents about FGM. The FGMAP has already implemented activities in schools through PDs and project staff. This should continue through coordination with the MOE at governorate level and the ICC.

- Similarly, the **Higher Council for Youth** has youth centers in most villages in Egypt. These can be widely used as venues for awareness seminars on FGM/C or for other types of activities that involve youth and children, such as plays or exhibitions on FGM/C related issues.

- UNICEF should build on its previous efforts with religious institutions such as the "Children in Islam" book which includes sections on FGM/C and was used to raise awareness among religious leaders in cooperation with the *Al Azhar* Center for Islamic Studies. This book can be updated and disseminated. UNICEF can also, in collaboration with NCCM, exert more efforts with the **Ministry of *Awkaf*** to prepare qualified religious leaders to attend seminars at the local level and lead the debates on the issue. This can be implemented possibly through a MOU to prepare a cadre of preachers, especially at local/community level, who would support the case against FGM using rights based approach. This effort would establish a taskforce of Islamic scholars supportive of the case against FGM. Such efforts need to be backed by the wide dissemination of publications that provide arguments that refute the allegations of the Islamic religious roots of FGM/C such as the *Al-Awa* booklet on the religious perspective. There can also be a focus on female religious preachers as recommended in discussion with PNGOs. These would be of great benefit since they have more access to women and it is hoped that female preachers would be more receptive of the message against FGM/C as women who have to suffer the practice.

- Furthermore, on the national level, collaboration with NCCM also involves strategically engaging the media on the issue of FGM and developing **media strategies** that seek to disseminate a strong, clear and unified message against FGM/C and raise awareness about its harms. The findings of this study have indicated that the media plays an important role in informing community members and the public in general on FGM/C and thus is an important element in shaping their stances on the issue. The widespread range of television presents a great opportunity to utilize this resource to reach a very wide population. Efforts should be made to address the Ministry of Information in collaboration of the NCCM/UNDP to ensure its commitment and the airing of anti-FGM

spots. Local media is important where media personnel can be targeted for training and capacity building on FGM/C issues. The Upper Egypt TV Channel 7 can be specifically targeted as well as the local press. Speakers can be provided for TV programs. UNICEF can play a role in disseminating information on the FGMAP to the media, providing press releases and building a network of media personnel supportive of FGM/C abandonment.

3. **Partnership with Civil Society Organizations**

- The findings of this study have indicated that Christian communities have been easier to address and more responsive to FGM/C abandonment messages. The official Christian is of opposition to the practice of FGM which has no religious bases in Christianity. There is no verse in the Bible (the New and Old Testament) that necessitates female circumcision. However, despite the position of the Christian religious establishment against FGM, it is still practiced by Christian families – similar to Muslim families- mostly in rural villages and towns as an inherited social norm, as well as accepted by some Christian religious leaders in rural areas. PNGOs reported that families still circumcised despite the position of their local church against the practice. Therefore it is important also that efforts by UNICEF continue to address Christian religious leaders in partnership with the **Christian Orthodox church** and to continue spreading the FGM/C abandonment message among Christian communities.

- In addition to efforts with the national media as indicated above, UNICEF must also address the independent or private media which has already become a platform for debating FGM/C related issues. Both local and satellite channels should be used as the latter is widely viewed in both urban and rural areas This could also involve training of media personnel, press releases and building a supportive network of media personnel.

- FGM/C is an infringement on the rights of the girl child and needs to be addressed as part of the human rights framework and the girl child's bodily integrity. Although the NCCM is the main national body and champion entrusted with promoting FGM/C abandonment, collaboration can also be made with the National Council for Women and the National Council for Human Rights. By working with these 2 bodies, a focus will be placed on FGM/C as a harmful act which violates human rights and the rights of the Egyptian girl child as stipulated in the 1989 Convention on the Rights of the Child (CRC) [*] as well as the rights of women as stipulated in the CEDAW and integrating it within their human rights issues. UNICEF can offer training/capacity building to NCW or NCHR members on FGM/C. Both organizations can also assist in efforts to lobby for changes in the Child Law to criminalize FGM/C.

[*] Article 24 (3) states that : "States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children." Article (19) stipulates ". States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. Article (16) states that: "No child shall be subjected to arbitrary or unlawful interference with his or her privacy…). Article (37) also states that "No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment…"

- **PNGOs and LNGOs** are important entry points into the community at the governorate and local level. Partner NGOs and local NGOs can continue their advocacy role and act as a resource team and partners to MOHP and NCCM, They can continue to take an active role in project monitoring and evaluation. Moreover, Efforts should be made to integrate and mainstream FGM/C abandonment within the activities and programmes of these organizations. UNICEF has already endeavored to do this and this should continue. It is also important to mobilize more partners at the local level such as schools, youth centers, and MOHP (health units, community health workers).

4. **Partnership with Citizens Groups**

The findings of this report indicate that more efforts are needed in education, outreach activities and capacity development in order to mobilize more members in the communities and achieve a critical mass of people against the practice.

- The **Positive Deviance Approach** shows great potential to fight FGM/C in Egypt. However, certain aspects of this adaptation of the approach should be re-examined. **First**, PDs need to be involved more in the planning of activities to ensure that the model truly builds on them as community innovators and activists against the practice rather than viewing them as implementation tools of the program. **Second,** the model focused on how individuals were able to abandon the practice where as more effort should be placed on discovering *how* these individuals convinced people to abandon FGM/C. The key in the approach is not the outcome, but rather the methodology of how individuals are creating positive environments that allowed them to abandon FGM/C without being ostracized by their families or communities. PDs are keys to understanding different means of negotiating social pressure and can provide the programme with key messages and solutions in this respect . **Third**, PDs need to be identified in a much clearer way to target families on the community level to avoid being confused with local NGO staff and volunteers. The distinction between PDs and the latter two is important so as not to blur the significance of PDs as community members (neighbors, relatives, friends) who have chosen to abandon the practice before the intervention. Their choice may have been a result of personal and/or family related reasons or knowledge acquired regarding the harms of the practice and how they tapped into existing resources within their community to enable them to withstand the pressure to conform. Findings have indicated the effectiveness of PDs giving testimony to their experience with FGM/C and its impact on their lives and why and how they abandoned the practice. Blurring roles also compromises the essence of the model where PDs should be community members with a cause against FGM/C as opposed to being paid staff. This hampers the community ownership of efforts against FGM/C and opens the door for criticisms that the intervention is an alien body to the community. **Fourth**, UNICEF needs to tailor community-sensitive approaches to compensate PDs in a way that would not hamper their independence and yet compensate them for the time they dedicate to program activities to ensure their continued presence.

- As shown in this study, **community leaders** can play a crucial role in FGM/C abandonment, as their status and occupation give them credibility in their communities. In instances where PDs were also community leaders, this had a stronger impact on community members. In addition to the volunteers, it is important that community leaders be incorporated into the different training activities of the FGMAP in order to sensitize them to FGM issues from a comprehensive and integrated perspective. This would allow them to positively influence community members and their peers' attitudes regarding the practice and become active participants and advocates against FGM/C.

- As findings have indicated, some **doctors** are not aware of the harms of FGM/C and practice the procedure as a tradition or out of religious conviction in addition to financial gain. Project documents have also indicated that some doctors stated that there are some rare conditions under which circumcision is necessary, and this has provided proof for many community members that FGM should not be completely eradicated. Thus it is important to provide doctors with adequate training on the harms of FGM/C and the fact that it is not required by religion. Doctors need to be convinced that performing FGM/C is unethical since it inflicts harm on the girl child.

- Findings have indicated how ***dayas* or midwives** or excisors continue to exert pressure on women and families to circumcise. Thus efforts should be made to educate them about the harmful effects of FGM, and recruit them as change agents.

- **Community health workers "raeda rifia**", and maternal and child health nurses have been very successful in family planning as documented in many studies. The findings of this report indicated a case where girls learned about the harms of FGM/C from a nurse at a health unit. Thus they can target families who have girls at risk with the message against FGM/C and include the message as part of their outreach visits and the counseling they provide to women. Similar to doctors, these health workers need extensive training on the harms of FGM/C and that it is not required by Islam or Christianity.

- As **religious leaders** play a critical role in influencing decisions on FGM/C, more efforts are needed to train imams and preachers on the community level of the harms of FGM/C using a rights approach. Findings of this study as well as project documents have indicated that some religious leaders were not convincing enough or were not capable of responding adequately to arguments favoring FGM/C, which impacted negatively on the FGM/C abandonment message. Moreover, during discussions of recommendations with PNGOs, it was noted that a focus on female religious preachers would be of great benefit as mentioned above.

- Training, education and capacity building of doctors, *dayas* and community health workers and religious leaders should create a base of well equipped peer-educators who can promote the FGM/C abandonment message among their peers through seminars or training workshops. More importantly, they will be able to address community members, and be capable of accurately and adequately responding to the questions, arguments and inquiries raised by their peers or community members on this issue. The manual "*El Khetan Ila Matta*" is an important tool in that it provides a question and answer format that responds to many of the queries raised on FGM/C, and its use should be continued in training and sensitizing these groups on FGM/C.

- Addressing and involving **all members of the household** is an important component of FGM/C abandonment as evidenced by the women of Maendeleo ya Wanawake Organization in Kenya who conducted research and planned interventions with all sectors of society in project districts[35]. This needs to include husbands and elder in addition to youth and girls, as the former two have an important say in decisions regarding the lives of women. More activities are needed to target men. The overwhelming majority of activities targeted women, which although was effective, will not lead to the decision of the entire family to abandon FGM. Men have their own meetings in the community,

[35] Rich S, Joyce S. Eradicating Female Genital Mutilation: Lessons for Donors. Wallace Global Fund, Washington, 1997.

usually after the evening prayers, either in mosques or in the houses of influential community members. In order to target more men, the program should incorporate more male PDs, volunteers, and outreach staff. As noted in this report, men were primarily attracted to the religious debates surrounding FGM/C, and hence the religious argument can be emphasized with this group given that advocators should be capable of using an appropriate mix of messages depending on their target group.

5. **Partnership with Children**

Since FGM/C is a deep rooted tradition that primarily affects the girl child, and as children are the ones who will shape community views and attitudes in the future, targeting children of both genders is an important aspect of any FGM abandonment endeavor. An assessment of FGM/C abandonment programs in five countries (Ethiopia, Burkina Faso, Uganda, Kenya, Egypt) has indicated that program implementers consider adolescents and youth as one of the most important target audiences as they are the more likely to disapprove of the practice then their parents.[36] Children and adolescents need to be informed and enabled to reject FGM/C. Children and adolescents may be in no position to choose whether to be subjected to harmful traditional practices, as findings of this report and other programs have indicated. However, in some cases girls may choose to undergo FGM/C rather than face the social consequences of not adhering to tradition such as fear of not being able to get married. In such cases, a special focus on girls can help sensitize them to promote and safeguard their own human rights and bodily integrity and equip them with knowledge of the alternatives thus enabling them to protect themselves and their children in turn.

Boys and male adolescents also need to be informed about the negative impact of FGM/C on girl's reproductive health and the perpetration of discriminatory practices and their consequences in societies. This is important in light of the fact that mothers and girls expressed concern about girl's marriage opportunities if they are circumcised. Changing attitudes of young men in this respect is an important element of FGM/C abandonment.

This study has indicated that some efforts have been made in reaching children and in providing FGM/C related activities in schools such as debates, plays and songs. However, these efforts need to be developed in a more systematic manner. Simplified information on body functions, the harms of FGM, its infringement on a girls bodily integrity and the lack of any religious justification for it can be provided to children in schools and in cooperation with MOE at national and governorate level. Integrating FGM/C in school curricula and capacity building of teachers is another option that has been discussed above. Children can be encouraged to creatively express their thoughts and impressions on the issue through drawings, paintings, photography, murals, performing plays or songs or writing competitions or other creative activities. These can be exhibited or performed in school, local youth center or Cultural Palace thus contributing to the advocacy work against FGM/C. This would require cooperation with the MOE and the Council of Youth at the governorate level.

Peer education can also be used to reach youth and children.. However, peer educators have to be provided with comprehensive information about FGM and the communication skills

[36] WHO, Female Genital Mutilation: Programmes to Date – What Works and What Doesn't Work. 1999

necessary to deal comprehensively with FGM. Moreover, they would need continuous support, monitoring, retraining, as well as question-and answer booklets (maybe a simplified version of *Al Khetan…ila Matta*) that address all the difficult questions that may arise during their outreach activities.

6. **UNICEF can work closely and coordinate with other International Organizations** that endeavor to work in the area of FGM/C abandonment in Egypt. Efforts should be made together with other UN organizations such as UNDP under the umbrella and coordination of NCCM to ensure that international partner organizations use the same unified messages and build on the experience and approaches of both projects as well as benefit from the same IEC and advocacy material.

C. Geographical focus:

It is recommended that the FGMAP continues in the communities/governorates it is currently operating in so as to build on the achievements, networks and partners that have been realized so far, and that it may continue to work towards achieving a critical mass of families and community members who are willing to abandon the practice. UNICEF has chosen to focus on those governorates and communities in which it has a record of activities and programs (with the exception of Minya). This should facilitate integrating FGM/C in programs and services that it already provides in these areas, as well as build on the trust that UNICEF has gained through its work.

D. Education Methodologies and Community Dialogue:

Several studies and assessment of programs have indicated the importance of adopting a non-directive approach that values dialogue and discussion, creating space for people to learn and change, especially regarding a sensitive and private issue such as FGM/C. The FGMAP has provided, through small gatherings and home visits, spaces where people, whether women or girls or even men, feel safe to speak out and discuss private issues among themselves, as well as forums (seminars) for public discussion and open debate on the issue. UNICEF should continue to promote an approach that encourages non directive communication and which is capable of responding to the queries and concerns of community members and underline the harms of the practice and encourage FGM/C abandonment.

- In order to achieve the collective commitment and a critical mass, there is a need for the partners/community members to be able and skilled in community organizing and in planning/implementing suitable activities that increase the collective debate and dialogue amongst the different members on the issue, as well as networking with the decision-makers on the issue.

- The findings have shown that due to the project, PDs and volunteers have started to show a sense of self awareness and self confidence. This is an important aspect of empowerment and an important step in a commitment to abandoning the practice. This should be built on.

Moreover, studies and programs like Tostan in Senegal have indicated that it is necessary but not sufficient that many members of a community favor abandonment. A successful shift requires that there is an explicit affirmation by the community of their **collective**

commitment to abandon the practice. This can take various forms such a joint public declaration in a large public gathering or a written statement of the collective commitment to abandon, or any other means of expressing this commitment. This public affirmation does not mean that everyone has abandoned FGM/C or intends to do so. Rather it eliminates concerns about the consequences of abandonment and shows a new alternative and provides a supportive environment to allow families to question the value of FGM/C with the support of community leaders and opinion makers. The NCCM Free Village Model has indicated that public declarations against FGM have the potentials of alleviating societal pressures on families to perpetuate the practice.

E. Communication Strategy

It is clear that good training is needed for all project staff, volunteers/PDs (anyone interacting with the families) on dialogue, facilitation and communication skills especially during the home-visits but also to be able to organize effective sessions. The following recommendations relate to the type of messages that need to be provided against FGM:

- The focus on the physical harms of FGM/C needs to be qualified. As noted earlier, this focus has traditionally led to increasing the medicalization of the practice and discredited the intervention when those who experienced FGM/C note that they did not suffer the listed symptoms. The message of the project should address the fact that FGM/C is an *unnecessary* harmful tradition that has no religious roots and that constitutes a violation of the girl child.

- The focus on sexual dysfunction as a result of FGM/C needs to be minimized. Data show that this focus had two unintended repercussions. Like other harms of FGM/C, the impact differs between individual women based on the severity of the procedure. Therefore, not all those who are subjected to FGM/C have this problem. Second, it has a backlash on the community level as it ascertains the allegations that FGM/C can save moralities if it gets women uninterested in sexual relationships.

- The message on FGM/C needs to be part of a human rights framework and focusing on girl child's right to bodily integrity. It has to be embedded within the framework of the girls' rights to education, play, and healthy nourishment as well as her right to human dignity and to her right to know everything about FGM/C. This framework needs to be emphasized in the message against FGM/C. The message should underline the girl's right to know everything about FGM/C and her right to refuse such a procedure.

- The message should also underline that FGM infringes on the rights of men just as it infringes on the rights of women. It impinges on man's (and woman's) right to a healthy, happy and equitable marital relationship.

- The message on FGM/C needs to incorporate a certain level of sexual education. This was reflected in focus group discussions where participants had misconceptions about the female genitalia, and what would result if a girl was not circumcised. Target groups for this message are not just the women and girls. Also males, young and old, need to be freed of the myths and misconceptions that link a woman's chastity with FGM/C and eradicate their concerns regarding their daughters and wives. They need to understand that sexual desire is not localized in the reproductive system as pointed above but is controlled by the brain and is not affected by the presence or absence of external sexual organs or their size. Developing a girls mind and will power through proper upbringing is the only way to control her desire and not FGM.

- The message should underline the fact that FGM/C is not required by religion not only because it is not a religious obligation, but also because it impinges on the rights of the girl child and women and their human dignity, as well as the rights of men.

- The latest ministerial decree by the MOHP that categorically prohibits performing FGM and punishes those who violate this decree should be underlined and referred to as a clear evidence that FGM/C is not a medical practice. Messages directed to doctors should underline that FGM/C is an unethical procedure that harms the girl child and violates the medical code of ethics.

  Unified consistent messages should be tailored to different target groups with special attention to men. Data has shown that men and women support FGM for different reasons For women it is a matter of respect for custom, whereas men usually pursue the religious argument. Young men and women as a group are also affected by the religious message. Children and adolescents have to be made aware of how FGM/C violates the bodily integrity of the girl child and to be aware of their right to refuse such a practice. Advocators should be capable of providing the mix of messages which responds to the needs of the different target groups and addresses the issues and questions that concern each group

III. Efficiency:

A. Findings of this study have indicated a need to **raise the capacity of LNGO & PNGO staff members**. Training provided on FGM/C related issues need to have a higher success rate for staff of LNGOs, PNGOs, PDs, volunteers and the FGMAP team. Not guaranteeing a 100% comprehension rate on key issues relating to FGM/C compromises the success of the project. Findings have indicated that PDs need more training especially with regard to communication skills and the ability to respond decisively to those who support FGM/C and resist the FGMAP to be capable of countering their arguments. Likewise, since volunteers play an important role in FGMAP, they should receive adequate training on communication and the different issues related to FGM/C.

B. It is important to point out here that besides training on basic knowledge on the immediate health hazards and the historical, religious, and social context of FGM, training should also include the cultural, sexual, legal, human rights and ethical dimensions of FGM, as well as how to effectively communicate and elicit behavior change among members of their community.

C. LNGO project team staff also require capacity building in terms of administrative, accounting financial and computer skills.

D. **Selection of LNGOs** should be implemented with greater scrutiny to ensure commitment of the board to FGM/C abandonment. It is important also that project criteria for LNGO selection be fully implemented and that PNGOs made fully aware of these criteria. More direct communication between all levels of the project is also needed.

E. UNICEF should attempt to reduce and simplify the **project reporting process** and the forms that have to be completed by LNGOs. Despite these forms, the research team faced much difficulty in obtaining updated figures on the status of families in target

communities as noted in the study limitations section. This shows that forms need to be revisited and more efforts are needed to build the capacity of LNGOs to process them.

F. In terms of **monitoring girls at risk**, home visits are important tools for women who do not easily leave the home and provide a comfortable and safe space for women and girls to talk openly on a sensitive issue. However, findings have indicated that the frequency of visits (twice or three times per month for each family) are seen as boring by some families, while it is considered by those against the project as spying on their privacy. It also seems inefficient in terms of labor intensity. However, when visits were combined with the hygiene and environment and avian flu awareness, and staff rotated for the same family they appear to have been more effective. There are no clear indications from available field data on the ideal rate for home visits; these could be monthly visits. Combining these visits with other messages/needed services to the community, as well as raising communication skills of field staff and better planning or managing these visits may prove more effective.

G. Efforts should be made to encourage and assist PNGOs and LNGOs to integrate FGM within their existing causes and activities such as reproductive health, mother and child health, violence against women…etc.

H. Efforts should be made to expand the core group of families that have taken a stance against FGM as well as those who are hesitant about the practice in order to improve cost efficiency.

I. Project Structure and Roles of Different Groups

Table (9) shows in detail the current and proposed roles and responsibilities of UNICEF, CEDPA, NGOs, PDs and volunteers. These are defined in terms of five different options for project structure:

- Option (1) where UNICEF supports a governorate level NGO that directly works in villages with different individuals/groups/institutions;

- Option (2) (current model) UNICEF supports a partner NGO and a local NGO to work in villages;

- Option (3) UNICEF supports a partner NGO and a local medium to high capacity NGO to work in villages;

- Option (4) UNICEF supports directly a local NGO in the village;

- Option (5) where UNICEF directly supports institutions (MOE, MOHP, Council of Youth, etc.) and community groups (volunteers/PDs/etc.) in community mobilization

Table (9) depicts the roles and responsibilities of the different parties according to the different structure options. Options (3) and (4) involve a greater focus on LNGOs. This would require selection criteria that would set higher levels of capacity. These would include: (1) commitment to the issue of FGM/C; (2) a longstanding presence in its local community; (3) has as record of related programs and activities other than FGM/C; (4) experience in handling campaigns pertaining to sensitive issues; (5) proper computer equipment and skills capable of handling the reporting load as required by UNICEF; (6) skilled personnel.

Roles of PDs and volunteers have been differentiated in terms of the PD's contribution towards understanding why and how community members can deviate from the norm and resist social pressure to conform, and their role in planning and designing activities as can be

seen from table (9). Given the importance of the PDs role as credible advocates for FGM/C abandonment, UNICEF needs to tailor community-sensitive approaches to compensate PDs in a way that would not hamper their independence and yet compensate them for the time they dedicate to program activities to ensure their continued presence.

IV. Recommendations for Further Research:

Future interventions should include rigorous methodology for impact assessments with pre- and post-intervention data collection and control/intervention design. Also strong M&E tools with clear indicators defining program outputs (immediate results) and outcomes (long term results). The study recommends the development of a strong MIS system that would incorporate different indicators and all for results-based and targeted reporting on activities, outreach and different program outputs.

Table 9: Recommendations for Project Structure

	Role at Project Inception	Actual Role	Proposed Roles	
UNICEF	**Provide technical and financial support to PNGOs; supervise the implementation of the FGMAP**	**Option (2) Provide technical and financial support to PNGOs; supervise the implementation of the FGMAP**	**Provide technical and financial support to PNGO; supervise the implementation of the FGMAP; re-evaluate the FGMAP program to more closely model the concept of Positive Deviance and the current situation with FGM/C in Egypt; facilitate communication between all of levels of the project**	**Option (5) Provide technical and financial support to institutions; supervise the implementation of the FGMAP; re-evaluate the FGMAP program to more closely model the concept of Positive Deviance and the current situation with FGM/C in Egypt; facilitate communication between all of levels of the project**
CEDPA	**Provide training to PNGOs; provide technical and financial support to PNGOs; work closely with PNGOs to monitor the implementation of the program**	**Provide training to PNGOs; provide technical and financial support to PNGOs; work closely with PNGOs to monitor the implementation of the program.**	**Provide updated training to PNGOs, LNGO representatives, and selected PDs and volunteers; ensure that accurate information is understood by all implementing groups after training; provide technical and financial support to PNGOs; provide technical and financial support to PNGOs; work closely with PNGOs to monitor the implementation of the program**	**N/A**

PNGOs	**Provide technical and financial assistance to LNGOs; organize governorate level awareness activities**	**Provide technical and financial assistance to LNGOs; organize governorate level awareness activities including Interdisciplinary Consultative Committees (ICCs); Assisting LNGOs directly in the reporting process; organizing activities on the community level when necessary**	**Option (3)** **UNICEF supports a partner NGO and a local medium to high capacity NGO to work in villages**	**Option (1)** **UNICEF supports a governorate level NGO directly works in villages with different individuals/groups/institutions**	**N/A**
			Collaborate with LNGOs; organize governorate level awareness activities including Inter-Disciplinary Consultative Committees (ICCs); select NGOs with medium to high capacity to adequately implement a project on FGM/C.	**Provide training and financial assistance to PDs/volunteers for exemplary performance; organize governorate level awareness activities including Inter-Disciplinary (ICCs).** **Organizing activities on the community level when necessary.**	
LNGO	**Arrange for monthly meetings with the project team; identify PDs; report accurate information regularly to the PNGOs; participate in the monitoring and evaluation process; cooperate with community leaders**	**Arrange for regular meetings with the project team; identify PDs and volunteers; organize community awareness activities, small group meetings, etc; participate in the monitoring and evaluation process; cooperate with community**	**Option 1** **UNICEF supports a governorate level NGO directly works in villages with different individuals/groups/institutions**	**Option 2** **UNICEF supports a partners NGO and a local NGO to work in villages**	
			Arrange for monthly meetings with the project team;	**N/A**	

Active Positive Deviants	**Be a role model for the community as someone who refuses FGM; be involved in community awareness activities and private meetings in order to help others abandon FGM; work with the community leaders to take a stance against FGM**	**Combined with Volunteers Be a role model for the community as someone who refuses FGM; be involved in community awareness activities and private meetings in order to help others abandon FGM; work with the community leaders to take a stance against FGM**	**Be a role model for the community as someone who refuses FGM/C; be a resource on how to abandon the practice; participating in the design and planning of activities; Organize community awareness activities and private meetings in order to help others abandon FGM/C; work with community leaders to take a stance against FGM; report to PNGO (or LNGO), (or UNICEF) as to progress; receive compensation for exemplary performance within project activities.**		
Volunteers	**Assist in the execution of the FGMAP by supporting positive deviants and working with the FGMAP and GAR teams**	**Combined with PDs Be a role model for the community as someone who refuses FGM; be involved in community awareness activities and private meetings in order to help others abandon FGM; work with the community leaders to take a stance against FGM**	**Be a role model for the community as someone who refuses FGM/C; Organize community awareness activities and private meetings in order to help others abandon FGM/C; work with community leaders to take a stance against FGM; report to PNGO (or LNGO), (or UNICEF) as to progress; receive compensation for exemplary performance within project activities.**		

Annex I: **Recent Developments in the Field of FGM in Egypt in Reactions to the Death of the 11 Years Old Girl in Menya:**

Shortly after the death of the girl, clear statements by reputable officials came out against the traditional practice. First Lady Suzanne Mubarak called Bodour's death a flagrant example of continued physical and psychological violence carried out against children which must stop. She mentioned that legislative modifications will be carried out to issue a law that prohibits its practice and criminalizes it, in order to impose a total ban on FGM/C, rescinding a provision that allows the practice to be performed by qualified physicians in exceptional cases. Mubarak also announced that the National Council for Childhood and Motherhood was preparing to launch a national campaign against FGM/C called "A Beginning to an End."[37]

Other government officials have also made statements in the wake of this incident. The Ministry of Health stated that no member of the medical profession can practice FGM/C, regardless of whether it is in a public or private clinic, and that violators of this ban would be punished. The Doctor's Syndicate has launched an investigation into the death of Bodour. The girl's father has also filed a lawsuit against the doctor for negligence. If convicted, the doctor could face up to two years in prison.[38]

Religious officials also spoke out in reaction to Bodour's death. Egypt's Grand Mufty, Aly Goma'a stated that the practice is clearly forbidden by Islam; the strongest statement against FGM/C made to date by the Islamic religious authority. This has been further supported by the statement issued by the Islamic Research Academy of Al-Azhar, *(Magma' El Bouhouth Al-Islamiya)* the highest seat of religious learning in the Sunni world, on June 28th 2007 which stated that FGM is a harmful practice and tradition and is not an Islamic practice. The statement called for an awareness campaign in the media against the un-Islamic practice. However, several scholars at Al-Azhar University have rejected the Mufty's fatwa because there is no clear statement in the Qur'an that FGM/C is forbidden.[39] The Coptic Pope also expressed unequivocal support for the ban stating that FGM/C has no basis in the Holy Bible.[40]

The impact of this event is still being felt. In July 2007, Egypt's Health Minister suspended a nurse for performing FGM/C on two girls in Giza and continues to encourage health departments to report violations of the ban. Around the same time, a seven-year-old girl was sent to a hospital with excessive bleeding from FGM/C in Aswan. At the time of writing, police were still searching for the responsible medic. [41]

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[37] Abdelhadi, Magdi. "Egypt forbids female circumcision." *BBC News*, 28 June 2007.
[38] "Egypt Moves to Ban Female Genital Mutilation." *Feminist Daily*, 29 June 2007.
[39] Hauslohner, Abigail. "Egypt Mufti defends ban on female genital cutting." *The Daily Star*, 7 July 2007.
[40] Abdelhadi, Magdi. "Egypt forbids female circumcision." *BBC News*, 28 June 2007.
[41] Ammar, Manar. "Egyptian Nurse Suspended after Conducting Circumcision on Two Girls." *All Headline News*, 30 July 2007.

Annex II Human Interest Stories

Female Positive Deviants:

1- Menya- Zawiet Sultan

Amina is a 39 year-old Muslim illiterate housewife. She lives with her husband, also illiterate, in their own house. She has six children, 3 girls and 3 boys; her eldest daughter, a university student, is circumcised whereas the two younger daughters (aged 10 and 11) are not.

Amina recalls how her eldest daughter's experience with FGM affected her decision not to repeat the practice on her daughters:

> "*My daughter bled severely when she was circumcised, and also her aunt…… When my sister (who works in the FGMAP), told me about the dangers of FGM, I was happy. I have filled the form that I will not circumcise my daughters, and I spoke publicly before all the community members, and declared my position*".

She asserts she is not afraid this decision might affect her daughters' chances of marriage as they are receiving an education.

> "*When someone asks to marry them, he will ask if they are educated or not. In the old days, the uncircumcised girl would not marry, today, education is far more important*".

Supporting her decision is the fact that CCC's husband and mother in law are convinced and that her son works in the FGMAP with the youth.

Amina is very proud of being a positive deviant. She says the FGMAP allowed her to attend meetings and talk with "*people I never had talked with them before because I had no certificates* (education)". It also provided her with more information on the risks of FGM and convinced her that it is in fact, a sin.

Her knowledge of FGM also enabled her to understand that: "Many people blame back magic for a girl's broken engagement. Now I understand the real reason, these women were afraid of marriage because of what they had been through during circumcision".

Amina states that before FGMAP she didn't know of families who did not circumcise their daughters. After the project, however, community members started listening to positive deviants and many women became unwilling to slaughter their daughters.

In her opinion, an essential element in changing people's attitudes is the inclusion of community leaders in seminars and meetings.

"In the seminars doctors, the mayor, sheikhs, the school director, are present. The mayor has an important say in our community".

She cites other factors that encourage change such as the increase in education and in media raising awareness about the dangers of FGM and advocating the abandonment of the practice.

2- Assiut: Masseoudy:

Mona is a 20 year old unmarried Muslim young woman. Both her parents are illiterate with the father working as a guard (*Ghafeer*). She is the eldest in a family of two girls and four boys, two of which work their plot of land and provide for the family. Mona used to work as an adult education instructor but is currently unemployed.

Mona lives in Masseoudy, a conservative community where the leaders are in favour of circumcision, including one of Mona's relatives, himself an Imam at one of the mosques. The situation in this village is more difficult than many other sites as the local NGO is located in another village.

She believes a girl is circumcised to ensure she gets married otherwise, it is feared she will engage in loose behavior especially if her husband travels for an extended period of time. Other reasons include reinforcing her cleanliness and chastity. She talks about her own humiliating experience where she was circumcised at the age of 13 with 11 of her relatives.

"It was my grandmother who insisted although my aunt had died because of circumcision, … I bled and had to be taken to the doctor, spent a month recovering and was so embarrassed because I was old enough ".

She says she developed a fear of marriage and childbearing as well as from the people who part of her ordeal.

She therefore decided not to circumcise her future daughters. She joined the FGMAP to help save girls from FGM. She did not attend trainings as they were in the town. She however, attends seminars with doctors, encouraging her colleagues to join and persuading members of the community to open their homes to meetings and seminars.

"*Before the FGMAP I convinced my uncle and his wife not to circumcise their daughters. I also talked to my neighbors and explained the dangers of FGM. They believe me, but they say that they do as the others do (zyiena zay el nass), they are still hesitant*"

Mona is lucky because she receives support from her parents, particularly her mother and uncle despite her grandmother's disapproval. This encouragement is essential for MAM's ability to stand up to opposition. She is

no longer afraid of not getting married and feels she is educated enough to argue her point even on religious grounds.

In her opinion, the project's main achievement was to shed light on the issue and encouraging young people to talk about it. "*Before the project, none of the Muslims would talk about this issue, let alone dare say whether they circumcised their daughters or not. But Christians were more open, they are more educated and less shameful than us*". The biggest challenge, however, is to spread more awareness and convince women to attend the seminars.

She believes there should be more awareness campaigns, workshops and vaccination seminars provided so women would attend if they cannot go to the FGM seminars. She thinks having the support of important figures of the community is a critical factor, "Mr. G, one of the rich people in the community, he has been very supportive. A.S. was stubborn at first, and used to fight with the doctor and the FGM team, but they managed to convince him". In addition, MAM states that the project should focus on home visits and public seminars that currently do not cover the part of the village where she lives.

3-Sohag: Naj Abasa:

Rania is married with two children and holds a commercial diploma. Her husband works with the FGMAP team. She worked for three years on a family planning project and later on a literacy project, which provided her with information on many issues including FGM.

Rania decided not to circumcise her daughters after being made aware of its consequences by a doctor working with her on the family planning project. Working on that project also exposed her to many women's sexual problems caused mostly by FGM. She admitted to having sexual problems herself, causing her husband to resent her and her mother-in-law to insist they got divorced. Prior to the FGMAP, she kept her decision not to have her girls circumcised private. After the project, however, she was introduced to many educated, non-circumcised girls, which gave her more confidence and she announced her decision to the community.

Rania contributes to FGMAP by helping in the preparation of meeting and seminars as well as being responsible for home visits. She likes working with the project as it gives her the opportunity to meet with educated young women and community leaders. She feels she is part of a wider social network supporting her decision. She feels the FGMAP served people change their stance by around 50%. The remaining 50% are hesitant out of fear for their daughters' morality.

4-Sohag: Najaa Atteya:

Heba is a 27 year old married Muslim woman, carrying her first child. She is married to her cousin, a civil servant who used to work as an extension health worker on the *Raeda Al Rifiah* project (ended a year ago). Heba's father is the director of a primary school and her mother a housewife. She has three sisters and a young brother all of which have been sent to school. She only received medium education but her sisters are all university graduates and married to educated men. They are circumcised but all decided not to circumcise their daughters. She firmly believes education is a major factor influencing one's decision to abandon FGM.

Heba thinks the decision to circumcise is usually pushed for by grandmothers even if mothers do not wish to subject their daughters to it. However, in her case, she insists she will not circumcise her daughters and is confident her husband will support her decision as he is educated, understanding and loves her.

Heba knew about FGM through her work and about FGMAP since 2003. She attended meetings, read books and used to undertake home visits for a 100 families every month. She used to talk to the women on family planning and other issues including FGM which made it easier for them to approach this sensitive issue. She now helps the FGM team by sending her colleagues to the meetings and informing people about them. She knows a little about the project, having received a one day training as a positive deviant: "*I know it is a big campaign to raise women's awareness funded by foreign countries. They want to eradicate this bad habit, and protect girls from FGM harms*".

She feels the project definitely had a positive impact on the people. "*Of course, circumcision was such a natural thing that must happen like marriage. The project made people think after they were informed of FGM's dangers like infertility and bleeding. Also TV and media played an important role*". She is of the belief that persistence is essential and that more seminars are needed for women particularly those who are uneducated. She thinks individuals who renounce circumcision do not go back: "*Circumcision is like literacy, its impacts is to the better, when those who didn't know to read or write saw their friends attending literacy classes, they followed them, so that no one is better than the other*".

5- Assuit: Nekhielah:

Nahid is a 44 year old Christian teacher, married to an educated husband (also a positive deviant), they live in their own house. They have six children, three of which are girls that have not been circumcised.

Nahid had a painful experience with FGM. Her older had died as a result of the procedure but their mother decided to have her circumcised at the age of 7 anyway because she feared Nahid wouldn't get married. During the operation, her leg, used to hold her down, was affected. She also experiences sexual problems which, she understood after joining the LNGO, were attributed to FGM. She decided then that none of her daughters would get circumcised. "*It was my decision, but my husband agreed to it. I think that was his position even before I talked to him*".

She only made this decision public last year after joining the LNGO. Her brothers and sisters in law were against her but she and her husband insisted until one of them was actually convinced and did not circumcise her youngest daughter.

She discovered about FGMAP through a seminar organized at her school. There, she was told she is a Positive Deviant. Now, she opens her home for seminars and meetings with families, she attends and helps in the preparations for seminars held at youth centres and cultural clubs. She says the programme benefited her greatly by explaining the dangers of FGM in detail and by allowing her to meet people and talk with men about this issue.

Nahid believes the FGMAP affected people as now many are outspoken about their intentions not to circumcise their daughters. Many also opened their homes for meetings: "*I work with 9 families, 5 had already been convinced, 4 are still hesitant. I informed them about the dangers of FGM, as well as environmental issues and hygiene and the result was positive*".

In her opinion, the two main obstacles to the FGMAP are the suspicion of it being funded by foreign countries (i.e. America) and the rigid stance of Muslim religious leaders. She feels the Mufti should publicly denounce FGM on TV. She adds that the project's main achievement is stopping the midwives (dayas) from performing FGM.

Male Positive Deviants

6- Menya: Zawiet Sultan Bahary:

Father Kirolos is a 33 year old priest and father to a three-year-old daughter. Prior to becoming a priest, he worked as a science teacher for. His father, despite being a simple illiterate worker, wanted to give him a better life and used to buy him books, making reading an important habit for his son. He started collecting information about FGM while at university, when assigned a paper on sexual education.

Father Kirolos believes people circumcise their daughters because they care about them. He believes parents do not want to harm their daughters by not following village traditions. He thinks factors that affect peoples' attitudes and behavior include poverty, unemployment, illiteracy, rooted traditions, and control of the elderly: "*poverty oblige people to get their children out of schools to work, and girls are exposed to sexual harassment at work, the families decide to circumcise them*"

Father Kirolos is firm believer that this issue needs to be dealt with sensitively and that people can be addressed if they feel the person talking actually cares for them. He also believes in providing sex education to all age groups including parents.

Father Kirolos's family has always been actively involved in voluntary work through the local church. He follows suit and supports FGMAP by preparing for seminars, meeting with community leaders, providing speakers, e.g. doctors to the seminars, talking to families. He is not familiar with FGMAP's exact objectives, but thinks it is successful so far. He finds illiteracy is the main obstacle: "*Many people are convinced, and others are ready to listen, but illiteracy is high in Qibly, this makes it hard*".

7- Assuit: Masseoudy:

Mohammed is 17 years old, Muslim, unmarried with one sister and five brothers. His father, being strongly in favour of education, supported both him and his sister until they finalized their university degrees. Mohammed received his education in Minya where he got the chance to meet people and read a lot which helped change his ideas about FGM.

He first became familiar with FGM in 1996 through the media and read a lot about the issue. He understood that it causes frigidity and causes family problems. He also found out that his uncle hadn't circumcised his daughters who were very 'good' girls. He thus decided to be against FGM.

Mohammed spends much of his time with the FGMAP team despite the disapproval he gets from some members of his community who say: "*I am an American agent, or the project forbidden (haram), call me names, … I said prove it to me, and I will stop since I am not paid, but now they are rethinking*". He is on good terms with many young people and holds youth meetings in his home, conducts home visits and is responsible for six families despite his young age: "*People trust educated persons and think they (the educated) understand every thing… Now, they tell me their problems and I discuss it with community leaders*".

Most of Mohammed's efforts are invested with the youth who are always concerned but girls' sexual appetite. "*This is more important for them than religion and traditions, they are afraid of non-circumcised girls who would make scandals for their families*". At first, he was shunned by many of his peers but he tried to listen to them and discuss their concerns. He asserts that the communication training he had received enabled him to handle these situations.

He believes the FGMAP should continue for longer with more emphasis on seminars; and that a development component should be included to help convince community members, "*people are suspicious of the LNGO, because they only talk about FGM*". He and other colleagues are currently working on revitalizing their local CDA, that has been inactive for a long time, this way they can offer some responses to expressed the community needs, which he thinks will enhance efforts to stop FGM.

8- Sohag: Naj Atteya:

Abdallah is 42, Muslim, with a commercial diploma, working as a clerk at the MOH and as an Imam for the Friday prayers. He lives with his wife and two sons.

Abdallah had travelled to several Arab countries and came to know about FGM in 1994 while in Iraq. There he was told that FGM is practiced only in Egypt and Sudan and that Arab men refuse to marry Egyptian girls because they are frigid and difficult to satisfy. He then started reading religious books and became certain that FGM is not necessary. He discussed the issue with his wife and they agreed that their future girls will not be circumcised.

He says it was not common to talk of the issue before the project but that now it is easier to talk about it with both old and young people. Throughout the past two years he received three trainings with the PNGO on FGM, effective participation, and evaluation. Other NGOs were there for exchanging experiences. He supported the FGM team in many ways, providing religious arguments against it and responding to peoples' religious concerns, opening his home (*mandarah*) for meetings, and speaking with those opposing FGMAP.

Concerning the project's impact he said: "*for sure, everyone heard, we also saw on TV what they say "No for FGM, Early marriage and deprivation from education*". However, he still thinks that if the LNGO stops supporting the FGMAP, they will not continue, and that they need a funding agency. He strongly recommends the FGMAP continues for at least another two years, and be expanded over the entire village (10 Najaa, the NGO is currently working only in two). In addition to expanding the seminars with religious leaders, he thinks there is a need for providing incentives, providing breaks during the seminars, financial awards during the training, gifts, recreational activities and trips for volunteers and positive deviants.

9- Qena: El Kom El Ahmar:

Youssef is a 42 year old physician, married to an educated wife and father to two uncircumcised girls. He'd heard about FGM in college and knew that it was harmful and not sanctioned by religion.

Youssef did not want to circumcise his daughters and his wife, who is educated, agreed. He also made this decision public because he believes FGM is neither scientific nor religious. His family members were disapproved at first but he convinced them of the dangers of FGM; it also helped that they are all educated. His mother didn't have a say, particularly because "*we do not live with them and the relations are not that strong*".

The FGMAP team contacted Youssef and asked him to conduct an awareness session for the community members. He thinks the presence of religious leaders at seminar was important, because people are very religious,

and they need to hear it from the sheikhs. This is reflected in people's early perceptions of the FGMAP team as "*spreading immorality*". He adds that the influence of traditions and customs is still very strong in the village.

YYY supports the continuation of the FGMAP, as there is yet to be a critical mass to resist pressures to go back to circumcision in the future. He believes that Seminars, home visits and community activities were successful as outreach tools for the community. He suggests increasing the trips particularly urban cities to expose unconvinced people to new communities. He thinks also that adding Environmental issues would be useful to enhance FGMAP.

C) Targeted Girls

10-Menya: Z. S. Qibly

Fatma is an 11 year old Muslim primary school student. She is the youngest and only daughter of four children. The father (49 years) is uneducated truck driver and mother (42) is a housewife with basic education. Her family (nuclear) lives in their own house close to other relatives.

Most of Fatma's cousins and their daughters are circumcised. Her classmates are also almost all circumcised. "*I am not circumcised, and I am not going to be, because my mother told me that FGM is a bad habit*". She thinks the decision to circumcise rests with her mother who has a strong personality and will not succumb to pressure. She knew about FGM from her mother, seminars in the school, and activities through the local NGO. "*I do not want something bad to happen to me, sometimes, I hear, that circumcised girls bleed or get nervous shocks when they grow up*".

Fatma is lucky as there was a clear cooperation between her school and the LNGO, which allows her and other girls to get exposed to an inspiring environment. Part of a group of 20 classmates, she participated in many activities, drawing and writing competitions, puppet theater and trips to other villages and towns. With the puppets animations there were songs on FGM and equality. Fatma and her mates enjoy the time they spend at the LNGO and love their teachers and supervisors. What fascinated her, and was emphasized repeatedly in her conversation, was the chance to express oneself and do what one wants, a rare situation for young girl children in rural areas. Girls at this young age take their teachers as role models which highlights the need to provide the latter with adequate trainings and knowledge of the issues important to the girls.

11- Sohag: Naj Abasa:

Haneya is an 11 year old Muslim primary school student, with one sister and two brothers. Her father used to work in Saudi Arabia and her mother was a circumciser herself. The family lives in their own house with the paternal Grandmother.

Haneya's older sister was circumcised while she herself is not. Her sister was circumcised while the father was away and upon his return, he was angry and told the mother that circumcision was a sin. It was mainly her father's decision not to have Haneya circumcised. She said that before the project, she wanted to get circumcised because she thought it was good and would help her get married. But now she understands differently. With pressure from the FGMAP team and their continued visits, the mother eventually stopped performing FGM.

She knew about the FGMAP and its different activities *"it is about stopping FGM and protecting girls from being circumcised*".. "*they visit women in their homes and tell them not to circumcise girls,, school visits, once organized a seminar, and they also organized a celebration last Mothers Day, it was great, I wish they will repeat it.* Like other girls, she adores "*Al Ablawat*" (FGMAP team members) particularly because they talk to her, and that she could ask them about the issues she do not understand and they explain it to her.

Haneya said that she doesn't think that girls can do something to stop FGM, yet she did mention, that she talks to her schoolmates, and that some of her cousins said to their parents that they do not want to be circumcised after they heard about the dangers of FGM. Once they spoke about FGM during the school break, they were overheard and beaten, and stopped talking about the issue.

It is very important here to compare Haneya with Fatma who enjoys an empowering environment that enabled her just to express herself confidently, and see herself as an agent for change. The dedication of "*Ablawat*" in both cases is remarkable, but the attitude of school officials is very different, which is reflected in the young girls self esteem.

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