2000

# Critical analysis of interventions against FGC in Egypt

Nahla G. Abdel-Tawab
*Population Council*

Sahar Hegazi
*Population Council*

# Critical Analysis of Interventions Against FGC in Egypt

Nahla Abdel-Tawab, M.D., Dr. P.H.*
FRONTIERS Project Host Country Advisor, Egypt

Sahar Hegazi, M.A.
FRONTIERS Project ANE Regional Communication Officer

June 2000

* During the conduct of this study Nahla Abdel-Tawab was the FRONTIERS Project Host Country Advisor in Egypt.

This study was conducted from August 1, 1999 to February 29, 2000. It was funded by the U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) under the terms of Cooperative Agreement Number HRN-A-98-00012-00, subproject 5800-13023-411. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.

## Summary

Community-based programs designed to discourage the practice of female genital cutting (FGC) in Egypt started as early as the 1920s and have continued to the present day. However, the battle against FGC gained its greatest momentum after the 1994 United Nations International Conference on Population and Development (ICPD). Today, messages to discourage the practice of FGC are found in most community development, health sector and women's rights programs in Egypt. Although the government has been very supportive of initiatives designed to combat the practice, the longest tradition of active programs is within the NGO sector.

More than one model has been used to eradicate FGC in Egypt. However, NGOs seldom document the process they follow in implementing interventions, the strengths and weaknesses of each approach, difficulties faced in implementation, or ways of overcoming those difficulties. Also, there is scant empirical evidence about the impact of these various models of programmatic interventions. The present meta-assessment, therefore, was designed to: (1) document and critically assess case studies of NGO and governmental programs working to combat the practice of FGC in Egypt; (2) identify the gaps and limitations in the implementation of the FGC interventions; (3) examine indicators used for the evaluation of programs against FGC that relate to process, output and outcome level assessments; and (4) disseminate the results of the meta-assessment both within Egypt and elsewhere.

Information about each intervention was collected from recent reports describing interventions implemented by different governmental and non-governmental organizations. More detailed information about each intervention was collected through face-to-face interviews with officials in selected organizations. A semi-structured interview guide was used to collect the following information about each intervention: objectives, rationale, target groups, implementation procedures, challenges and how they were overcome, the organization's assessment of success of the intervention and strategies as well as indicators used for evaluating the intervention. A total of 15 NGO officials (representing 15 NGOs) completed the in-depth interview. In addition, interviews were conducted with representatives from the Ministry of Health and Population, UNICEF and UNFPA.

Preliminary findings of the meta-assessment were discussed in a two-day seminar that was held in Cairo in January 2000. It was attended by 40 participants representing NGOs and governmental organizations involved in FGC activities, donor agencies, research institutes, and CAs.

The meta-assessment identified four models of intervention against FGC and analyzed them from both a programmatic and theoretical standpoint using the *Process of Behavioral Change Model* described by Izett and Toubia (1999). The models are: (1) awareness-raising; (2) selecting some members of the community to serve as change agents (facilitators) in their communities and/or individuals who have resisted FGC (positive deviants); (3) integrating anti-FGC messages into developmental activities; and (4) advocacy. Each of the above models has its strengths and limitations.

Awareness-raising lectures and seminars spread the message against FGC to a large audience. However, both the format and content of the message, which focuses on the health hazards of FGC, compromise the effectiveness of this approach.

Using selected community members to serve as facilitators could be highly effective in changing people's knowledge and attitudes, as people are more likely to trust such facilitators. Facilitators also ensure a certain level of sustainability for anti-FGC activities. However, the quality of training currently provided to facilitators is questionable. Furthermore, in many cases facilitators are not given a well-defined agenda of activities to undertake.

The community development approach, on the other hand, targets all members of the community and hence is likely to influence all stages of the behavioral change process. In addition, this approach addresses some of the root causes of the problem such as illiteracy, gender inequality, and low socio-economic development, among others. On the negative side, however, this approach may be somewhat expensive and labor-intensive, and its geographical reach is limited.

Advocacy activities are important for creating a strong social and political environment against FGC. However, results of this meta-assessment showed that very few organizations conduct advocacy activities. Clear definitions of advocacy and comprehensive understanding of its dynamic components are also absent. Only a few NGOs organize media advocacy activities to raise an issue on the public agenda, which leaves a significant opportunity for using this approach more effectively.

A problem common to all the above approaches is that they lack sound evaluation methodologies for measuring the impact of interventions. In the absence of such methodologies, organizations will not be able to distinguish between interventions that work and those that do not. Furthermore, they will not be able to identify strategies to increase the effectiveness of current interventions.

Based on results of the meta-assessment and suggestions made by seminar participants, the following recommendations are proposed to increase the effectiveness of anti-FGC interventions in Egypt:

1. Formative research should be conducted before every intervention to assess the needs of individuals/communities and to identify their position in the behavioral change process.

2. More participatory learning techniques should be used in awareness-raising seminars and training workshops. The content of anti-FGC messages should not focus on the health hazards of FGC alone, but on the social, religious and legal aspects of the practice as well.

3. Training programs for outreach workers and community advocates should include a component on communication methods as well persuasion strategies. Training programs should rely less on the lecture format and use more participatory techniques such as role-plays and problem-solving exercises.

4. Partnerships should be created between NGOs and research institutions so the latter can provide various forms of technical assistance.

5. Indicators to measure the different stages of attitude and behavioral change need to be developed. Also, indicators to measure individual and community empowerment should be developed. Training of NGOs on the use of these indicators should be conducted.

6. More advocacy activities are needed to create a strong environment of social and political opposition to FGC in Egypt. NGO staff need to receive training on the conduct of effective advocacy activities, particularly media advocacy to strengthen public dialogue about the issue.

7. Finally, eradication of a deeply entrenched practice such as FGC cannot be achieved through a single approach or a single organization. NGOs should form coalitions in order to complement and reinforce each other's work. The most effective interventions, however, are those that involve NGOs, the government, the media, research institutions, and most importantly, the communities themselves.

# CONTENTS

## Acknowledgments

This study was conducted between August 1, 1999 and February 29, 2000 as an in-house activity by the staff of Frontiers in Reproductive Health Project in Cairo. The investigators would like to express their gratitude to senior staff at the Ministry of Health and Population (MOHP) for their support of the study. The financial support and encouragement of the staff of the United States Agency for International Development (USAID) in Cairo and Washington D.C. are gratefully acknowledged.

The conduct of this study would not have been possible without the cooperation of officials from NGOs, governmental organizations and donor agencies who completed the in-depth interview. The comments and suggestions made by seminar participants have been very helpful.

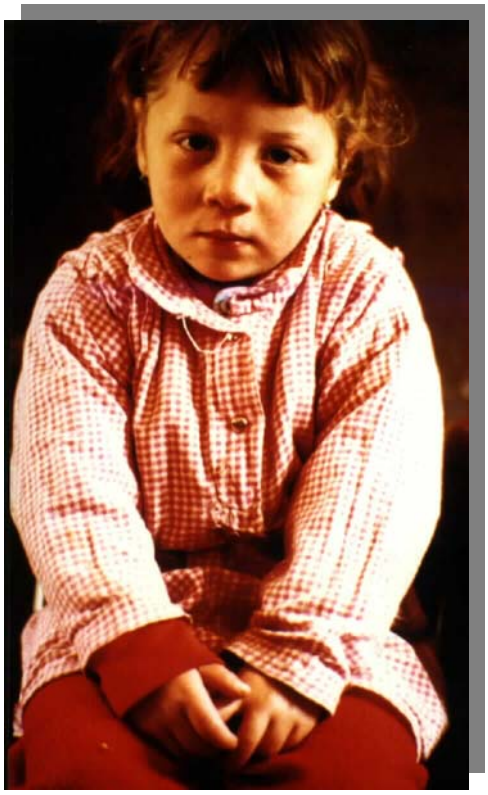
The input of the advisory group at all stages of the study is greatly appreciated. Special thanks are due to Ms. Amel Fahmy and for Dr. Hala Youssef for their efforts in conducting the interviews and in preparing for the seminar.

Last but not least, the investigators wish to thank Population Council colleagues in Cairo, Delhi and Washington D.C. for their valuable comments and suggestions.

# Critical Analysis of Interventions Against FGC in Egypt

## Background

Female genital cutting (FGC) is a common practice in Egypt. According to the latest Demographic and Health Survey, more than nine out of ten married women of reproductive age (15-49) have been circumcised (El-Zanaty et al., 1996). FGC is performed in Egypt on girls between the age of 6 and 12 years. A clinic-based investigation of the typology of FGC showed that types I and II are the most common. Type I involves excision of the prepuce with part or all of the clitoris, while type II involves excision of the clitoris together with part or all of the labia minora (Egyptian Fertility Care Society, Population Council ANE OR/TA Project & Macro International, 1996). The most commonly cited reason for performing the procedure is to preserve the girl's chastity and purity (Helmy, 1999).



Community-based programs aimed to discourage the practice of FGC in Egypt started as early as the 1920s and have continued to the present day. Over the years, several organizations and women's groups have called for banning of the practice on health grounds. However, the battle against FGC gained its greatest momentum after the 1994 ICPD. Coalitions of governmental and non-governmental agencies were formed throughout the country to support activities combating this harmful traditional practice. A national task force was created to coordinate efforts and mobilize forces to eliminate FGC. In 1996 the Minster of Health and Population issued a ministerial decree banning the procedure. Governmental institutions, namely the Ministry of Health and Population, the Ministry of Social Affairs, and the Ministry of Education, have also launched programs for the elimination of FGC in Egypt.

Today, messages to discourage the practice of FGC are found in most of the community development, health sector and women's rights programs in Egypt. There is a consensus about the need to discourage the practice both within governmental and non-governmental women's health care program activities. Although the government has been very supportive of initiatives to combat the practice, the longest tradition of active programs is within the NGO sector.

More than one model of intervention has been used to combat FGC in Egypt. The first model relies upon traditional awareness-raising activities (such as community lectures, discussion groups and seminars) to disseminate information about the harmful effects of FGC. A second approach relies on community leaders to serve as

change agents within their communities. A third model integrates anti-FGC messages within general community development activities that feature a strong community participation element. A fourth and relatively unused model features contemporary advocacy activities that are designed to create a sense of public debate about FGC in the popular media and local public discourse.

## Significance of the Study

NGOs seldom document the process followed in implementing interventions, the strengths and weaknesses of each approach, difficulties faced in implementation, or ways to overcome those difficulties. There is scant empirical evidence concerning the impact of various FGC models of programmatic intervention. Furthermore, to date, there has not been a national forum to bring together the various agencies and actors engaged in opposing FGC in Egypt, for the purposes of critically sharing ideas and programmatic experience. Although the national task force has been quite articulate in expressing a common sense of goals and purpose surrounding this work, there is a significant need for information-sharing programs. Indeed, a recent assessment of community case studies on FGC activities in Egypt highlighted the need to create a forum for sharing experiences, as a way of improving interventions and ultimately eliminating the practice (El-Katsha, Ibrahim & Sedky, 1997).

## Study Objectives

The overall objective of this project is to contribute to the formulation of successful interventions to discourage the harmful practice of FGC in Egypt. The specific objectives of this study are as follows:

1. To document and critically assess case studies of NGO and governmental programs working to combat the practice of FGC in Egypt.

2. To identify gaps and limitations in the conduct of FGC interventions.

3. To examine indicators used for the evaluation of programs against FGC, relating to process, output and outcome level assessments.

4. To disseminate the results of the meta-assessment both within Egypt and elsewhere.

## Methodology

The design of this study was based on a number of mechanisms aimed to collect and verify information on different FGC interventions and activities in Egypt. At the early stages of the project, an advisory group composed of experts in the field of FGC was formed to provide technical advice regarding conduct of this meta-assessment (see Appendix 1 for a complete listing of the members of the advisory group). The eight

members of the group represented the Population Council, NGOs, the former FGM Task Force, and donor agencies.

Subsequently, a review of recent reports describing interventions implemented by different governmental and non-governmental organizations against FGC in Egypt was conducted. A phone interview was used to screen organizations and to identify those meeting the following criteria: (a) the intervention was undertaken after 1990, is coherent and complete in its description; (b) the intervention has completed a substantial portion of its implementation or has evolved into a mature on-going program; and (c) the implementing organization has expressed readiness to discuss the intervention in some detail in a face-to-face interview and to reveal strengths as well as weaknesses or challenges. Based on these criteria a number of organizations were selected for face-to-face interviews at which more detailed information concerning each intervention was collected. It should be noted that observation of the actual implementation of each intervention was beyond the scope of this study.

The project coordinator conducted the interviews with assistance from the two project monitors. A semi-structured interview guide was used in conducting the interviews. The guide directed collection of detailed information regarding each intervention, namely: its objectives, rationale, target groups, implementation procedures, challenges and how they were overcome, the organization's assessment of the success of the intervention and strategies as well as indicators used for evaluating the intervention. Interviews were audio-taped with the permission of the respondent and the tapes were transcribed by two research assistants. A total of 15 NGO officials (representing 15 NGOs) completed the in-depth interview. In addition, interviews were conducted with representatives from the Ministry of Health and Population, UNICEF and UNFPA. (See Appendix II for a complete list of interviewed NGOs.)

Preliminary findings of the meta-assessment were presented in a two-day seminar held in Cairo on 16-17 January 2000. (A special section of this report highlights the seminar sessions and key recommendations.) The seminar was attended by 40 participants representing NGOs and governmental organizations working in the field of FGC, donor agencies, research institutes as well as CAs (see Appendices III and IV for a copy of the seminar agenda and list of participants). The seminar provided an opportunity to share lessons learned and to develop recommendations for enhancing the efficacy of FGC interventions in Egypt.

## Findings

Interviews with NGO officials revealed four types of interventions:

- awareness-raising lectures and seminars for the community at large;
- use of influential community members and/or positive deviants as change agents;
- integration FGC eradication activities within other developmental activities; and
- advocacy activities to influence policy-makers and opinion leaders at the community and national level.

Before discovering the details of each of the four models we will examine the behavioral change process from a theoretical standpoint described by Izett and Toubia (1999).

*Stages of Behavioral Change Model*

The model describes the road to behavioral change in relation to FGC as long and winding and influenced by many external forces.

The journey towards abandonment of FGC usually involves five stages. The first stage is *precontemplation*, which is the baseline stage. In this stage, an individual has never questioned the practice before because everyone in the community embraces the practice.[1] The second stage is that of *contemplation* and that is when an individual starts thinking about the alternative behavior, such as not circumcising. She may start questioning long-held beliefs about the usefulness of the practice or about girls' chastity. At this stage the individual becomes interested in the topic and seeks information about it from different sources.

***The five stages of the behavioral change process :***

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

If the individual receives correct information and enough support from her social network, she is likely to move to the next stage of *preparation*—to make a decision to change. She develops a negative attitude towards FGC and makes a decision not to circumcise her daughter. If the individual receives enough support regarding this decision from her significant others or influential associates, such as her family or social network, she is likely to move to the *action* phase, in which she implements her decision. In many cases the decision not to circumcise is met with strong negative reactions from other family members. If the individual is able to handle such reactions and to follow through with her decision, then she has reached the final stage of the behavioral change process, *maintenance*. According to Izett and Toubia, an individual's ability to make and to follow through with such a decision is largely dependent on the attitudes of significant others as well as the individual's level of authority within the family or community.

The advocacy approach to combating FGC can be examined using the same theoretical model. However, it is vital to recognize that the importance of the advocacy approach is primarily to bring an issue on to the public, media and/or policy agenda. It is important for an issue to become effectively advocated, so that the solution and its practical application will overlap towards placing it on the public, media or policy agenda.

### *1. Awareness-raising Approach*

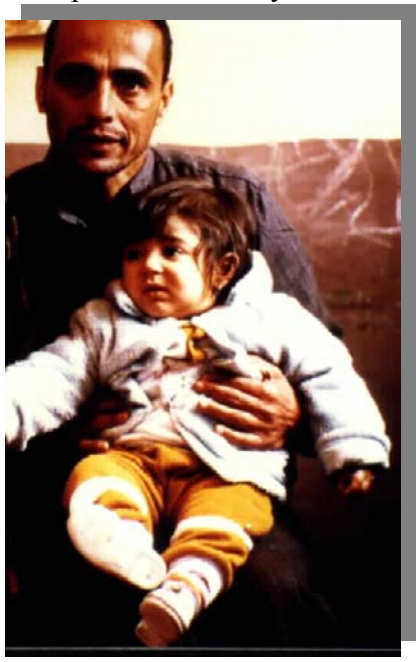
Almost all of the NGOs interviewed conduct awareness-raising lectures and seminars, which is a fairly inexpensive activity given that many of the speakers are volunteers.

[1] In this model we will refer to the individual as a woman, although the process described applies to both men and women.

For some organizations, lectures and seminars are the main activities undertaken, while for others, such presentations are embedded in several developmental activities taking place within a given community. The aim of awareness-raising activities is to convey information on FGC to as many people as possible, so that they may subsequently pass it to others, gradually spreading the message against FGC throughout the country. Activities usually are conducted at locations convenient to the local communities, such as youth centers, house of the Omada (village mayor), and family planning clinics. Activities usually involve a one-time interface between the lecturer and participants lasting for one to two hours. The message usually emphasizes the harmful medical effects of the practice as well as the religious standpoint.

Most organizations distribute publications at these gatherings so that participants can share the newly acquired information with their families. Speakers at the seminars usually include a doctor, Sheikh or priest, and a social worker. In some cases speakers are government officials from the Ministry of Health and Population or the Ministry of Awqaf. According to one NGO interviewed, government involvement is valuable for adding credibility and legitimacy to the NGO activities.

The Egyptian Society for Prevention of Harmful Traditional Practices Against Women and Children (ESPHTP) is a leading NGO in the field of awareness-raising campaigns. Seminars conducted by ESPHTP target students of social faculties, doctors, nurses, teachers, dayas (traditional midwives) and media personnel. Many of the family planning associations that conduct awareness-raising seminars seek the technical assistance of ESPHTP. Participants in such seminars usually are women who have come seeking family planning services. A significant proportion of these seminars are conducted as part of mobile team activities, targeting remote villages. Such teams meet with individual women, and informally discuss a range of reproductive health issues, including FGC. Subsequently, women are invited to attend FGC-related seminars and encouraged to bring friends and relatives.



Several NGO officials indicated that they now encourage men and youth to attend FGC seminars, as it has been shown that men influence the decision for circumcision, both directly and indirectly. Men and women are encouraged to attend the seminars together *"so that no group would put the blame on the other group,"* according to one NGO official. However, it was indicated that women are sometimes shy to ask questions. Thus, follow-up home visits are effective in reinforcing the seminar messages.

*"The most important task is to prepare your audience so as to avoid any backlashes."*

***NGO official***

Some NGOs, including the Coptic Evangelical Organization for Social Services (CEOSS), the Coptic Organization for Services and Training (COST) and the Jesuit and Frere Association, integrate anti-FGC messages into community

development activities, including awareness-raising seminars, but with a slightly different format from the one previously described. These seminars tend to be more participatory and to include men and women together. According to a COST official, *"We thought we should let the people talk… the negative stories and the problems should come from them."* In general, NGOs tend to be cautious in introducing the subject of FGC in their awareness-raising seminars. Most NGOs discuss it among other topics related to reproductive health such as early marriage, bridal defloration and family planning.

Most NGOs keep good records of the number of seminars held per month, target groups, number of participants and speakers. However, very few organizations conduct any measurement of the impact of such awareness-raising sessions on participants' knowledge, attitudes, or practices. Seminar organizers often rely on indirect indicators, such as participant turn-out or participants' reactions during the seminar, to evaluate the seminar impact. A few organizations use pre- and post-tests to measure the impact of the seminars, but this only takes place with better educated participants such as doctors and nurses. Some associations, such as the Port Fouad Family Planning Association, use the number of participants who contact the Association for additional information after the seminar as a measure of success.

> *"Two or three days before the seminar I send booklets and publications to the political and religious leaders in the community so they would be prepared for the topic. Before we hold the meeting we consult with the Omda (mayor of the village) about everything including topics to be discussed, speakers as well as location. Sometimes we even hold the meeting at his place."*
>
> ***NGO official***

### *(2) Community Members as Change Agents*

Using community members as charge agents is a technique utilized by the majority of organizations. In this approach, the organization relies on influential members of the community to convey the message against FGC. In most cases the influential members receive special training in order to perform this role. Target groups for the above training workshops traditionally have been religious leaders, nurses, social workers, and outreach workers. Recently, training workshops have targeted other influential groups, such as physicians, lawyers, media personnel, and government employees. The Ministry of Social Affairs has a project to train a large number of community leaders in four governorates to serve as facilitators. The Ministry of Health and Population is training physicians and nurses in the same governorates to serve as advocates against the practice.

Selection of informal leaders such as village outreach workers is made by the community. Participants in these training courses are mostly women. According to one NGO official, "*senior officials who make the nominations consider FGC to be a women's issue.*" The duration of the course ranges from two to four days. Most of the workshops follow the lecture format. The course content is essentially the same for all audiences; it does not vary depending on the group's level of knowledge or approval of FGC.

Although the main purpose of the above training courses is to provide participants with the skills to combat FGC in their own communities, very few of the training courses teach communication and persuasion skills or include sessions for problem-solving or role-play exercises. In addition, participants are not given clear guidance on how they could integrate anti-FGC messages into their activities.

Evaluation is done through pre- and post-tests that measure changes in knowledge and attitudes as a result of the workshop. Indicators used for evaluating training workshops are participants' scores on the post-test (which measures knowledge and attitudes compared with the pre-test), as well as regularity of attendance at the training sessions. However, no systematic follow-up of trainees is undertaken after the workshops to determine whether participants are practicing the skills they acquired during the training. A few NGOs such as the Center for Egyptian Women's Legal Assistance (CEWLA) maintain informal relations with trainees; the trainees inform the Center staff about any problems they encounter in taking legal action, and also seek technical advice on appropriate procedures to follow. Organizations vary as to the extent of tasks they expect participants to accomplish after the training. In fact, very few organizations have a specific work plan or agenda of activities for facilitators to follow. Community leaders trained by the Alexandria Family Planning Association, for example, are asked to submit monthly reports indicating the number of seminars conducted, together with details of any community activities undertaken.

Another modality of using community members as change agents is the use of positive deviants (PDs). This modality was introduced by CEDPA in a number of communities in Beni Suef, Menia, Giza and Manshiet Nasser. PDs are individuals who have deviated from social norms by questioning these norms and refusing to follow them. Examples of PDs in the context of FGC are parents who have refused to circumcise their daughter; a young girl who has successfully convinced her parents not to circumcise her or her sister; community leaders who speak openly against the practice; and dayas who have stopped circumcising girls and young women.

The PD approach starts with an inquiry process in which the NGO staff (with the help of community leaders) identifies potential PDs. These individuals are then interviewed in depth to investigate their attitudes with regard to FGC. The interviews are then analyzed and the two groups (NGO staff and PDs) develop activities based on what they have learned from each other. The positive deviant decides on the role (if any) that he or she is willing to play in the fight against FGC. It is noteworthy that the positive deviance approach is not used alone but as one of several anti-FGC activities undertaken in a given community, such as lectures and seminars, home visits, or literacy classes. It should be noted that positive deviants do not receive any financial rewards for their participation in such activities.

CEDPA officials indicated that the most difficult part of this approach is the identification of PDs. Since circumcision is the norm, it is very difficult to find a woman who will openly say that she is not circumcised, or a man who will declare that he would not circumcise his daughter. It is mainly the community workers (not NGO staff) who are able to locate the first few deviants. According to COST officials, once one person announces his or her position, others are encouraged to speak out, and hence more PDs are identified. However, there are difficulties in implementing

the Positive Deviance approach in some communities. According to one CEDPA staff member, people in Giza, for example, were somewhat reluctant to talk about the subject of FGC.

In Beni Suef, one girl who experienced problems during her circumcision turned into a strong advocate against FGC. She would go and talk to her peers and to older women against the practice. One COST official said that people found the stories that were told by PDs to be convincing, mostly because they did not come from experts or community workers but from people like themselves. He added that the messages were persuasive because they appealed to people's emotions.

In two villages in Beni Suef, no girls were circumcised during the circumcision season after the positive deviance approach was used. It is also claimed that this strategy had a positive impact on the "deviants" themselves. The support they received from NGO staff and other members of the community enhanced their self-esteem. *"They felt they were right all along when others were not."* (CEDPA, 2000). None of the above outcomes however, was measured in any systematic way.

***3) Community Development Approach***

This approach integrates FGC eradication efforts into other developmental activities. The philosophy underlying the integrated development approach is that eradication of FGC can only be achieved through enhancing the status of women and improving the health and well-being of the community at large (Hekmati, 1999). There are two levels to the integrated development approach depending on the type and scope of developmental activities undertaken. The first level involves integrating anti-FGC messages within literacy classes or rehabilitation classes. The second level involves integrating anti-FGC messages into more comprehensive community development programs.

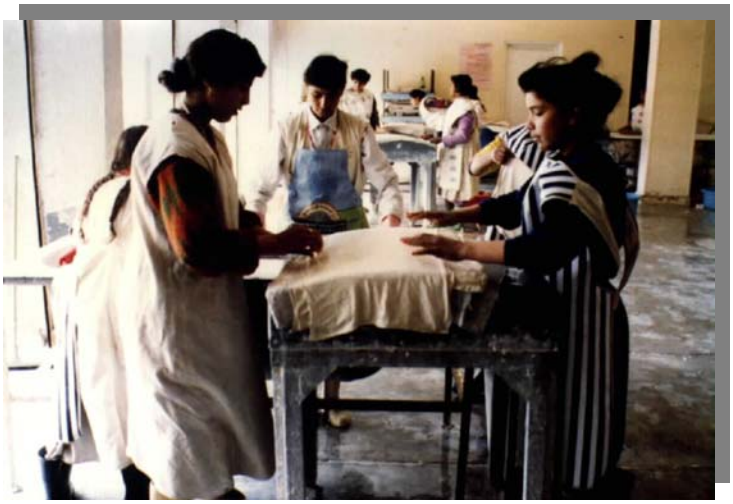
*FGC in literacy/rehabilitation classes*

Several NGOs have included the topic of FGC in their two-year literacy program. Examples of such organizations include CARITAS, the Jesuit and Frere Association and CEOSS in Menia, and COST in Beni Suef. The literacy classes are conducted in cooperation with the National Authority for Literacy and Adult Learning. Each class includes 15-20 students who are mostly women and young girls. Literacy classes for children of age 12 to 18 are co-ed classes, while those from age 18 onwards are segregated.

The program includes a dialogue component in which participants discuss a social issue and link it to the lesson of the day. FGC is discussed as part of the health awareness curriculum. The facilitators (teachers) in these classes are volunteers from the community who have previously undergone intensive training on health-related issues, including FGC. The decision to discuss FGC in each literacy class is left to the coordinator who decides whether the participants are ready or not to discuss the topic. The topic of FGC is discussed once or twice during each academic year, but only with the older age group. In addition to the classes, some NGOs hold weekly seminars for the participants' families as well as other members of the community. In some NGOs the facilitator also conducts bi-weekly visits to the homes of participants and discusses topics related to hygiene, health, nutrition and FGC.

> *"We teach girls how to think about any problem that faces them ... we do not lecture them ... we let them draw their own conclusions"*
>
> **Jesuit and Frere Association official**

A similar program is implemented by the Jesuit and Frere Association in Menia for handicapped adolescents (age 12-19). This is a two-year rehabilitation program to prepare adolescents to become active members of their communities. The course has a health-awareness component, which teaches adolescents about their body and their health. Although the course is offered to boys and girls, discussion of the topic of FGC is confined to the girls. Officials of the Jesuit and Frere Association consider that this topic concerns girls more than boys, and that it is too sensitive to be discussed with boys. The girls learn about FGC in the hopes that they will spread the message to their families or that they will not circumcise their daughters in the future. During the two-year duration of the course FGC is discussed two to three times.



According to representatives of both the Jesuit and Frere Association and CARITAS, no special evaluation of the impact of the FGC component of the course is undertaken. Evaluation is conducted for the entire program, however. Students in literacy classes are evaluated on their reading and writing ability as well as their awareness of important issues. Awareness about FGC is one of the topics on which students are evaluated through pre- and post-tests. Students in the rehabilitation course take a written exam at the end of the course in which they are asked questions on a number of topics including FGC.

*FGC in community development activities*

In this approach, anti-FGC activities are part of a comprehensive socio-economic and community development package. Only a few organizations, specifically CEOSS, COST in Beni Suef, and the Jesuit and Frere Association in Menia, use the community development approach for combating FGC. The developmental package

implemented in a given community comprises various components, including education, income generation, agriculture, sanitation, health, and family planning. Anti-FGC activities are often part of the health program and constitute a relatively small proportion of the overall package.

Anti-FGC messages are introduced fairly late in the process, when the NGO has gained the trust of the community through other developmental activities. Introduction of such sensitive topics takes place only after the local leaders are consulted and their support is secured. One NGO official expressed this logic as follows, *"we have to gain the trust of the community first…if we start off with FGC people would think that we have a hidden agenda."* The anti-FGC program in the integrated development approach usually involves all members of the community, with mothers of girls between 6 and 13 years as the primary target audience. Recently, youth and children have been also targeted.

Home visits to the families of girls aged 6-13 years comprise the main component of the anti-FGC program in the community development approach. With the help of community workers, the organization prepares a roster of all the girls who are within the circumcision age group. Every 10 girls and their families are assigned to a facilitator who visits their homes on a weekly basis. The facilitator is a female volunteer who receives ongoing training on FGC related issues as well as communication skills. During home visits the facilitator talks with the girl's parents or grandmother about a number of issues related to the girl's health, including FGC. If she finds that the parents still insist on circumcising the girl, the facilitator may seek the help of community leaders in persuading the parents.

Besides home visits, there are weekly meetings for women in the above-mentioned target group. The meetings are conducted in the form of a workshop in which the women learn a new recipe or technique such as making soap, following which discussion is initiated by the staff. In addition, NGOs hold public seminars for men and youth in which FGC is discussed, among other topics. This continuous flow of activities for the entire community keeps the issue continuously open for discussion.

The Child to Child project implemented by COST is a health education activity through which children learn from their peers and siblings by means of songs or plays, developed by the children themselves. The program encompasses various health issues including personal hygiene and parasites, and FGC is one of the issues presented in a play. Through this approach, children spread the health message to their siblings, classmates and families. CEOSS and the Jesuit and Frere Association also implement similar activities with children and adolescents.

Community participation is relatively high in the community development approach. The Jesuit and Frere Association and COST both involve community leaders in all stages of the intervention, including selecting intervention strategies, facilitators, and speakers for seminars. The work of CEOSS, on the other hand, is based on the concept of community organization, which involves the formation of a steering committee composed of the influential men and women in the community. The steering committee decides on the problem and the approach to be used in solving it. CEOSS helps the village committee upgrade their problem-solving skills and mobilize their own resources. As a result of CEOSS community organization efforts, in 1991 community leaders in Deir El Barsha, a village in Menia, signed a written agreement with local dayas and health barbers banning the performance of circumcisions in the village. As a result of the agreement, and together with other community organization activities conducted by CEOSS, the incidence of FGC dropped to minimal levels in the village (Abdel-Hady, 1998).

NGOs do not measure the impact of the various components of their anti-FGC programs. Only process evaluation of each component is conducted. The main indicator used to evaluate activities is the percentage of eligible girls in a given community who were not circumcised. Other evaluation techniques include asking a sample of individuals from the community about their attitudes towards FGC. To evaluate the quality of their seminars, COST, for example, uses the following indicators: (1) participant turnout in the seminars, (2) participants' reactions during the seminar, and (3) participants' evaluation of the seminar. Other organizations count the number of literacy classes or seminars that were held, and observe the outreach workers who are running the sessions. Such monitoring also documents participants' reactions during meetings, which is shared with the outreach workers on a weekly basis.

### *4. Advocacy*

The fourth approach to be examined in this meta-assessment is advocacy. Advocacy is defined as "*speaking up, drawing a community's attention to an important issue, and directing decision makers toward a solution."* It involves "*putting a problem on the agenda, providing a solution to that problem and building support for acting on both the problem and solution."* (Sharma, PP. 4-5). Advocacy involves the set of skills used to create a shift in public opinion and mobilize necessary resources and forces to support an issue, policy or constituency. It could provide the mechanism for building cohesive coalitions in a way critical to these efforts, particularly if they have an impact on other sources of power within the community (Wallack et al, 1993). A vital component of advocacy involves monitoring and countering those who oppose the advocacy efforts and thus threaten achievement of the desired goals. In the FGC context, advocacy refers to the set of communication activities designed with specific objectives and based on strong and credible research findings.

Findings from this study's interviews showed that only a few NGOs, such as the former FGM National Task Force, Alexandria Family Planning Association (AFPA), Fayoum Ladies' Association, and Cairo Institute for Human Rights Studies (CIHRS), undertook specific advocacy activities. Others such as CEOSS, CARITAS and the Isis

Center may have advocacy activities that are integrated in their overall program. The type of advocacy activity undertaken usually is a mixture of media, policy and public advocacy. One activity could have the three components incorporated together. Thus, for many NGOs, the difference between advocacy and awareness-raising is not clear. This was observed to be one of the reasons why many NGOs do not undertake advocacy activities: they are not fully aware of the meaning and the components of an advocacy approach.

Some NGOs, such as the Fayoum Ladies' Association, focused their advocacy activities on training of decision makers within the governorate of Fayoum including the directors of the health, youth and educational directorates, and other government staff within the various organizations. In addition, they formed a special committee composed of heads of selected governmental agencies in the governorate, who work with the NGO staff to set action plans for changing behaviors related to FGC at the community level. For other organizations, such as CEOSS, advocacy complements the organization's community outreach activities. For example, the governor and other policymakers are invited by CEOSS to attend the community meetings at which they hear about FGC-related problems and issues from the women themselves. According to CEOSS, *"this is a strong advocacy tool when the policymaker hears for himself what the people say about FGC."*

Unlike the Fayoum Ladies' Association and CEOSS, which both target local leaders, the CIHRS targets politicians, researchers and journalists at the national level. CIHRS activities include conducting and publishing research on FGC and producing publications that examine the issue from human rights and gender perspectives. CIHRS also organizes an annual human rights course for college students. Though this could be limited to reaching only specific target groups, CIHRS's role is important in providing a valuable set of data and documentation on the issue of FGC in Egypt.

The advocacy role of the national FGC task force involves calling for a movement of NGOs to build coalitions and form alliances with other partners, such as the government, donors, and other interest groups. According to Marie Assad, coordinator of the former FGC task force, the channels used for conducting these activities included regular meetings with all concerned parties and distribution of publications. The target groups for the advocacy activities varied tremendously depending on the activity undertaken, but included policy makers, NGOs, journalists and physicians. The task force also established a resource center of materials and information relevant to FGC, which is considered an important source for any academic or media research on the issue. The task force issued a position paper that defines their objectives and aspirations in the battle against FGC.

*"We managed to put FGM on the agenda of Egypt."*
**Marie Assad, coordinator of former FGM task force**

For the Alexandria Family Planning Association (AFPA), advocacy activities are more institutionalized, based on a justification of how advocacy can affect the media and the policy agenda. Advocacy activities take several forms including training

different groups in advocacy skills, working with the media, and sensitizing policymakers at the governorate level.

The AFPA conducted about 26 training courses on advocacy skills that were attended by more than 1000 religious leaders, youth leaders, community leaders, and media staff from five governorates in Upper and Lower Egypt. These activities were part of a USAID-funded project in collaboration with CEDPA. AFPA also collaborated with the media to produce and air several television programs on FGC as part of this initiative. More than 20 radio and television programs in Alexandria, 17 in Cairo, and 8 in Minya were aired about issues related to FGC, violence against women, girls' education, early marriage, male involvement, and other reproductive health issues. Press articles were published in several national and local newspapers such as *Akhbar El Yom*, *El Wafd* and Beni Suef papers.

Among achievements at the policy level was the distribution of a government circular in the project sites prohibiting the use of any other document in marriage except the birth certificate, thus discouraging early marriage of young girls. Furthermore, UNICEF is undertaking an initiative encouraging media officials to increase coverage of FGC on Egyptian TV and radio, and in the press. In addition, a Ministry of Health and Population and UNFPA-funded advocacy project is conducting training sessions for media personnel concerning reproductive health issues, including FGC. The advocacy project supports the production and airing of a number of TV and radio programs on gender and reproductive health issues including FGC. These are aired mainly on local TV and radio channels.

Coalitions and networks are very important in mobilizing resources, coordinating efforts and widening the reach and impact of NGO activities. Although the majority of NGO officials emphasized the importance of networks and coalitions for combating FGC, only two organizations mentioned that they were part of such networks or coalitions, namely the AFPA and COST. Some NGOs highlighted several challenges, especially the coordination of workplans and activities, and the management and sustainability of these networks.

Monitoring and evaluation were seldom integrated in the implementation of the advocacy activities. For most NGOs, the fact that people are starting to talk about FGC is an important advocacy achievement since the issue is emerging on the community's and policymakers' agendas. In a few cases there was serious effort towards documenting activities and tracking their impact on target population. Yet most NGOs recognized the need to further develop evaluation plans and integrate them as part of the design of their advocacy activities. In general, the majority of interviewees expressed the need to learn more about both advocacy skills and monitoring and evaluation techniques to improve the outcomes of their advocacy programs.

## Discussion

The above overview described the implementation of four approaches to behavioral change as described by interviewed organizations. Clearly each approach has its strengths and limitations.

## 1. Different Approaches in Action

Awareness-raising lectures and seminars spread the message against FGC to a large audience. ESPTHP, for example, has spread the message to more than 50,000 people since 1985 through seminars alone. An additional 50,000 people have been reached through gatherings such as religious festivals (moulids). In fact, for people who do not have access to printed materials, and in the context where media coverage of the subject is limited, as is the case in Egypt, awareness-raising seminars may be the primary source of information about the negative aspects of FGC. They could be important for changing people's knowledge about the subject, and to some extent their attitudes. However, used alone, awareness-raising seminars are unlikely to result in complete abandonment of the practice of FGC since such behavior is influenced by many factors.

Using selected community members or facilitators to serve as change agents can be very useful in changing people's knowledge and attitudes. Through interpersonal communication, the facilitator exchanges ideas, concerns and experiences with members of the community and raises the likelihood of persuasion taking place. Facilitators also work with other family members who can influence the decision regarding circumcision. The persuasiveness of facilitators is probably high, as people tend to believe and trust someone who comes from the same community and shares the same living conditions, values, and concerns. However, the quality of training currently provided to facilitators is questionable. Training is lacking in communication and problem-solving skills, which are both key components of the facilitator's role. Furthermore, the absence of specific work plans and adequate monitoring of facilitators undermines their effectiveness as change agents.

Positive deviants (PDs) enjoy an even greater advantage than other facilitators, because they have real-life stories to share with their fellow community members. The fact that PDs do not receive financial remuneration for their efforts may enhance their credibility even further.

While awareness-raising seminars and the use of community agents attempt to address individuals' knowledge and attitudes in relation to FGC, the developmental approach is concerned with the socio-economic factors and gender inequalities that underlie the practice. One advantage of this approach is that it targets the entire community and therefore acknowledges the role of other family members and significant others in decisions related to FGC (Hekmati, 1999 and Helmy, 1999). It is also comprehensive in the sense that anti-FGC messages reach individuals through multiple channels such as seminars, home visits, and literacy classes, hence messages are likely to reinforce each other. On the negative side, however, the developmental approach may be expensive, labor-intensive and limited in its geographic coverage.

Advocacy, the fourth approach to be examined in this meta-assessment, clearly is important for creating a social and political environment that combats FGC. A positive social environment is very important for the adoption and maintenance of the new behavior (complete abandonment of the practice). However, as mentioned above, very few organizations conduct any advocacy activities. For many NGOs, the

difference between advocacy and awareness-raising is not clear. The types of activities undertaken by most of the NGOs are clearly a mix of media, policy and public advocacy. Some activities combine the three components. However, this added complexity creates a lack of focus in design of the advocacy activities, usually undermining their effectiveness.

The role of the media in creating a positive environment cannot be over-emphasized. However, mass media coverage of FGC in Egypt is limited. According to the press file compiled by the National FGM Task Force, coverage of the issue of FGC did not exceed 25 news stories in 1998. A recent print media survey conducted by the Population Council Frontiers in Reproductive Health Project showed similar results for the period May to October 1999. Moreover, coverage of FGC on television—the leading source of health information for the majority of the Egyptian public—is rare or almost non-existent, especially on the national channels 1 and 2. These findings call for more organized media and policy activities to influence public opinion.

Several of the NGO officials interviewed expressed a need for greater involvement of the media and other governmental bodies. In the study by El-Katsha and her colleagues, one community health worker said: *"The people would be more readily convinced if the campaign against FGM were endorsed and sanctioned by the government."* Another NGO official indicated, *"After all our meetings people keep saying if just TV mentions anything about FGC our husbands would get convinced."* These findings call for more organized media coverage.

**2. Monitoring and Evaluation**

The above meta-assessment shows that while most organizations tend to undertake adequate monitoring of their activities, evaluation methodologies used to measure impact of the interventions are far from adequate. No systematic evaluation is undertaken to measure the impact of interventions on participants' knowledge, attitudes, or practices. Although the aim of awareness-raising seminars is to change people's knowledge and attitudes and to raise their level of interest with regard to FGC, such an impact is rarely assessed.

Training workshops use pre- and post-tests to measure changes in knowledge and attitudes. Single questions to measure attitudes such as "Do you approve or disapprove of the practice of FGC?" are not very helpful as they ignore the fact that attitudes are multi-dimensional. Attitudes should be measured using multi-item indices as well as more sensitive indicators so as to capture the different levels of approval or disapproval of the practice.

Similarly, evaluation of the impact of the FGC component of literacy and rehabilitation programs is somewhat deficient. No program monitors its participants to detect any changes in their attitudes or behaviors as a result of the program. Similarly, no measurement of the program's impact on participants' self-esteem and problem-solving skills is done, even though both are important and likely outcomes.

Evaluation of the impact of community development interventions relies on the number of girls who were circumcised as the single indicator of success. By relying entirely on this indicator, NGOs miss a large part of the picture. An NGO, for

example, would not know if the girl was circumcised because her parents were not convinced or because the village traditional or religious leaders reprimanded them for not circumcising her. Obviously, each scenario would require a different set of interventions. In measuring the impact of their interventions NGOs should investigate the reasons why a girl was or was not circumcised and also identify stages in the behavioral change process at which different members of the community stand with regard to FGC. These new indicators should be developed to measure the impact of the intervention on individual as well as community empowerment and problem-solving skills.

Monitoring and evaluation are not always integrated in the implementation of advocacy activities. In a few cases there was some serious effort towards documenting activities and tracking their numbers and reach vis-a-vis the target population. Yet, most NGOs recognize the need to further develop evaluation plans and integrate them as part of the design process of their advocacy activities. In general, the majority of interviewees expressed a need to learn about advocacy skills and monitoring and evaluation techniques to help improve the outcomes of their programs.

One final note must be made concerning ethical principles in relation to anti-FGC interventions. Although CEDPA reports suggest that the experience of speaking out was helpful to some positive deviants, this does not rule out the possibility of harassment by other community members. Procedures should be developed for protecting the privacy of positive deviants as well as their right not to speak out in public, if they so choose. A further ethical consideration relates to messages concerning the negative sexual effects of FGC. Messages that emphasize that circumcised women are less likely to enjoy sexual relations or give their husbands sexual pleasure should be used very cautiously as they may result in victimization of such women by their husbands and ultimately greater misery.

## Seminar Highlights

One of the key activities of this study was a two-day seminar conducted in Cairo on January 16-17, 2000. The seminar's first day was composed of three sessions. The first two included presentations on the above four approaches to intervention against FGC, followed by a group discussion. Generally, presentations were given by NGO officials followed by a critique and recommendations made by an expert.

Key recommendations of this session were highlighted by Dr. Magdi Helmi of CARITAS who stressed the need for greater coordination of activities among NGOs.

NGOs that conduct awareness-raising activities, for example, should partner with other NGOs in the community to conduct follow-up studies of participants and monitor behavioral change. A call for improving the content of FGC messages to suit communities and individuals at different stages of the behavioral change process also was emphasized. For example, the message conveyed to a mother who has decided not to circumcise her daughter but who is encountering resistance from her mother-in-law should not be the same as that given to a mother who is curious to learn about the disadvantages of FGC. It also was suggested that the content of current publications against FGC be modified to place less emphasis on the medical aspects of FGC and focus more on socio-cultural and gender perspectives.

A subsequent session discussed advocacy activities from both a theoretical and a programmatic standpoint. Among the vital points raised was the dilemma of defining advocacy. Several definitions and types of advocacy were discussed. The Arabic term for advocacy, "Al Dawaa," was strongly debated as it may be confused with proselytizing. Another term, "Al Monasara" or public support, was suggested by some participants, however, the group did not reach a consensus on the best Arabic term for advocacy. Many of the NGO officials indicated that they have not conducted advocacy activities in the past because they were not sufficiently familiar with the concept and its components, nor were they knowledgeable of how to integrate advocacy activities within their programs. Participants also stressed that the evaluation of advocacy efforts is lacking in the design and implementation of their projects, which weakens the outcomes of these efforts. A training course for NGO officials on the principles of advocacy was suggested.

The last session on the first day highlighted ways to use research to improve the design and implementation of anti-FGC interventions. A study presented by Dr. Fatma El-Zanaty of the DHS group showed that different communities have different patterns of performing the procedure. Some communities in Upper Egypt, for example, perform the operation on girls as early as age five, while other communities postpone it until the girl is nine or ten years old. The presentation highlighted the need for conducting preliminary research before embarking on any FGC-related interventions in any given community. This would help tailor the interventions to the specific conditions and needs of each community. Dr. Amal Abdel Hadi of the CIHRS presented findings of a study that examined the attitudes of a sample of 500 Egyptian physicians in relation to the practice of FGC. The study showed that almost 50 percent of Egyptian physicians approve of the practice. Wide differences were found between graduates of Cairo, Ain Shams and Al-Azhar universities, with graduates of Cairo University being the least likely to approve of the practice. Dr. Omamia El Gebally of Assiut University presented some of the most recent patterns

for understanding FGC data in Egypt. She highlighted that due to community efforts we could be seeing some improvement in the prevalence rates, especially when we compare younger cohorts of women and girls with older ones.

Key recommendations made by the session commentator, Professor Ezzeldin Osman, were to promote partnership between NGOs and research institutes to help NGOs design sound and effective interventions. The need for multi-disciplinary research that examines the hazards of FGC, regardless of the practitioner, also was highlighted. Training medical doctors on the hazards of FGC should start as early as the undergraduate level. In addition to doctors, other target groups for receiving training and awareness-raising were discussed and highlighted, including youth, males and other groups. The need for more cooperation between the MOHP and NGOs was stressed. Punitive measures should be taken against doctors who perform the operation, participants said.

The second day of the seminar started with a session on indicators for evaluation of FGC interventions. Dr. Mona Kalifa of the POLICY Project presented indicators relating to each stage of the behavioral change process. The group discussed the need for both quantitative and qualitative indicators, and the need to verify indicators with community members in order to ensure their acceptance and validity. Dr. Khalifa emphasized that monitoring and evaluation procedures should be built into the design of the intervention, and should not be left until after its completion. There was unanimous agreement among participants regarding the need for a training course to upgrade the monitoring and evaluation skills of NGO officials.

Dr. Barbara Ibrahim of the Population Council discussed some of the disadvantages of relying solely on self-reports to determine whether a girl has been circumcised or not. The use of more than one source of data, such as asking the girl's parents, the girl herself, or other community members, could lead to more valid results concerning the impact of a given intervention.

Following this session, three breakaway discussion groups were formed in which each group was given a case study and asked to suggest a suitable intervention, including relevant indicators for monitoring and evaluation. The seminar concluded with a summary of key recommendations made over the two days of the meeting.

## Conclusions and Recommendations

The above meta-assessment analyzed four models of behavioral change used against FGC in Egypt. The meta-assessment showed that each model has its strengths and

limitations. No single model is better than the other, nor can any one model be used in isolation. Each approach is suitable for a specific stage (or several particular stages) of the behavior change process. The meta-assessment showed certain gaps in the implementation of each model. The effectiveness of FGC interventions in Egypt can be enhanced if the following recommendations are taken into consideration:

- Interventions should be tailored to the specific educational needs of individuals and communities. Formative research should be conducted before every intervention to assess the needs of individuals and communities and to identify their position in the behavioral change process. Interventions for individuals who are at the stage of questioning the practice, for example, cannot be the same as those for individuals who have tried to change their behavior but have met with resistance from significant others.

- More participatory learning techniques should be used in awareness-raising seminars and training workshops. Also, the content of anti-FGC messages should not focus on the health hazards of the practice alone but on social, religious and legal perspectives as well.

- Training programs for outreach workers and community advocates should include a component on communication methods and skills as well persuasion strategies. Training programs should rely less on the lecture format and use more participatory techniques such as role-plays, problem-solving exercises, and group discussions.

- Indicators to measure the different stages of attitude and behavioral change need to be developed. In evaluating the impact of their interventions, NGOs should not limit themselves to asking if a girl was circumcised or not. They should instead look deeper into the reasons why a girl was or was not circumcised in order to identify areas to be addressed in future interventions. In addition, indicators to measure individual and community empowerment should be developed, as these are crucial to the achievement of behavioral change. Evaluation should be an integral component of every anti-FGC program, as it is critical for improving current interventions and developing strategies for more effective interventions in the future.

- Many NGOs do not have the capacity to conduct formative or evaluative research to measure the impact of their interventions. Partnerships should be created between NGOs and research institutions so that the latter can provide some form of technical assistance. In addition, NGO staff should learn basic research skills to be able to monitor and evaluate their own interventions.

- More advocacy activities are needed to create a positive social environment against FGC in Egypt. NGO staff may need to receive training on the conduct of advocacy activities. Conducting more media activities in conjunction with other policy-level advocacy is important for improving the social impetus against FGC.

- Finally, eradication of a deeply entrenched practice such as FGC cannot be achieved through a single approach or a single organization. NGOs should form coalitions in order to complement and reinforce each other's work. The most effective interventions, however, are those that involve NGOs, the government, media, research institutions, and most importantly, the communities themselves.

## REFERENCES


Abdel-Hady, Amal. 1998. *La Tarago': Kefah Qarya Messreya lelqada'a a'la al-khetan (Arabic).* Cairo: Cairo Institute for Human Rights Studies.

CEDPA. 2000. *Positive Deviance: An Introduction to FGM Eradication*. Cairo: CEDPA.

Egyptian Fertility Care Society, Population Council ANE OR/TA Project and Macro International, 1996. "Clinic Based Investigation of the Typology and Self-Reporting of FGC in Egypt." Cairo: Egyptian Fertility Care Society, the Population Council ANE OR/TA Project and Macro International.

El-Katsha, S., S. Ibrahim and N. Sedky. 1997. "Experiences of Non-Governmental Organizations Working Towards the Elimination of Female Genital Mutilation in Egypt." Cairo: CEDPA.

El-Zanaty, F. et.al, 1996. *Egypt Demographic and Health Survey*. National Population Council, Cairo and Macro International, Calverton, Maryland.

Hekmati, Mehri. 1999. "Towards the Eradication of Female Genital Mutilation in Egypt." Report submitted to UNFPA, Cairo.

Helmy, Magdy. 1999. "Female Genital Mutilation in Egypt." Report submitted to UNICEF, Cairo.

Izett, Susan and Nahid Toubia. 1999. *Learning about Social Change: A Research and Evaluation Guidebook Using Female Circumcision as a Case Study*. New York: Rainbo.

Sharma, Ritu. 1998. *An Introduction to Advocacy*. Support for Analysis and Research in Africa (SARA), Health and Human Resources Analysis in Africa (HHRAA), USAID, Africa Bureau, Office of Sustainable Development.

TOSTAN. 1999. *Breakthrough in Senegal: Ending Female Genital Cutting*. Nairobi: Population Council Africa Operations Research and Technical Assistance Project II.

Wallack, Lawrence et al. 1993. *Media Advocacy and Public Health: Power for Prevention*. Newbury Park, California: Sage Publications.

Wallerstein, N. and E. Bernstein. 1988. "Empowerment Education: Freire's Ideas Adapted to Health Education." *Health Education Quarterly* 15 (4):379-394.

## APPENDIX I

### Members of the Meta-Assessment Advisory Group

*(Listed in alphabetical order)*

Barbara Ibrahim, Population Council
Fatma Khafagy, UNICEF
Hala Abou-Taleb, UNFPA
Laila Nawar, Population Council
Marie Asaad, FGM Taskforce
Mawaheb El-Mouelhy, Cairo Family Planning Association
Nahla Abdel-Tawab, Population Council
Sahar Hegazi, Population Council

# Appendix II

**List of Organizations Interviewed in this Meta Assessment Study**

*(Listed in alphabetical order)*

1. Alexandria Family Planning Association
2. Cairo Institute for Human Rights Studies
3. CARITAS – Egypt
4. CEDPA
5. Center for Women's Legal Assistance
6. Coptic Evangelical Organization for Social Services (CEOSS)
7. Coptic Organization for Services and Training (COST)
8. Egyptian Society for Prevention of Harmful Practices to Woman and Children (ESPHP)
9. El-Nahda Association in Aswan
10. Fayoum Ladies Association
11. FGM Taskforce
12. Isis Center in Aswan
13. Jesuit and Frere Association in Menia
14. Menoufia Family Planning Association
15. Ministry of Health and Population
16. Port Fouad Association for Family and Child Care
17. UNICEF
18. UNFPA
19. Young Muslim Women's Association

# Appendix III

**Seminar Agenda**
**Towards Designing More Effective**
**Interventions against FGC in Egypt**
**January 16-17, 2000**
**Sofitel Hotel, Maadi, Cairo**

**Day 1**

9:00 – 9:15 *Opening and welcome*
Laila Nawar

9:15 – 11:15 *Approaches to behavioral change*

Summary of preliminary meta-assessment findings
Nahla Abdel-Tawab

Response from three NGOs
Aziza Kamel, ESPHTP
Suzan Sedki, CEOSS
Shahira Ali, CEDPA

Comments: Magdy Helmy, Caritas/Rainbow

Chair/discussant: Aziza Hussein and Barbara Ibrahim

11:15 – 11:30 *Break*

11:30 – 1:30 *Approaches to behavioral change (cont'd)*

Advocacy as a tool to behavioral change
Overview of advocacy and preliminary findings from meta-assessment
Sahar Hegazi

Examples of advocacy work in FGM
Marie Asaad, FGM Task Force
Salha Awad, AFPA
Comments: Tarek Morsy, MOHP Advocacy project
Chair/discussant: Nahed Matta, USAID , Cairo

1:30 – 2:30 *Lunch*

2:30 – 4:30 *Using research findings for designing more effective interventions*

FGM survey in four governorates: Fatma El-Zanaty, PHS
Physicians' attitudes about FGM: Amal Abdel-Hady, CIHRS
Recent trends in FGM practices: Omaima El-Gebaly, Assiut Univ.
Comments: Ezzeldin Osman

Chair/ discussant: Laila Nawar, Population Council

**Day 2**

9:00 – 10:30 *How do we know the intervention worked: indicators for evaluation of FGM interventions*
Facilitator: Mona Khalifa, POLICY Project
Chair/discussant: Barbara Ibrahim , Population Council

10:30 – 10:45 *Break*

10:45 – 12:45 *Working groups: How can we design better interventions in the future?*

Group I
Facilitator: Samiha El-Katsha, SRC/AUC
Rapporteur: Hala Youssef , Population Council

Group II:
Facilitator: Hala Abou Taleb, UNFPA
Rapporteur: Abdel Salam Mohamed, Fayoum Ladies' Association

Group III
Facilitator: Mohamed Farid, Advocacy Project , MOHP
Rapporteur: Sayeda Abdo, Isis Center

12:45 – 1:45 *Group presentations*
Discussant: Sahar Hegazi, Population Council

1:45 – 2:00 *Closing remarks and next steps*
Nahla Abdel-Tawab, Population Council

2:00 – 3:00 *Lunch and departure*

# Appendix IV

## List of Seminar Participants

*(Listed in Alphabetical order)*

1. Abdel Salam Mostafa, Ladies' Association of Fayoum
2. Alia El Mohandes, Egyptian Family Planning Association
3. Amal Abdel Hady, Cairo Institute for Human Rights Studies
4. Amal Fakhry, Jesuit et Freres Association
5. Amany Abu Zeid, Social Fund
6. Aziza Hussein, NCPD
7. Aziza Kamel, Egyptian Society for the Prevention of Harmful Traditional Practices
8. Azza Soliman, Center for Egyptian Women's Legal Assistance
9. Barbara Ibrahim, Population Council
10. Ebtessam Kamel, Ministry of Social Affairs
11. Emad Yanni, USAID
12. Ezz El Din Osman, Egyptian Fertility Care Society
13. Fatma El Zanaty, EL Zanaty Associates
14. Fatma Khafagi, UNICEF
15. Galal Yassin, Menofia Family Planning Association
16. Hala Abu Taleb, UNFPA
17. Hala Youssef, Cairo University
18. Kamal Lolah, NCPD
19. Laila Nawar, Population Council
20. Lamiaa El-Nahhas, National FGM Taskforce
21. Magdy Helmy, CARITAS
22. Marie Assaad, National FGM Task Force
23. Mawaheb El Mowelhy, Cairo Family Planning Association
24. Mohamed Farid, Advocacy Project, MOHP
25. Mona Amin, Advocacy Project, MOHP
26. Mona Khalifa, POLICY Project
27. Moussa Abdel Ghani, Healthy Mother / Healthy Child Project, MOHP
28. Nadia El Guindi, Ministry of Social Affairs
29. Nahed Matta, USAID
30. Nahla Abdel-Tawab, Population Council
31. Ola Zakaria, Population Council
32. Omaima El Gebaly, Assiut University
33. Ratiba Wassel, Port Foad Family Planning Association
34. Saadia Zaki, Ministry of Social Affairs
35. Sahar Hegazi, Population Council
36. Salha Awad, Alexandria Family Planning Association
37. Samiha El Katsha, Social Research Center
38. Samir Eleish, NCPD
39. Sayeda Abdou, Isis Center
40. Shaheera Aly, CEDPA
41. Susan Sidky, CEOSS
42. Tarek Morsy, Advocacy Project, MOHP
43. Youanna Salib, COST
44. Zeinab Shaheen, Social Fund