

Confronting the Problem of Female Genital Mutilation in the Al Minya Region in Egypt

Theme / Themes:

- Gender-Based Violence

Project type:

- Awareness Raising / Advocacy

Duration:

- Since 2004

Executing / Proposed organisations:

- Better Life Association for Comprehensive Development (BLACD)

Author of the study:

- Maher Boshra, Director of BLACD

Cost (Funding value and source): 2004-2006

- UNICEF: 625,774 EGP
- Diakonia, Sweden: 621,817 EGP

Human resources:

- Full-time staff: 8
- Part-time staff: 58
- Volunteers: 300

Partners:

- **Local:** Four non-governmental organizations and nine churches
- **Governmental:** Eight clinics and public health centres
- **Civil society:** 60 activists
- **International:** UNICEF, Diakonia (Sweden)

Initiative Overview : The Better Life Association for Comprehensive Development (BLACD) in Minya started working in the Nile eastern suburbs in 1995. Through its various activities, BLACD noticed widespread Female Genital Mutilation (FGM) and decided to prevent it. First, it decided to continue working on consolidating cooperation and trust with the local community, and then started combating FGM. This approach succeeded. In parallel, BLACD held meetings and discussions with women and men in the local community to identify the best possible means to confront the problem and adopt a campaign to end FGM.

Social Discriminatory Practices Targeted: Female Genital Mutilation is widespread in the Middle East and some African countries. Some discriminatory social and cultural factors contribute to its dissemination, requiring a comprehensive approach essentially based on promoting women's rights so that women can effectively confront this issue.

Socio-Cultural Context: Statistics show that women represent 22% of the Egyptian workforce. They represent 26% in national councils and only 1.8% in local councils. The project surveyed 1,600 Minya inhabitants and found that 96% of the surveyed women would like to work but could not find a job or were not sufficiently encouraged to secure one. Jobs are available in farming (21%), working with husbands (15%), and selling fresh products such as cheese, butter and fish (11%), indicating that most working women (70%) do not receive a salary and do not have the right to own land, which is mostly owned by male family members: fathers (6.3%), brothers (1.8%), husbands (46%), and mothers (6%). 60% of the surveyed women do not have identity cards.

In regards to health, 60% of the surveyed women declared they were anaemic and 42% of them suffered from bone fragility. Interviews of local physicians reveal that the causes of such health problems are usually due to the absence of family planning and the deteriorating economic situation, meaning that girls usually suffer from more malnutrition than boys.

The results of the study indicate that 90% of the surveyed women married at the age of 15. 75% of them recognized that they experienced domestic violence. 50% of them reported a physical handicap such as a broken rib, or other permanent physical handicaps. 75% of them are subjected to daily verbal abuse and 72% are coerced into having sex with their husbands.

67% of the surveyed women are illiterate. However, 16% of them managed to have primary education and 2% went through the first years of secondary education. The main cause for not going to school is being prevented from doing so by their relatives. 34% could not go to school because of work duties or economic reasons.

As is the case in many local Egyptian communities, Minya's religious leaders are highly influential. Their predominantly paternalistic views support and disseminate discrimination between the sexes.

In the last ten years, Minya has witnessed a widespread emergence of organizations and facilities dealing with women's issues. BLACD assisted in creating two non-governmental organizations and eight women's networks aimed at promoting women's rights.

Objectives and Goals

The project is primarily aimed at reducing the rate of Female Genital Mutilation (FGM) in Egypt and eradicating this practice in Minya in particular. The short-term objectives include breaking the silence in Minya in order to be able to discuss FGM, building the capacity of local non-governmental organizations to defend women's rights, building the capacity of the effective local figures in authority positions (religious leaders, physicians, government, and civil society leaders) to recognize and confront FGM, and finding alternative income-generating activities for 50 individuals living on FGM-generated incomes. Protecting girls from violence and ensuring an enabling environment for their positive role in changing the local community is part of the short-term central objectives of the project. Long-term objectives contribute to creating a more supportive environment to promote women's and children's rights, and reducing the number of circumcised girls.

Good Practices

Innovative Approach

Compared to the approaches adopted in dealing with similar issues, the Minya project approach is considered original for the following reasons:

- It focused on a marginalized geographical region by developing interventions based on the proposals of the local community (participatory approach).
- It determined various strategies to mobilize the local community and influence decision-makers.
- It established civil society groups to support women's rights in various local communities.
- It presented girls who had not been circumcised and the mothers who refused to allow their daughters to be circumcised as positive examples to support the project's efforts.

- An action plan was designed to cause a change in attitudes and decisions concerning FGM in a short period of time.
- The approach endeavoured to raise awareness by relying on local groups to break the silence on FGM.
- It focused on building the capacity of individuals and local organizations to ensure the sustainability of the efforts aimed at changing attitudes and behaviours.
- It developed strategies to draft petitions and seek support for the project.
- It designed a strategy to empower women and girls and support their decision to maintain their rights.
- It monitored and followed-up on families in order to maintain attitude change.
- It worked with governmental and non-governmental organisations to include the issue in their agendas.
- It used qualitative and quantitative data to assess the activities.

Participatory Approach

The organization continued working in the region by creating an environment of trust and cooperation with the local community. To start working on treating FGM, the organization held meetings with women and men in the local community to determine the best possible ways to prevent it and draft funding proposals. It obtained funding from UNICEF to work with eight groups in the region. The pre-design phase to develop the project idea included the following:

- Needs analysis
- Identifying the local organizations and regions that can be project partners
- Identifying target groups
- Determining best practices from other relevant projects
- Partner capacity building in preventing FGM. The training covered:
 - Four non-governmental organizations
 - Women's and girls' rights associations
 - Language teachers and school principals
 - Midwives
 - Muslim and Christian religious figures
 - Local leaders
 - Journalists
 - Project coordinators and volunteers



- Project activity design followed and included an action plan for each local community and its leaders. This was followed by a wide contact and media campaign in each local community through meetings, conferences and workshops organized by young female medical groups. Such awareness-raising activities continued throughout the project period.



Overcoming Challenges

■ Various challenges were confronted, such as the complete absence of structures inside the local community which could support the project at the beginning, the wall of silence on the issue in the region, the resistance of religious leaders who believe that FGM is a religious duty, the resistance of those who earn a generous income from FGM, the lack of interest of policy makers who believe that the issue is not a priority, confusing media messages on the issue, the pressure encountered by anyone wishing to stop FGM in the local community, and acceptance of the conspiracy theory which views the project as a result of Western intervention.

■ Various measures were taken to meet these challenges head-on: mobilizing the local organizations to lead trust-building efforts inside the local community; continuing awareness-raising to create a lasting space for change and support; urging policy-makers and decision-makers to ensure their continuous support; creating a committee chaired by a major local dignitary from the region and made up of members from the various ministries, which helped in facilitating the activities and confronting the challenges; establishing a loan 'scheme' to provide an alternative income for those who practice FGM as a profession; integrating FGM into other existing programmes and endeavours; documenting and sharing positive models and best practices; and establishing a strategy to assess all the project components.

Immediate Successes

- Organising four demonstrations calling for an end to FGM
- Adopting a wall poster campaign to illustrate women's rights and call for their consolidation
- Organising a campaign under the leadership of medical teams to highlight the medical hazards of this practice

Monitoring and Evaluation

- Prior to implementation
 - Pre-study of the concerned local communities
 - Lengthy interviews of the target groups
 - Establishing annual and quarterly plans
- During implementation
 - Partnership agreements with local organizations
 - Establishing target family lists
 - Monitoring target family agendas
 - Monthly, quarterly and annual reports
 - Minutes of the project team meetings
- After each phase
 - Organising intensive discussion groups
 - Undertaking in-depth individual discussions with the target groups
 - Visiting target families

The terms of reference of the officers in charge of monitoring and evaluation include:

- Monitoring the officers in charge of the activities in all partner organizations
- Monitoring the project team in each local community, made up of workers, volunteers, local leaders and families
- Monitoring project coordinators and directors of the executing organizations
- Preparing an external evaluation for the representatives of the funding organizations
- Establishing an advisory committee made up of the representatives of ministries and local governments

Ensuring Continuity

- The project activities are continued by groups committed to ending FGM. Such groups include families which stopped practicing it, clinics, schools, local leaders and some other local organisations.
- Media and local community members now own the issue and continue dealing with it in different ways.
- The presence of the project-executing organization in the local community for a long time ensures project continuity.
- Many indicators have been established to assess continuation efforts, i.e. the number of programmes developed by the organizations, and the number of the programmes that are being elaborated upon by the local organizations which have integrated combating FGM into their activities.

■ **Input Indicators:**

- Number of trainings for religious leaders and circumcisers
- Number of participants at trainings for religious leaders and circumcisers
- Number of activities for raising awareness (based on type)
- Number of participants in activities for raising awareness
- Number of individual visits to local leaders
- Number of visits to local organizations
- The type of messages chosen in awareness sessions
- Number of house visits to target families.

■ **Output and Outcome Indicators:**

- Number of strategies implemented by local organizations to address female circumcision
- Number of advocates working in raising awareness
- Number of families intending to circumcise their daughters
- The percentage of families taking part in activities
- Number of circumcisers that have stopped the practice

■ **Impact Indicators:**

- Number of families that have stopped the practice
- Ratio of the number of families that have stopped FGM to the total number of families targeted
- The number of girls that have been saved from circumcision

Contribution to Social Transformations

- 1,754 families (50%) out of 3,505 target families decided to stop practicing FGM after two years of project duration. 28 of those earning a living from FGM swore to stop practicing it. In addition, 5,489 girls have been protected since 2004. (These girls were monitored up to the age of 16 and it is believed that at such age the girls are permanently protected).

Lessons for Replication

- Many learned lessons can be replicated. They essentially include the determination of effective elements and their integration in all project phases as well as the gradual determination of objectives to ensure a continuous activity review. FGM must be integrated into the other existing programmes and the local community priorities.

In addition, efforts should include activities aimed at empowering women so that they can claim their rights, and adopting original tools such as theatre, films and songs, which the local community can easily accept. The tools must be inspired by the local values, culture and traditions so that the local community can respond to them and participate in creating them. In addition, different evaluation methods are needed to assess project innovations and measure progress with the correct methods.

Partnerships and cooperation with the local organisations should be established in the first project phase to create strong and lasting partnerships. Finally, the employed staff and volunteers have to be selected according to the extent of their belief in and support of the various project aims.

