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# Mobilizing Communities to Abandon FGM: Lessons from Egypt



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cedpa

# FGM in Egypt

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- Prevalence at 97%
- Primarily Type I & II
- Medicalization
- Decreasing age
- National legislation against the practice
- Reasons for cutting: religion, culture, cleanliness, health, prevent promiscuity



# CEDPA FGM Program Evolution

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1998: Positive Deviance Approach (PDA) – Identification and mobilization of Positive Deviants to break the silence

2002-2003: Program design and manual, implementation plan, FGM kit, training materials, social mobilization, M&E

2003-2004: FGM Abandonment Program – Program expansion



# FGM Abandonment Program (2004- 2006)

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- Continued use of positive deviants as change agents
- Community mobilization / outreach
- Identification and tracking of at-risk girls – those at immediate risk of being circumcised (9-12)
- 40 communities in 4 governorates





# FGMAP Objectives

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- Increase # of Local NGOs implementing the FGMAP through training and support by Partner NGOs
- Increase knowledge of community members of dangers of FGM and empower these individuals to be advocates for eradicating the practice
- Increase # of leaders who speak out against FGM in their communities

# FGMAP Objectives cont.

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- Increase community mobilization activities related to eradicating FGM
- Increase the number of girls saved from FGM
- Contribute to establishing FGM - Free communities





# Program Activities

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- Training of Partner NGOs (TOT)
- Selection and training of Local NGOs
- Situational analysis in each community
- Orientation Workshop (Workshop 1): LNGO staff trained on FGM, PDA
- Positive Deviant identification
- Analysis and Planning Workshop (Workshop 2): Design of 6-month community mobilization program



# Program Activities cont.

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- Community Awareness activities – speakers, large events, small groups
- Check-in meeting at 3 months
- Girls at risk Workshop (Workshop 3)
- Tracking and monitoring girls at risk

Ongoing monitoring and evaluation  
conducted by NGOs

# Program Achievements

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- Program package completed
- FGM has become a main topic of conversation in all communities
- Increased awareness about harmful effects of FGM
- Recognition that circumcision does not regulate behavior
- Individuals encouraged to question practices



# Achievements cont.

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- Engagement of community leaders
- Introduced concept of rights-based gender equality
- Favorable shift in gender relations
- 88% (1045/1187) of families who had made a decision about circumcision decided *not* to circumcise their daughters

# Challenges

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- Public resistance of some Islamic religious leaders
- Role of physicians in supporting FGM
- Difficulties completing M&E reports
- Considerable % of families still undecided about FGM
- At-risk girls must be tracked for a long period of time
- Funding limitations

# Lessons Learned

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- To bring about changes in cultural/ societal norms, must work at individual and community level
- Differences within and between communities must be understood
- Include focus on young people – they can be instrumental in bringing about change



## Lessons Learned cont.

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- Religious leaders and physicians strongly influence community attitudes and must be used as resources
- It is important to understand women's complicity in FGM and the role of men



# Voices of Stakeholders

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“Not only were we convinced, we felt guilty. I remember by heart, the words of one religious leader at the seminar who said that ‘FGM is a cheap victory on a girls’ freedom.’”

—*Director of Youth Center*

“After I joined the program I realized that [FGM] constitutes physical violence because it involves the removal of a part of the female’s body.”

—*Facilitator*



# Thank you!

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