



FGM Free  
Village Model



# DOCUMENTATION OF THE FGM FREE VILLAGE MODEL PROJECT

Summary Report



## **FGM Free Village Model Project**

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**Project Evaluation executed by  
International Population Council**

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**December 2008**

**Published by:** National Council for Childhood & Motherhood (NCCM)

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**Dar El Kutub No.** 3252/2008

**Printed by:** Metropol Print

**First Edition:** December 2008

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## Foreword by NCCM Secretary General

In 2002 the National Council for Childhood and Motherhood “NCCM” has put the eradication of FGM as a top national priority. Building on previous efforts by governmental and civil society initiatives; NCCM has successfully assisted the society to reposition itself vis-à-vis the practice. Six years down the line FGM is clearly perceived as a gross violation of the human rights of the girl child. FGM in Egypt is declining and has crept out of the shadow of taboos. Today villages in Upper and Lower Egypt are declaring publicly their stance against FGM. Attitudes towards FGM, especially among young girls and future mothers, are increasingly inclined towards abandoning the practice. NCCM has worked hard whereby Egypt has presently attained a socio-cultural environment conducive to abandoning the practice. Voices against the practice are now empowered and have become louder than those supporting the continuity of FGM. The now more informed media has extensively contributed to this positive environment through continuous informative campaigns in the TV, Radio, Press and Internet. Renowned, authorized religious institutions, both Muslim and Christian, adopted an enlightened and progressive child rights based discourse against FGM. It encouraged families to realize that the practice violates the human rights of the girl child; including the right to be protected from violence; the right to be heard and the right life; development and survival.. NCCM has skillfully lead a societal movement; whereby a free and inclusive participatory national dialogue has gently moved towards the rejection of justifications previously accepted. NCCM skilful handling of the aftermath of the death of Bodour in Minya in June 2007 was a turning point in the fight against the practice. The Minister of Health immediately after issued a decree banning the practice without any loopholes. The social hype was crowned in June 2008 when the Parliament approved the criminalization of FGM, in the context of the recent amendments made to the child law which were reached based on a comprehensive participatory process. The criminalization clause is added to the penal code; and the minimum penalty is doubled consequently.

Due recognition is attributed to Egypt's First Lady Mrs. Suzanne Mubarak, Chair of the Technical Advisory Committee of the NCCM who has personally committed her time, effort, and passion to place FGM on Egypt's development agenda. In 2007 her Excellency supported the acceleration of anti-FGM efforts in Egypt, during the Third MENA Regional Consultation held within the framework of the UN Secretary General Study on Violence against Children, held in Cairo June 2007 when she launched the "Beginning of the End" Campaign to put an end to this practice. She made a similar plea to the Pan African Forum mid term review held in Cairo the same year.

There are many partners that I also want to acknowledge in this report as their enlightenment; dedication and support have made the dreams of young girls to enjoy a life free of FGM, come true. Key religious symbols in Egypt the Grand Imam of Al-Azhar, Dr. Mohamed Sayed Tantawi, the Grand Mufti, Dr. Aly Gomaa, and Pope Shenouda the Third, Pope of the Coptic Orthodox Church have made most valuable contribution to distance religion from such a crime. They relentlessly enlighten Egyptian families , enabling them to abandon the practice. From the

informal religious institutions I want to acknowledge, Dr. Mohamed Selim El Awaa, Secretary General of the International Federation of Islamic Scholars who excessively contributed to the the transition of the religious discourse from on confined to a particular scope to an enlightened one that tackles child's rights.

Key Ministries have supported NCCM efforts. These ministries include: the Ministry of Justice, Ministry of Information, Ministry of Health and Population, Ministry of Endowments (Awkaf), Ministry of International Cooperation, Ministry of Social Solidarity and the Attorney General.

I acknowledge the support of individuals whose dedication, pioneering vision and beliefs have brought us where we are today... Mr. Antonio Vigilante, former UN Resident Coordinator who helped establish the core infrastructure of the project; Ms. Marie Assaad, founder of the National anti-FGM Task Force, and Dr. Dina El Naggar, former UNDP Program Officer.

Other key partners built upon the primary efforts and contributions of others to keep the ongoing anti-FGM momentum and represented a unified initiative and successful model of partnership. Special recognition is awarded to the European Commission that exclusively supported phase II of the project. The partners include the Donors Assistance Group (DAG)<sup>1</sup>, UNDP, Plan International, UNFPA, UNIFEM and UNVs.

This project also demonstrates a partnership model with the Civil Society entities that devoted extensive efforts to the cause and furthermore, supported the Council at the grass roots level.

I wish to acknowledge the NCCM FGM Free Village Model Project team along with Ms. Simona Galbiati, former UNDP Program Officer that showed their commitment and enthusiasm despite encountered hardships and controversies during the implementation of the project. The role played by young volunteers is very crucial and precious. It is our safeguard to sustainability. I have to express great acknowledgment for the ordinary public that believed in our cause and bravely let go of long lived harmful tradition (FGM). They are the real agents for change and without their courage and support we wouldn't be where we are. I thank the Population Council that carried out the evaluation and documentation of the Council's efforts to combat FGM.

The story is not over yet, and the fight must continue. NCCM will continue intensifying its efforts until the day will come when Egypt is an FGM Free country. With the great partnership we have and with the support of the grass roots this day will not be in the distant future.

**Ambassador Moushira Khattab**

**Secretary General**

**National Council of Childhood and Motherhood**

## Foreword by UN Resident Coordinator

The FGM Free Village Model Project uses a socio-cultural approach to focus on various aspects of the fight against FGM. The main outputs of the project include: advocacy and creating awareness among youth, medical professionals, teachers, judges, and the media with a special focus on overcoming the medicalization of FGM; widespread communication through extensive media campaigns; the establishment of a close-knit network of United Nations Volunteers (UNVs); and the enhancement of strategic and strong partnerships among the different parties.

The practice of FGM is deeply entrenched within the norms and traditions of Egyptian society. Generally regarded as a 'rite of passage' from girlhood to womanhood, FGM is seen as an instrument to preserving girls' chastity and honor. These social conventions together with the increased medicalization of the practice of FGM and its link to religious beliefs, pose the greatest challenges to the FGM Free Village Project.

Based on the evaluation conducted by the Population Council, the FGM Free Village Model Project has achieved many of its goals. The percentage of circumcised girls is declining rapidly and the attitude of society is gradually changing. The time is right to build upon the achievements to date to scale up this initiative to the national level.

In this regard, I would like to underscore the commitment of UNDP as well as other members of the UN family, including UNICEF, the UN Population Fund (UNFPA) and the UN Fund for Women (UNIFEM), working closely with all concerned parties, under the leadership of the NCCM, to draw upon the findings and recommendations of this Midterm Evaluation, to support a new, expanded phase in our work to eradicate FGM in Egypt.

**James W. Rawley**

United Nations (UN) Resident Coordinator

## Acronyms

DAG	Donor Assistance Group
DHS	Demographic and Health Survey
EDHS	Egypt Demographic and Health Survey
FGM	Female Genital Mutilation
ICPD	International Conference on Population and Development
MOHP	Ministry of Health and Population
NCCM	National Council for Childhood and Motherhood
NCPD	National Council on Population and Development
NGO	Non-Governmental Organization
UNDP	United Nations Development Program
UNICEF	United Nations Children’s Fund
WHO	World Health Organization
UNVs	United Nations Volunteers



## Introduction

The FGM Free Village Model (NCCM/Project) represents Egypt's national initiative towards the elimination of the practice of FGM, launched in 2003. The National Council for Childhood and Motherhood (NCCM); the highest government body entrusted on child rights issues has placed FGM as a national priority. The mandate of the NCCM includes policymaking, planning, coordination, monitoring, and evaluation for ensuring protection and development of children. NCCM's technical advisory committee is chaired by Egypt's first lady Mrs. Suzanne Mubarak. The board of NCCM is chaired by the Prime Minister with membership of the relevant Ministries (13) such as Ministry of Health and Population (MOHP), Ministry of Education (MOE), Ministry of Social Solidarity, Ministry of Justice and Ministry of Information (MOI). The NCCM/Project is an initiative supported by the United Nations Development Programme (UNDP), Donor Assistance Group (DAG), European Commission (EC), United Nations population fund (UNFPA), United Nations of Volunteers



(UNV), and Plan International. The project aims to reverse attitudes of families towards FGM by enhancing

their knowledge on the detriments of the practice thus enabling them to abandon the practice. This shift of public opinions attitude towards FGM will enhance the creation of a social environment conducive to change thus reducing all forms of social pressure inflicted on families with girls at risk. The project operates at both national and local levels. At national level the NCCM/Project focuses on:

- Establishing a legal frame and supporting the legal community to adopt the concept of criminalizing the practice.
- Breaking media silence by introducing unified anti-FGM messages that respond to the public's inquiries. Media activities are supported by the provision of counseling services through the toll free child helpline 16000.
- Promoting a religious (Islamic and Christian) discourse that focuses on anti-FGM messages from the rights based perspective.
- Endorsing doctors against FGM movement to obliterate any forms of medicalization of practice and developing and disseminating unified comprehensive curriculum for doctors to be adopted by Ministry of Health and Population (MOHP).
- Creating youth groups against FGM in order to support anti-FGM pressure groups in universities, schools, youth centers or any youth outlets.

At local level the project was implemented in 60 villages in 6 governorates in the first phase (2003 – 2005) and in the second phase from 2005 the villages were doubled to 120 in a total of 10 governorates. The model at local level relies on



empowering families against the practice to speak out loudly, thus enhancing more and more families to come out and say NO...to FGM! This resentment of the practice eventually leads communities at village level to announce in public declarations their anti-FGM stance. This vacuum created at village level against the practice also enhances surrounding communities to join the model and start contemplating the abandonment of FGM.

This document is a summary of the mid-term evaluation and documentation report on the NCCM/Project. This report reflects Egypt's model in creating a national model based on the lessons learned over the years, and documents this valuable experience in order to enable other partners to replicate this socio-cultural model whether in Egypt or in other countries that suffer from the practice. The analysis provided in this report is based on a review of the national literature which relied extensively on the resources produced by the National FGM task force and some international experiences, project document, materials developed by project, and quantitative and qualitative primary data collected for the specific purpose of this evaluation collected through extensive focus group discussions at grass root level. The study team conducted a household survey in intervention and control sites in order to gauge the impact of community level interventions by comparing data on target groups in both types of sites. Survey questions focused on changes in knowledge, attitudes and behaviors related to FGM. Qualitative data in the form of in-depth interviews with different stakeholders, focus group discussions and case studies were conducted on both the

community and national levels.

The NCCM/Project adopts an innovative multi-pronged approach that has proven to be effective in addressing the complex and sensitive issue of FGM. The approach seeks to create an enabling environment for the abandonment of the practice by engaging community at large: civil society, media, community and religious leaders, policy makers, non-governmental organizations, youth groups, and professionals including medical doctors, journalists, lawyers and judges. The Model builds on earlier experiences to eradicate FGM in Egypt, primarily those of the Egyptian Task Force against FGM, and taps into the knowledge, skills, and lessons learned from these earlier efforts. It represents a unique partnership between government agencies, civil society, and international organizations.



The NCCM has established the core infrastructure that triggered the society's attention and concern towards FGM and its detriments from a comprehensive perspective (medical, social, religious and legal). The NCCM has raised the consciousness of policy makers, media personnel, religious leaders, judges, lawyers, doctors and

youth thus in summer 2007 the death of a 13 years old girl in Minya governorate instigated the public opinion's anger toward those who were supporting the practice, thus the public pressure supported Minister of Health and Population to launch an amended anti- FGM ministerial decree No. 271 for the year 2007 that closes the door completely on practitioners. The positive anti-FGM momentum has supported the Grand Mufti to denounce FGM through an official Fatwa. FGM is considered a clear violation of God's commandments that support preserving human body and soul. The Fatwa was not a coincidental achievement, yet it came as a result of long dialogue among religious scholars and recommendations of the November

2006 International Anti-FGM conference held by Dar El Ifta and Al-Azhar. Simultaneously, NCCM worked on drafting amendments to Egypt's child law ( Law number 12 for the year 1996) which included an article that criminalizes and penalizes FGM practitioners and other involved parties.

In June 2008 the Egyptian parliament passed the article that criminalizes practitioners of FGM. Furthermore the article is added to the criminal code (Article 242 BIS of the Penal Code).

This summary report provides a thorough analysis of the impact of the anti-FGM efforts, in addition to the documentation of the process and the lessons learned during the implementation of this model.

### Key Breakthroughs in Egypt's Anti-FGM Model

- Socio-cultural environment conducive to change enhancing families to abandon FGM established.
- Informative media hype made accessible to public disseminating unified anti- FGM messages adopting rights based approach.
- Toll free child helpline 16000 catering to the needs and inquiries of families with girls at risk.
- Progressive rights based religious (Muslim and Christian) against FGM adopted and promoted by authorized religious institutions and independent credible advocates.
- Voices from the ground denouncing FGM and publicly declaring their stance through village declarations.
- Anti FGM national movement transferred from confined intellectual groups to the wider echelon of middle class families.
- Youth volunteerism anti-FGM movement established and transferring unified messages against the practice through innovative peer to peer initiatives.
- FGM criminalized by Egyptian parliament in June 2008, thus creating a paradigm shift thus moving practice from social norm to crime.
- Child Helpline 16000 an effective tool for reporting practitioners and assessing change of attitudes of public towards FGM.

## Background Information on FGM in Egypt

Voices in Egypt proclaiming that FGM is a harmful practice can be traced back to 1904. However, these were primarily individual efforts on the part of enlightened Moslem and Christian religious leaders and independent thinkers and journalists. These early voices struggled with FGM and sought to educate others on the harms of the practice in different ways. The first efforts against FGM dates back to 1928 when the Prof. Aly Pasha Ibrahim, the first Dean of the Kasr el Aini Medical School along with other prominent members in the elite intellectual society spoke out against FGM and its health complications. The forum confined the problem of FGM to a harmful practice and announced timidly the vitality of eradicating the practice in Egypt. Consequently, in the 1950's several sporadic and unstudied efforts were exerted by the local press, the MOHP issued its first decree to ban the practice (1959) and renowned Moslem and Christian scholars declared that FGM is not a religious practice. In 1979 Ms. Marie Assad conducted a field study that verified the social motivations behind continuation of the practice. Furthermore, in the same year, the Cairo Family Planning Association put FGM as a priority on their advocacy agenda.

In 1994 Egypt hosted the International Conference on Population and Development (ICPD 1994) which highlighted population and reproductive health issues. Prior to the conference a civil society forum was created to prepare the NGOs' forum agenda and from here Egyptian NGOs put FGM on the priority list of this international event. The night before the conference the

Cable News Network (CNN) aired a featured story on a 13 year old girl being circumcised publicly. This story triggered severe anger among Egyptian public including intelligentsia and conservative parties as they translated this as western conspiracy to shatter the Egyptian image worldwide. This featured story shifted the issue of FGM from a social problem to a political one, thus leaving Egyptian society caught in the struggle between modernization and the staunch traditions promoted by conservative groups. During the conference local, international and



human rights organizations called for banning FGM.

After the ICPD 1994 the (Ministry of Health) MOH was disturbed to know that the prevalence rate is 97% among ever married women (15-49 years). These results coerced the Ministry to take hasty measures to decrease this harmful practice. The unstructured measures contributed extensively to the medicalization of FGM in Egypt as prior to the 1994 decree approximately 30% of health service providers practiced FGM while after the 1996 decree the percentage of doctors practicing FGM went up to 75%. These

hasty measures formulated a misconception among the public as they started to believe that FGM is a medical practice.

## Brief on the Ministry of Health Decrees

- In October 1994 the MOH issued a controversial decree in which the decree included the health detriments of the practice yet the decree included an article which allowed for the practice inside public hospitals if the doctor and religious leader failed to convince the families in abandoning the practice.
- In October 1995 the Minister of Health issued a new decree to stop the practice in hospitals.
- In June 1996 the Ministry of Health issued another decree No. 261 (1996) to condemn doctors who practice FGM yet the decree had a serious loophole which made an exception for doctors to practice in some cases of necessity.



The Islamic authorities (Dar el Ifta and Al-Azhar) after ICPD 1994 were divided between the Grand Mufti those who opposed the practice and indicated that FGM is not religious, yet more the Grand Imam Sheikh Al-

Azhar insisted that FGM is a core teaching of Islam.

The Egyptian press coverage focused on the ongoing political debate around FGM and reflected the anger of the conservative public extensively thus making the voices of those with the practice higher than those against. The radio union introduced anti-FGM messages with slight confusion on the medicalization issue, while the national TV kept silent instead of playing an information education & communication (IEC) role where families can access credible information on FGM from different perspectives.

Despite the struggle and debate on FGM, the late 1990s witnessed a revival of the anti-FGM movement mainly confined to some civil society efforts and some responsive actions to the ongoing struggle by the MOHP.

The movement focused on the following:

- An important outcome of the ICPD 1994 was the formulation of the Egyptian Task Force against FGM operating under the auspices of the National Committee for Population and Development (NCPD) that aimed at placing FGM on Egypt's agenda, and creating a dialogue with different stakeholders to eradicate the beliefs that support FGM. The Task Force included 60 organizations from different governorates working on FGM. The most important role of the task force was that through the extensive social research implemented socio-cultural motives behind the practice were verified. The task force had a clear stance against all forms of FGM and the



medicalization of the practice. Despite, the efforts exerted, the movement lacked the wide outreach among the larger public. Furthermore, the task force did not have an institutional status, thus sustaining it was not very feasible.

- After the 1996 MOHP decree the Ministry of Health and Population, the Population and Family Planning and Primary Health Care Sectors focused on highlighting the detriments of the practice. The exaggerated messages on the health problems inflicted by FGM, reassured among the public the medicalization concept.

With the many challenges that occurred in the 1990's and the growing voices of the conservatives who seconded the continuity of the practice, anti-FGM efforts in Egypt had to be

institutionalized, yet in a strong reputable organization that was willing to express its sincere political will, therefore NCCM the highest body entrusted on the rights of the child adopted the cause and accelerated anti-FGM momentum in Egypt through the adoption of strategic approaches that enhanced the implementation of a national anti-FGM program that is culture sensitive yet preserves the rights and integrity of the girl child. Egypt's First Lady Mrs. Suzanne Mubarak has placed FGM on the highest priority of the NCCM agenda. Furthermore, she encouraged the NCCM to tackle FGM transparently and clearly without compromising or fearing the loud voices of rigid groups supporting FGM. From here the NCCM adopted a national program for combating FGM within its well established institutional framework.

### Key Challenges that Faced Previous Efforts

- Political commitment was inadequately translated into action on the ground.
- Civil society entities had limited accessibility to media personnel furthermore was confined to small geographical outreach.
- The controversial messages of the religious institutions contributed to continuity of practice.
- Ministry of Health/Population's hasty decrees opened the door for medicalization of and public's confusion and misconceptions that put FGM within a medical context.
- Media fear of breaking taboo contributed to strengthening the stance of those with the continuity of practice and weakening voices of those denouncing FGM

## A Statistical Preview on FGM in Egypt

The World Health Organization defines female genital mutilation (FGM) as, "...all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons" (WHO, 2008: 1). FGM is widely practiced in Egypt.

The Demographic Health Survey of 1995 provided the first nation-wide statistics on the prevalence of FGM in Egypt. According to this survey, 97% of ever-married women in the age group (15-49) years were circumcised (EDHS, 1996). Subsequent DHS surveys in Egypt showed the same level of prevalence, with prevalence rates at 97% in 2000 and at 96% in 2005. The DHS sampling was frequently criticized



as it was confined to ever married women only in the age group 15-49 years, thus all non married girls and young females were not included in the survey and this represents a wide range of the population, and the survey does not show over the years any signs of social change towards FGM in Egypt.

The prevalence rate decreases amongst adolescents, showing the impact of the interventions and efforts in the field. For the first time, the EDHS

2005 included data on the circumcision status of girls aged 0 – 15. Data suggests a slow and steady decline in the rate of circumcision in upcoming years: 51% prevalence among girls aged 11-12, 69% for girls aged 13-14 and 77% for girls aged 15-17 (El Zanaty and Way 2006: 212). Data from an independent study by the Population Council based on the Adolescence and Social Change in Egypt (ASCE) Survey of 1997, show that girls in Egypt are 10 percentage points less likely to undergo FGM than the preceding generation.

More recently, a study by MOHP and WHO in Egypt (Tag-Eldin et al., 2008) showed that the prevalence rate of FGM among school girls in the age group 10-18 years was 50.3%. While the study did not show the prevalence by age groups, it showed that less than 57% of girls in secondary schools were circumcised (56.8%). The study highlights the strong impact of parents' education on girls' circumcision and showed that while 65% of daughters of illiterate mothers and fathers were circumcised, only 22.2% of daughters of mothers with university degrees and 19.5% of daughters of fathers with university degrees are circumcised.

From the above mentioned data provided one can see that there is a strong inclination in society from generation to another to abandon the practice. Furthermore, impact of efforts and increased hype against FGM nationally has extensively contributed to decline in prevalence rates among emerging generations.



## FGM in Egypt from Social Norm to Crime: The Tale of the NCCM Program

The story of the NCCM Programme and movement with FGM was built on the lessons learnt and went through different phases that sum up to the following:

- A preparatory phase (started January 2002) which identified previous challenges and established the preliminary vision which was tailored around the rights based and socio-cultural approaches. The NCCM Project adopted a scientific methodology to identify appropriate means for targeting families with girls at risk. The phase entailed holding a series of consultation meetings with active civil society entities (approx. 10 NGOs, members of the Anti-FGM National Task Force, and UNDP) and the consultation recommendations elaborated the gaps and key challenges mentioned above.
- Based on the consultation meetings recommendations the NCCM lead the proposal design exercise of the project. There were some reservations on the name of the project as to whether the term FGM should explicitly be mentioned or whether it should be under a hidden shadow of harmful practices or girls' rights or reproductive health. The NCCM decided to come to the forefront of the battle and explicitly denounce FGM, thus the project in Arabic was entitled the National Project for Combating FGM.
- The Proposal highlighted 5 essential components in the project document:
  - Institutional Capacity Building
  - Advocacy-Community Initiatives
  - Social Marketing and

Communication-Monitoring and Evaluation. This document will present a thorough analysis of the developments that occurred in each component. The project document was supported by International Organizations and Donor agencies UN agencies ( UNDP-UNICEF-UNFPA-UNIFEM), and the (DAG) donors assistance group which contributed to the first phase 2003-2005 ( Italy, Canada, Denmark, Netherlands, USA, Finland & Switzerland)

- In January 2003 the project was launched and a full time technical unit was established. At the beginning of the NCCM Project the central team established criteria for selecting the 120 villages which entail the following elements;



- \* It is preferable to work in a village where the community leaders or Community Development Associations were active and slightly informed on the subject.
- \* It is preferable to work in villages where the education rates are reasonable.
- \* It is preferable to select villages

where socio-economic status is reasonable.

### **The NGO partners at governorate level along with the governorates selected the villages.**

- The NCCM Project then executed a village profile report (a socio-cultural qualitative research) to capture the most pivotal entry points in the villages and furthermore, identify the most active partners from the community leaders, women, leaderships, youth, doctors, lawyers, sheikhs and priests. Furthermore, the village profile identified the most vulnerable groups or families with the girls at risk, the education level girls and women, a proposal of the most innovative entry points and activities that can support the cause like schools, health units and youth centers and the most urging services required by the community.
- The NCCM Project then extensively invested in the capacity building of the community leaders through a series of training courses in which topic experts responded to all the inquiries, myths and rumours around the practice in addition to a number of communication skills. The capacity building exercise brought together field coordinators from the focal NGOs at governorate level in addition to all the community leaders.
- The NCCM Project did not limit its efforts to the work on the ground there was a dire need to bring media personnel on board in order to strengthen anti-FGM voices publicly. Below mentioned is a detailed perusal of media efforts and impact at national level.
- The design of the project enabled

the NCCM to accommodate rapid change of attitudes and this flexible model is highly visible in the UN Volunteers component. The initial design did not incorporate a clear role for young people, yet a group of students from different universities and governorates came to the NCCM to receive information on FGM and other child rights issues after the first media campaign. The NCCM captured the interest of this young group and furthermore invested in developing their knowledge basis and communication skills in order to enhance the NCCM Project outreach among youth. With The growing role of the UN Volunteers the project established a unit headed by a youth coordinator to monitor and follow up on the youth initiatives.

- In the second phase 2005-2009 the European Commission along with UN agencies continued supporting the initiative thus ensuring that anti-FGM hype continues with the same intensity.
- Simultaneously to all advocacy and community efforts, the NCCM Secretary General revisited the Egyptian Child Law No. 16 the year 1996 which did not incorporate any mention of the FGM. Furthermore, the NCCM Secretary General held a series of consultation meetings with prominent legislators from the Ministry of Justice and independent law professors to incorporate explicitly FGM in the proposed child law amendments. As advocacy efforts were taken to its peak and amendments were finalized. FGM was criminalized in a later phase (June 2008). Below mentioned is a detailed overlook on the story of criminalizing FGM in Egypt.

## Case built by NCCM to advocate legislation against FGM

- FGM is not part of Islamic Sharia'a.
- Voices from the ground are calling for banning the practice
- Women and children endure long lived pains and suffering from practice as assessed by the child help line 16000. (details on helpline mentioned below).
- FGM is banned by the MOHP and Medical Syndicate.
- FGM is a clear violation of the medical code of ethics.
- FGM violates all international human, child and women rights conventions ratified by Egypt.
- Consensus among legal community on the need for legislation with unified sentences in order to avoid discrepancies in court callings as in previous court cases.

## NCCM International Networking

The Egyptian efforts to eradicate FGM have contributed to anti-FGM programs on the international scene, as the Egyptian approach has provided an innovative perspective to anti-FGM programs in neighboring African countries. NCCM played a pivotal role regionally and internationally as the Cairo Declaration on Legal Tools and FGM in June 2003 chaired by Egypt's First Lady Mrs. Suzanne Mubarak, Chair of the NCCM Technical Advisory Committee, opened the door for other African countries to put FGM on its priority political agenda. Furthermore, the conference confirmed the dire need for legislation parallel to awareness or advocacy programs. H.E. Mrs. Mubarak did not confine her commitment and efforts to the Cairo Declaration, moreover, she has placed FGM on the agenda of numerous high level African Platforms such as the

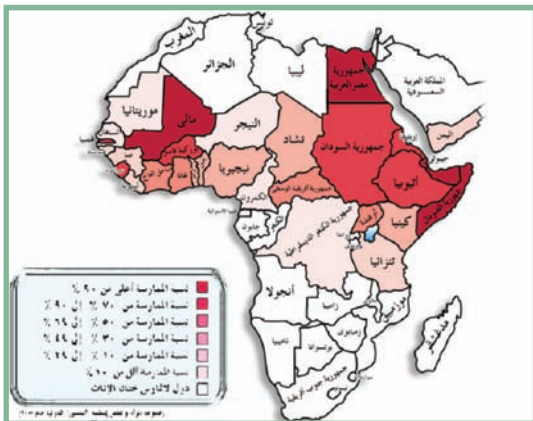
African Union, meetings with African First Ladies, and the Inter African Committee forums concerned with combating harmful traditional practices.

Her commitment has been elaborated upon in media forums when she confirmed that Egypt sees the vitality of adopting a legal frame that condemns and bans perpetrators who victimize young girls under the shaky slogans that politicize FGM or claim that FGM preserves social norms.

In 2005 the Euro-Med Child awarded the NCCM FGM Project an international prize to acknowledge the project as a best practice at the regional level (among all Mediterranean Countries). This prize stressed on the innovative approaches adopted by the NCCM and considered the efforts exerted are unique

The NCCM Secretary General has furthermore, technically provided the NCCM expertise on the subject in various national and international

scenes. In November 2006, NCCM Secretary General Ambassador Moushira Khattab presented in the International Islamic Conference "Prohibiting the violation of the women's body" hosted by Al-Azhar, Dar El Ifta and Target Association (a German Islamic Association) the child's rights vision adopted by the council and furthermore, the strategies implied in the execution of the NCCM Project. She verified that the Convention on the Rights of the Child is in line with the teachings of Islam which preserve all rights for women and children. The renowned religious figures heading the conference strongly supported and seconded the NCCM's progressive vision and furthermore, the conference recommendations called for introducing a legal frame in order to officially preserve the rights of the girl child.



In 2005 the NCCM Secretary General presented at the Innocenti Platform hosted in Egypt, the demand based approach adopted by the NCCM Project which focused on involving youth volunteers in the movement against FGM. The NCCM Project volunteers spoke eloquently about their status as agents for change. The NCCM empowered these volunteers and transformed their value system

from one that primarily viewed FGM as a minor social problem to one that believed that combating the practice is a cause and responsibility of young enlightened educated citizens.

The NCCM also networked a core group of enlightened Islamic and Christian Scholars from the formal and independent religious figures to support the advocacy programs in other African Countries like Djibouti, Yemen, Ethiopia, Mali and Kenya. The booklet "FGM in the context of Islam" by Dr. Mohamed Selim El Awaa, Secretary General of the International Federation of Islamic Scholars established a comprehensive, enlightened and philosophical interpretation of the Islamic anti-FGM discourse that is built on the interpretations of the most renowned Islamic Thinkers. This publication was widely disseminated in Egypt and other African countries, thus formulating a radical transition in the previous discourse adopted by the formal religious institutions. In 2006 the Egyptian Ifta adopted this discourse and the radical transition later on paved the road for the Fatwa issued in June 2007.

Today the NCCM experience with the fight against FGM is recognized internationally (as mentioned in the New York Times 2007) as one of the most important social movements in Egypt in more than 10 years.



## The FGM-Free Village Model (NCCM/Project)

The main goal of the NCCM/Project is to create a conducive socio-cultural environment that alleviates pressure on families with girls at risk, thus empowering families to abandon FGM and eventually reduce prevalence rates at the national level.



The project is implemented on the national, local and international levels.

At the central level the project works on media strategies, religious dialogue, legal framework, and the establishment of policies and strategies to mainstream anti-FGM components within the institutional framework of concerned ministries. On the local level the project started primarily in the first phase with the implementation of advocacy and community initiatives in 60 villages in 6 governorates of Upper Egypt (2003-2005), and in the second phase with the increasing demand of families to know further about FGM detriments the project expanded the geographical scope to 120 villages in a total of 10 governorates in Upper and Lower Egypt.

## NCCM/Project Approach:

The NCCM/Project adopted the

socio-cultural approach which aims at creating a general cultural and social trend in society that ultimately supports an environment that condemns FGM, its logic, and justifications. The approach has three major axis, which have been identified in international literature as best practices. This approach confirms the importance of:

- 1. Critical thinking:** that enhances society to critique the myths and beliefs behind continuity of such a harmful practice. Developing critical mindsets requires enlightening society through making credible information accessible to families. The information caters to the inquiries and rumors on FGM; therefore, messages developed provide scientific information on the importance and physiological functions of normal female genitalia; and physical, psychological and sexual detriments of FGM. Credible scientific information also denounces the acceptance of any form of female



genital cutting or medicalization of FGM, since FGM is a clear violation of the medical code of ethics. Critical thinking enables society to de-link the concept of chastity from Female genital cutting. This intense analysis

enhances a progressive religious discourse (Muslim and Christian) which highlights FGM as a violent practice against child rights and objects to any links made between the origin of FGM and religions. In the process of enlarging the information scope of society there is a dire need to raise the public's legal awareness and confirm mandates of the international conventions (Child Rights Convention and Convention on the Elimination of all forms of Discrimination against Women).



## 2. Adoption of Social Institutions:

When the key relevant government or non-government social institutions preferred to keep silent about FGM, this sent an implicit message of encouraging the continuation of FGM despite all the negative effects the practice has on the girl child. Engaging and mobilizing all sectors of society is essential to break the social taboos around FGM. It is essential to mobilize key institutions like the religious, medical, education, legal, media and the civil society to adopt unified anti-FGM strategies thus creating a social vacuum that empowers families to abandon FGM.

**3. Empowering Anti-FGM Voices:** on the grass root level and creating anti-FGM groups that are loud and able to say NO... to FGM implies that the social resentment of the practice increased. As anti-FGM momentum grows then the traditional and conservative voices will fade out through the upcoming generations.

**4. Partnering with Civil Society:** at governorate level the NCCM Project demonstrates a concrete partnership model between a government body and civil society entities. The NCCM project has extensively invested in building the institutional and human resource capacity of NGOs in order to strengthen implementation strategies on the ground.

## NCCM/Project Structure

The key success to the NCCM NCCM/Project was the proper establishment of a full time technical unit within the institution, and with this well endowed human infrastructure the NCCM was able to assess the know how for introducing anti-FGM programs in Egypt. The technical unit is strongly supported and guided by the NCCM Secretary General who translates the overall political vision and furthermore coordinates all efforts at the policy making level. The program management team is also supported by the Senior Supervisor who is also guiding key financial and technical matters. The terms of reference for the technical unit are:

- Assessing, selecting and monitoring 21 NGOs to implement project objectives and strategies in 120 villages. The NCCM subcontracts NGOs to deliver activities that serve



project objectives as opposed to grant recipients.

- Defining advocacy strategies and key partners necessary in the implementation of the program. Furthermore, the technical unit monitors the messages and materials tailored for different primary and secondary target groups.
- Assessing young people and building their capacity to enable them to support the program in the different components of the address other young people. The technical unit monitors the performance and dynamics of this group of young people in the different youth outlets.
- The technical unit supported with UNDP is responsible to monitor and prepare partially financial aspects, and furthermore, the unit also supports resource mobilization with interested entities.
- The technical unit is responsible for reporting to the NCCM, UNDP, EC, and Plan International on technical and financial matters.

The project also works at the community level mainly through Focal NGOs (21) and (46) UNVs including full time field monitoring specialists for supporting NGO efforts on the ground, and backstopped by the Project Technical Unit. The Focal NGOs implement program activities at village level, mainly awareness raising activities and community services. The community services are determined based on the actual need of the communities.

## NCCM/Project Components

1. The institutional set-up at the central and local levels: The main activity focused was aimed at setting up and equipping the project Unit in the NCCM and Project Units at the local level, as well as establishing a Youth Unit.
2. Advocacy, capacity building, and networks: This component aims to bring FGM to the attention of various political and professional leaders at both local and national levels. It maximized the entry points for mainstreaming anti-FGM messages through assisting and training NGOs, promoting NGO networking, training youth advocates, encouraging and supporting youth/UNV initiatives, supporting a national debate on FGM, focusing on community leaders, physicians, judges and media personnel. The project also coordinated with other anti-FGM efforts taking place locally (inside NCCM other ministries) and internationally.



3. The Community initiatives component which was determined through the village profile (a socio-cultural qualitative research) that highlighted key village entry points, focuses on

providing improved social, educational and health services at village level in order to improve the quality of life and therefore, strengthen entry points for the NGOs and UNVs at village level. Such services will ensure trust between community at village level and program, thus eventually leading to village declarations and well established anti-FGM groups that will sustain this conducive environment at the grass root level.

4. The Communication Component primarily broke the long lived media silence upon producing and airing a series of info-mercials that addressed FGM from a comprehensive perspective, thus instigating a public dialogue on FGM. The program has also produced radio programs, outdoor billboards, and TV talk show episodes. Several informative toolkits were produced for concerned target groups like community leaders, doctors, legal personnel, schools,

religious community and media personnel thus enhancing TV and radio presenters, and journalists to adopt FGM as a national issue. With the increasing access of media personnel to extensive information on the detriments of FGM it became a social issue mainstreamed within the context of a number of important talk shows on national and independent media channels. The mass media bridged the public to the child help line 16000, thus enabling the program to envision that the public is responding positively to the program objectives and is more inclined to abandon the practice.

5. The Monitoring, evaluation and coordination component applies different mechanisms for continuously developing the program to meet accordingly social changes and growing needs of the public through: a village profile, mid term evaluation documentation, child helpline 16000, regular field visits, and media content analysis research. The National FGM steering committee headed by the NCCM Secretary General operates as a coordination mechanism that brings together interested partners in order to share objectives and activities of programs implemented by different organizations, thus ensuring that anti-FGM efforts are appropriately concerted and no overlapping efforts are implied.



## NCCM/Project Impact at the Community Level

Evaluation in this report builds on both the qualitative and quantitative data collected. The quantitative data collected from intervention and control sites (12 villages of NCCM/Project and 6 control villages respectively) revealed a wealth of insights into the impact of the intervention program at the community level and allowed for comparing attitudes and behaviors of respondents who were part of the intervention versus respondents in the control sample. Intervention and control

sites have fairly similar socio-economic characteristics so that any differences observed in the results between them can be attributed to the project impact. The qualitative data collection component focused on prevailing attitudes regarding the practice; reasons for its performance; and the effectiveness of the different program components. The aim of focus group discussions with men and women was to provide a deeper understanding of the dynamics pertaining to the practice.

### Analysis focused on the following issues:

- Change in knowledge, language, and terminology on all aspects of FGM.
- Public Openness to discuss FGM.
- Change in attitudes; a change from approval to disapproval of the practice, or a change in intention to circumcise a daughter.
- Committed groups (youth, doctors, religious leaders, and NGOs activists) against FGM.
- Public declarations against the practice in the villages.
- Challenges and Opportunities.

Data was collected before the

important events that took place in the summer of 2007 when two girls died as they were being circumcised by doctors and prior to the passing of legislation for criminalizing FGM. An intensive media campaign, championed by NCCM, followed these unfortunate deaths. The data included in this section does not reflect the impact of these more recent events.

Data was collected from households who had at least one girl aged 7-13 years of age or above. The research tool included questionnaires for mothers, fathers, young men and women in the household (16-24) years old; and girls aged (10-15).

### Changes in information, knowledge, language, and terminology on FGM

#### Beliefs on Universality of FGM Shaken

Comparing data from intervention and control groups, data shows that in intervention sites, respondents from all age groups were less inclined to believe in the universality of FGM in their communities than those in control sites.

More than 92% of women in the control sites agreed with the statement that all



people in their communities circumcise their daughters compared to 45% of women in intervention group. Young women in the control sample were twice more likely to believe in the universality of FGM in their communities (86% compared to 40%). Among girls, while 89% believed in the universality of the practice in their communities in control sites, only 39% believed so in the intervention group. This shows that the interventions managed to shake the long held beliefs in the universality of FGM in these communities. This is an important step in changing attitudes towards FGM and behaviors as it facilitates the creation of a socio-cultural environment conducive to the abandonment of the practice.

Community Leaders Denouncing FGM

Similarly, when we asked respondents about their perceptions of the views of important opinion makers in their communities on FGM, there was a significant difference between

intervention and control groups. Respondents in intervention sites were less inclined to believe in the approval of teachers, doctors, religious leaders, community leaders and influential families in the community of FGM. Data reveals an interesting finding regarding the views of Imams and community religious leaders. In the intervention communities, a significantly smaller proportion of people believed in the support of Imams for FGM compared to those in control sites (90% as opposed to 33% of women in control and intervention groups respectively).

This highlights the impact of the program in changing attitudes about the support of local religious leaders for FGM in the intervention sites. However, it is important to note that the differences between intervention and control sites on this dimension are much smaller among husbands and young men than among married women and young women. This underscores the need to intensify educational efforts among men.

PERCEPTIONS OF COMMUNITY MEMBERS OF THE VIEWS OF OPINION MAKERS ON FGM

	Woman		Husband		Young man		Young woman		Girl	
	C	I	C	I	C	I	C	I	C	I
Teachers	94.2	48.3	90.0	75.5	87.5	69.4	98.9	43.3	94.3	49.4
Health Clinic Doctors	81.5	29.2	80.0	55.0	77.8	53.0	76.1	23.4	84.6	44.4
Imam	89.7	33.1	87.5	66.5	86.2	65.7	83.2	32.6	88.0	41.5
Community leaders	96.0	43.5	86.7	68.3	89.1	68.9	97.9	54.3	97.4	50.7
influential families	96.6	57.1	91.0	73.3	91.1	77.2	97.1	61.7	99.0	63.8



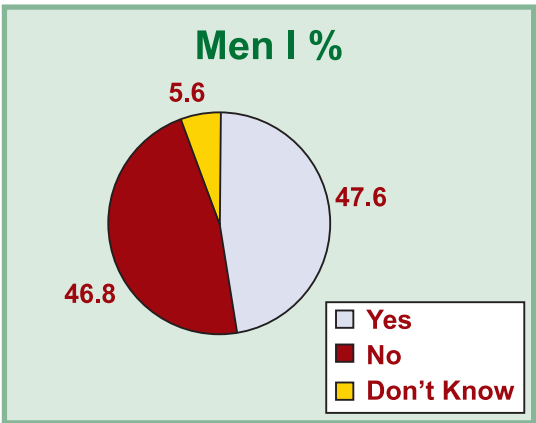
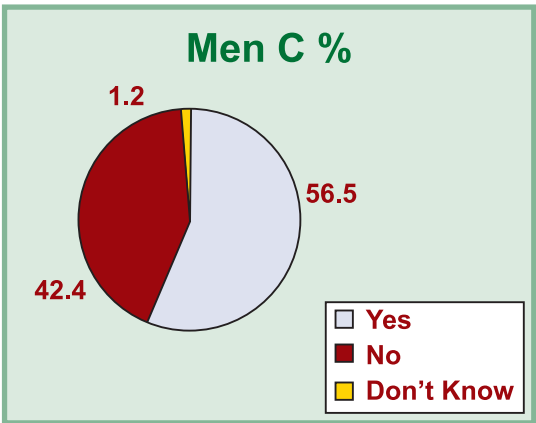
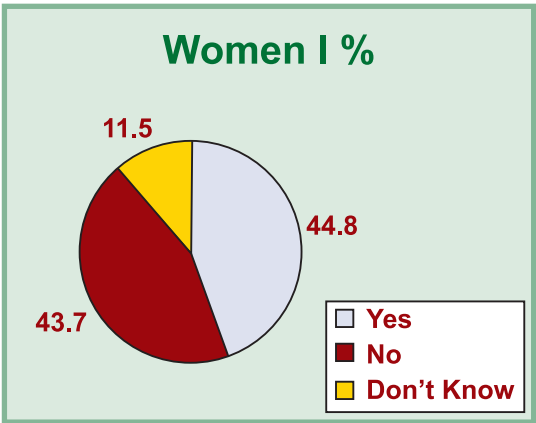
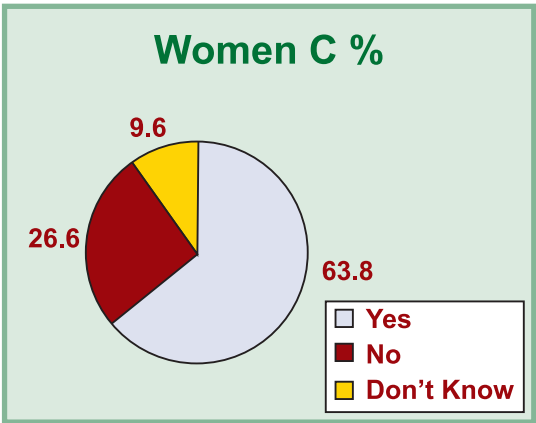
### Abandoning FGM with Reduced Social Pressure

In order to understand the role that social pressure plays on the decision to circumcise a daughter, we specifically asked respondents the following question: "If you left your village to live in a place where people did not practice FGM, would you circumcise your daughter?" Women in the intervention groups noted that they were more likely to abandon the practice in this hypothetical situation (27 % of women in the control group versus 44% of

women in the intervention group). Similarly, men in the intervention group were more likely to note that they would abandon the practice given this hypothetical situation compared to men in the control group (42% versus to 47%). This data confirms the importance of public declarations against FGM. Such declarations can alleviate the social pressure on families to perpetuate the practice of FGM, as they see important figures in their communities denouncing publicly. (See table)

### ATTITUDES TOWARDS PERSISTENCE OF FGM IF IT IS NOT PRACTICED BY OTHERS

**If you leave your village and live in a place where people don't practice girl's circumcision, would you circumcise your daughter in the future?**



## Knowledge on FGM Detriments

We asked respondents if they knew of cases of girls who had suffered complications after FGM in their family circle or among neighbors; if they knew of girls who died due to the practice, and if they knew of girls who had avoided FGM until marriage. Individuals among the intervention group were more knowledgeable of cases of complications and deaths due to circumcision. 2 Young women in intervention sites were the group most attuned to the existence of uncircumcised girls that got married (23% in intervention group compared to 7% in the control group). Adult married women in both control and intervention groups were the least knowledgeable of such cases.



## Women Mostly Exposed to FGM Information

All age groups in the intervention sample showed an increase in their exposure to information about FGM as

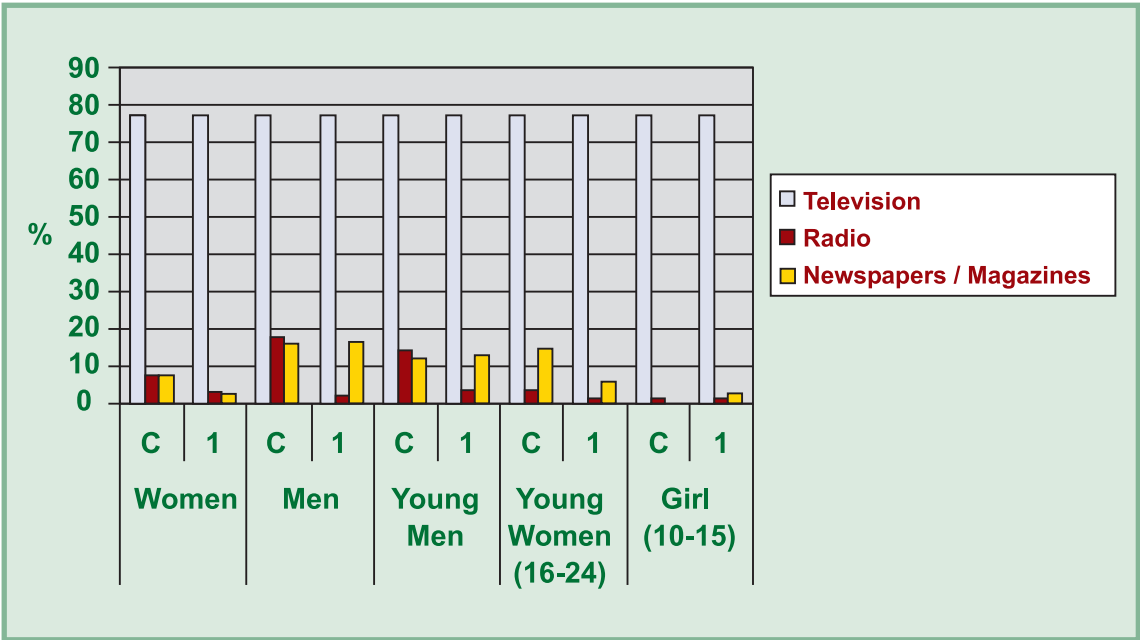
opposed to groups in control sites. While women showed the greatest change in the level of information received, men showed the least. Women in the intervention groups were 12% more likely to having received information on FGM (with 55% of them compared to 43% of women in the control sample). Among girls, those who were in the intervention group were twice as likely to receive information on FGM as opposed to girls in control sites (28% compared to 12%).

## Television Reaching Communities

Data shows that the message on FGM was not exclusively available to the intervention group. A significant proportion of women and men from all age groups in the control sample were also exposed to these messages. The major source of information for all groups has been television. Programs on FGM aired on Egyptian television have proven to be a very powerful tool in reaching families, both in the control and the intervention samples. Television ranked highest on the list of sources of information on FGM. In control sites, television was the medium most mentioned with regards to getting information on FGM. Among women in the control group, more than 77% received information on FGM through television. Young men and women had even higher exposure levels to television messages, with more than 81% of young men and women receiving information on FGM through television.



## SOURCE OF INFORMATION ON FGM



While media efforts reached both intervention and control groups, data shows that the impact of information delivered was much more effective and conducive to change among the intervention group. Women in the intervention group were more likely to say that the information has influenced them and made them re-evaluate the necessity of the practice. Data shows that men were less inclined to re-evaluate their stance. Only 51% of men, as opposed to 81% of women in the intervention group were ready to re-evaluate their stance from FGM as a result of information received on the practice.

### Retention Level of FGM Information

We asked about the type of information received and retained by respondents. Data shows that for all groups, the information most retained

was that FGM is not good for girls. Women and girls were more receptive of, and knowledgeable about, the health complications of FGM. More than 73% of women in the intervention group retained information that FGM was a harmful practice versus 59% of the women in control sites. Similarly, 78% of women in the intervention group retained the information on the health complications of FGM. Young women in the intervention group were most attuned to the negative effect of FGM on marital relationships, followed by older married women (51% and 43% respectively). Older men in both intervention and control samples were the group most interested in the religious argument on FGM, followed by younger women and men (40%, 38% and 33% respectively).

## Insight of Women on FGM

- "It is enough that a part of the body is being cut" Assiut
- "My daughter bled, she was about to die, this is ignorance because people had no idea about the severe harms of circumcision." Beni Suef
- "There are two moments in a woman's life that she can never forget – her circumcision and the night of her marriage." Beni Suef

\* Above Mentioned women are FGD respondents

## Long Lived Silence and Taboos Broken

Results indicate that the taboo nature and silence prevailing FGM has been effectively broken. Results were consistent among both control and intervention groups. However, girls and young women in the intervention group were more open to discussing the issue than those in the control group (40% compared to 32% among girls 10-15). The data also shows that

doctors can be effective conduits for messages against FGM, since most respondents, reaching 88.1% among young men in intervention sites, were willing to listen to doctors about FGM.

## Change in attitudes towards the practice and intentions towards FGM

Parents were asked who had girls that were not circumcised and young males and females (as future parents) about their intentions to circumcise their daughters. Women in the intervention group were five times less likely to circumcise their daughters than women in the control group (7% compared to 38%). However, the responses from this group reveal that a great deal of ambivalence remains; with a significant proportion of women noting that they did not know about future intentions. Responses from young unmarried women show that those in the intervention group would be three times less likely to circumcise their daughters than those in the control sample.



### Future Intentions toward FGM

#### INTENTION TO CIRCUMCISE DAUGHTERS IN THE FUTURE

	Woman		Husband		Young man		Young woman	
	C	I	C	I	C	I	C	I
Will NOT Circumcise	6.8	38.2	16.7	41.5	26.7	43.2	18.5	57.4
Will Circumcise	52.6	12.9	81.0	54.1	64.8	45.3	62.4	23.5
Don't know	40.5	48.9	2.4	4.4	9.6	11.5	19.1	19.0
Total (N)	190	280	84	135	177	287	189	289

#### SENSE OF SELF-EFFICACY AMONG WOMEN NOT INTENDING TO CIRCUMCISE THEIR DAUGHTERS

Issues of Self-efficacy	C %	I %
<b>I can convince my neighbors/siblings that circumcision is harmful for girls</b> <ul style="list-style-type: none"> <li>Always</li> <li>Mostly</li> <li>Very little</li> <li>Absolutely no</li> </ul>	20.0 34.3 14.3 31.4	36.2 24.1 20.7 19.0
<b>Usually I can find more than one solution if my family opposes my decision not to circumcise my girl</b> <ul style="list-style-type: none"> <li>Always</li> <li>Mostly</li> <li>Very little</li> <li>Absolutely no</li> </ul>	45.7 25.7 20.0 14.1	51.7 30.2 12.9 5.2
<b>If I decide not to circumcise my daughter, I can implement this decision</b> <ul style="list-style-type: none"> <li>Always</li> <li>Mostly</li> <li>Very little</li> <li>Absolutely no</li> </ul>	57.1 17.1 22.9 2.9	64.7 22.4 9.5 3.4

SENSE OF SELF-EFFICACY AMONG YOUNG FEMALES (10-15 AND 16-24) AND YOUNG MALES (16-24) WITH REGARDS TO FGM (BOTH AGE GROUPS)

	Girls (10-15)		Girls (16-24)		Young Men (16-24)	
	C	I	C	I	C	I
<b>“I can convince my family that circumcision is harmful for girls”</b>						
Always	12	26.1	29	48	32	26.2
Most of the times	16	33.9	25.8	30.9	44	46.4
Rarely	32	23.5	25.8	13.2	20	16.7
Never	40	16.5	19.4	7.9	4	10.7
<b>“I can talk to the sheikh of the mosque to convince my family not to circumcise me/my sister”</b>						
Always	8	17.4	22.6	25	32	42.4
Most of the times	20	27	29	28.3	40	38.8
Rarely	24	20.9	19.4	15.8	8	9.4
Never	48	34.8	29	30.9	20	9.4
<b>“I can convince my family not to circumcise me/My sister and they would do what I want”</b>						
Always	12	26.1	12.9	40.1	36	25
Most of the times	16	30.4	29	23	16	38.1
Rarely	24	16.5	25.8	19.7	32	27.4
Never	48	27	32.3	17.1	16	9.5



Similarly, data on men show that those in the intervention group were less than half as likely to circumcise their daughters as those in the control (17% vs. 42). Data on young men was comparable to older men.

Those who were receptive to the messages against FGM and decided not to circumcise their daughters provided reasons for that decision as well. Data indicate a polarization of the rationale of males and females. For females, the decision not to circumcise is primarily connected with not wanting to inflict pain and cause health complications for their daughters. While this reason also appeared among men's responses, other reasons were also important for men. These include the fact that FGM is not required by religion (the second most important reason) and sexual pleasure for both male and female partners. The religious roots for FGM were most important for young men.

For those who had circumcised daughters, we asked mothers to provide information about the individuals who performed the circumcision of their daughters. The data confirms the growing medicalization of the practice first detected by the 2005 DHS, with the majority of circumcised daughters performed by physicians.

## Committed groups against FGM partnering with NCCM

Primarily, the focal NGOs along with the technical team of the project identified the influential community leaders susceptible to change. Secondly the technical team provided such leaders with a comprehensive information package which incorporates

answers to the rumors and inquiries around FGM and persuasion skills necessary for them to mobilize others in their communities. Thirdly, the project succeeded to give the respective community leaders (especially religious leaders) a sense of ownership on the issue thus enhancing them to speak up against the practice in their local communities and even more, in media channels or public meetings.



## Committed Community Support Groups

Upon enhancing the influential community leaders thus community support groups were formulated in the villages. These groups are essential for the implementation of the project activities. Group members could include the local NGOs village officials, influential members, doctors, lawyers, women activists, religious leaders and youth leaders. This group is coordinated by the Focal NGO and guided by the NCCM vision. The composition of the group varies between communities. These groups are responsible for empowering advocates in the villages through capacity building and the dissemination of credible and scientific information, and implementing community initiatives

that are requested by village members such as provision of lacking health, education, cultural and social services. The village of Benban in Aswan governorate, the first village to announce an anti-FGM public declaration (2005), reflects a model in which the community advocates mobilized many families in the village to re-think consequences of FGM and furthermore abandon the practice. Support groups are an essential component which can ensure sustainability of the movement against FGM within those communities. Among these groups' doctors against FGM are influential in their communities since the health aspects (functions of the organs being cut and the complication implied) are a key concern to all families. The project promoted through community doctors the fact that FGM is not a medical practice, yet its roots are purely social. The project supported committed doctors against



FGM to publicly declare their positive stance as health professionals who denounce the practice, Doctors against FGM (2006). Furthermore, the project enhanced Sohag Medical School to

incorporate an anti-FGM component within the Reproductive Health training program of family doctors under the Health Sector Reform. Despite progress achieved there are extensive challenges among the medical community at local level: FGM represents a source of income for many local doctors, social pressure may lead doctor to practice in order to get accepted by community, and some doctors see the practice as a social norm or religious duty.



Religious Leaders (Muslim and Christian) trained by the project played a supportive role in introducing an anti-FGM discourse from a comprehensive perspective not solely confined to religious arguments. Furthermore, they were able to expand their group of leaders against FGM, thus to include religious leaders from neighboring villages. Despite, the fact that religious leaders play a key role in change, Muslim sheikhs against FGM face extensive challenges inside their institutions, among fundamentalist or conservative groups who politicize the issue thus linking FGM to Muslim-West conflict.

**"People at the beginning were embarrassed to inquire  
"Is FGM Halal or Haram?" even religious leaders didn't  
welcome opening the subject." Benban sheikh – Aswan**

**"People used to ask us "Is combating FGM a fashion  
or is it a western trend?" Benban priest - Aswan**

Young women activists at the community level played a pivotal role in inflicting change towards the practice especially among their peers of young girls or newly married women. Such brave women act as role models in their community when they declare publicly that they won't circumcise their daughters, thus this immediately impacts other young women and girls as they clearly remember the pain and humiliation that they have undergone.

Young women and girls are the most committed group as they are direct victims of the practice, thus their enthusiasm reflects a real experience.

The commitment of the focal and local NGOs is necessary in mobilizing families who need further information on FGM as they offer those families a package of services (health caravans, functional literacy classes, nurseries, small loans for women, Human & Child Rights awareness classes, computer trainings for youth, vocational training...etc.), therefore they are accepted by the community. The NCCM has strengthened the institutional and human resource capacity of the focal and local NGOs, and furthermore supported them politically by linking them with officials at governorate level to facilitate their mission in the respective communities.

### **Public declaration against the practice in the village:**

It is an important moment in the life of a village to make a public declaration against FGM. The event demonstrates the existence of pressure groups within the village that oppose the continuation of the practice. It also shows the support of influential community members to the fight against FGM. Public declarations help alter long-standing beliefs in the universality and inevitability of the practice. Moreover, the declaration ceremony itself gives strong visibility to efforts combating FGM. It legitimizes the role of the local NGO at the community level by showing the endorsement of community leaders to the efforts against the practice.





Declarations do not represent an end to program interventions but are an important milestone in creating an environment conducive for the eradication of FGM. Data on information and knowledge shows that the decision to or not to circumcise is greatly affected by views from individuals or groups outside the local society. Declarations give community members the message that opinion makers in their communities, such as officials, doctors and religious leaders are against FGM. Moreover, it is a great event for a village to be visited by officials of the sort who attend these declarations. Before the ceremony, there are banners in different parts of

the village welcoming the guests. The magnitude of the event brings in a great crowd, including men and women who have been affected by the intervention and many others from neighboring villages who are either curious to see the visiting officials or curious to know about the nature of the declaration. During declarations, community leaders openly announce their views on FGM and denounce the practice. In the declaration attended by a member of the research team, the event also include shows performed by young girls from the village on the harms of FGM. The songs and music made it a special night to be remembered by villagers.





## NCCM/Project Impact at the National Level

NCCM has shown a strong commitment to champion the cause of abandoning FGM. It promoted a national dialogue on FGM, pushing for legal and policy reform, while navigating many disparate agendas and coalescing one voice against the practice. NCCM engaged the media and launched strong national communication campaigns to promote the abandonment of the practice. Of particular relevance are the advocacy efforts that were mobilized after the FGM-related deaths of two young girls that occurred in summer 2007. NCCM mobilized a multi-pronged campaign that eventually led to the Ministry of Health issuing a ministerial decree (No. 271 in 2007) that bans FGM in all clinics, public and private hospitals, overruling an earlier 1996 ministerial decree that allowed FGM in hospitals for cases approved by doctors. NCCM advocacy efforts were also pivotal in the inclusion of an article criminalizing FGM within the revised Child Law, approved by Parliament in June 2008 and in the issuance of a landmark religious fatwa by the Grand Mufti of Egypt, which unequivocally condemned FGM.

NCCM mobilized core groups of advocates against FGM among medical professionals, religious figures, legal personnel, lawyers, media personnel, youth groups and civil society.

In assessing the impact of the project at the national level, we will focus on six main aspects:

1. The effectiveness of the project structure at the national level.
2. Program efforts to combat the medicalization of FGM.
3. Advocacy efforts on the legal aspects of FGM.
4. Program activities in the media.
5. Program efforts in raising awareness about the religious arguments on FGM.
6. Program efforts in mobilizing the youth as agents of change.

### 1. The effectiveness of the Project Structure at the national level

One of the important elements of the NCCM/Project has been the establishment of a Project Technical Unit located within NCCM. The direct contact between NCCM senior management and the Project Technical Unit allowed for quick decision-making and response on both policy and implementation levels. The dedication of the NCCM Secretary General to the cause through her continuous commitment and lobbying among concerned decision makers (ministries, governors, parliament etc.) and furthermore, intensifying her enthusiastic stance against FGM in all media channels accelerated the growth of the anti-FGM movement, and supported the criminalization of the practice. The structure is flexible, with NCCM building a resource of training materials, informative booklets and audiovisual materials on FGM. Furthermore, the flexible management model enabled for the accommodation of additional partners (such as youth volunteers) in order to meet the demand of young people. The management flexibility also effects the activities on the ground as it enables NGOs to reshuffle activities within a given budget,

thus to accommodate for the technical aspects requested by the central technical team.

The structure helped build a support network at the national and local levels, ensuring access to the different decision making bodies (relevant ministries and local authorities). The Technical Unit mobilized advocates from different levels in the movement against FGM through its media campaigns and advocacy networks. It also initiated and maintained a public debate on FGM through national TV and other media channels. (Such as private TV channels, radio networks and press)

## 2. Program Efforts to Combat the Medicalization of FGM

A vital step for the project was to target health professionals through awareness raising, training workshops and mobilizing physicians to form anti-FGM groups. To this end, a unified curriculum, manuals and a training kit for doctors have been developed in collaboration with other UN agencies and the Ministry of Health and Population. These tools were used at workshops for 112 health unit doctors from 60 NCCM/project villages, as well as officials from the MOHP in 6 Governorates. The trainings provided critical information to physicians on FGM from a medical, legal, and social perspective. They also strengthened doctors' abilities to counsel families, to communicate especially with females. Importantly, FGM was included in the Sohag University Medical School curriculum showing that it is not a medical procedure to be practiced. NCCM succeeded in forming support groups of doctors against FGM in all six governorates of the intervention

Project. The above mentioned activities are considered pilot efforts which in the upcoming phase shall be taken to scale with the Ministry of Health and Population (MOHP) thus ensuring that the messages target doctors in the health units nation wide.

On the policy level, the project lobbied for issuing a new Ministerial Decree that passed in 2007 banning doctors and other practitioners from performing FGM. The ban was followed by the approval of the revised Child Law that includes an article criminalizing FGM. (MOHP Decree # 271 for 2007 attached)

## 3. Advocacy efforts on the legal aspects of FGM

The Arab-Afro Conference on Legal Tools & FGM was hosted in Cairo June 2003 and chaired by Egypt's First Lady Mrs. Suzanne Mubarak, Chair of NCCM Technical Advisory Committee. The conference was organized by No Peace without Justice (NPWJ), AIDOS,



NCCM, and the Egyptian Association for Combating Harmful Traditional Practices Against Children & Mothers. Furthermore, the NCCM supported the participation of concerned Ministries, approached the key religious figures

of Al-Azhar and the Coptic Orthodox Church to publicly announce the stance of these institutions toward the practice.

The conference was attended by 28 African and Arab countries working to stop FGM through the incorporation of legal framework. The recommendations of the Conference "The Cairo Declaration" focused on the importance of legal action yet accompanied by parallel advocacy efforts to ensure application of the law. The Declaration stated that laws are "essential for abandoning the practice, yet raising public awareness, advocacy, and role of civil society is essential to affect any laws or ministerial decrees". Egypt's high level representation in the conference reflected the strong political commitment towards the eradication of FGM and its willingness to support other fellow African countries to overcome such a practice.

From here the NCCM/project intensified the integration of a legal perspective of FGM which accommodates international human and child rights conventions, the Egyptian Child Law and the Criminal Code in order to create public legal awareness.

In 2006 the NCCM/Project held a 3 day seminar in collaboration with the Ministry of Justice in which 50 judges and district attorneys participated. The seminar triggered FGM within a rights based package, and furthermore a comprehensive socio-cultural approach.

Upon this thorough perusal of all practice implications, the recommendations of the Ministry of Justice stressed the dire need for incorporating a clear article that criminalizes FGM.

## FGM Criminalized

The Egyptian Parliament on 7 June 2008 criminalized FGM. This law arrives today to appraise the national efforts exerted since the early 1900s to fulfill the dreams of sincere pioneer anti-FGM advocates who sought for protecting young girls from the violence and humiliation of FGM. There were two parallel roads taken to achieve this milestone. The first one focused on building voices from the ground, eloquently announcing the stance against FGM through the different public forums, community initiatives, public declarations, and media campaigns etc.. Secondly, the NCCM/Project organized specific lobby groups among the religious leaders (formal & informal leaders and institutions), Ministry of Health and Population, and the Ministry of Justice that clearly recommended the incorporation of an article in the criminal code that condemns FGM.



In June 2007, the death of Bodour (a 13 year old girl from Minya died while being circumcised by a physician) was a critical turning point in which the Egyptian paper El Masry El Youm extensively shook the conscience of concerned parties and the public. This tragedy was covered by numerous Egyptian papers, TV & radio programs



on the national and private channels, thus unanimously saying "No... To FGM" and urged the government to take action, and ban this practice by a law. Furthermore, Egypt's First Lady stood in the Regional Conference for Combating Violence against Children (June 2007) to announce the National Campaign for Eradicating FGM "The Beginning of the End". Mrs. Suzanne Mubarak, Chair of NCCM Technical Advisory Committee formed a high level action committee which included: Ministers of Health, Information, Awkaf, Education, Higher Education, Social Solidarity, head of El Azhar, Dar El Ifta, Orthodox Church Representative, Medical Syndicate and H.E. Mrs. Mubarak requested that all actions should be coordinated under the NCCM body. The key actions that resulted from the High Level Action Committee were:

- \* MOHP issued Decree # 271 for the year 2007 in which all gaps in previous decrees were fulfilled. The decree bans all doctors, nurses or service providers or others to practice FGM. (Decree Attached)
- \* The Egyptian Medical Syndicate issued a statement to denounce FGM and any practitioner who performs FGM will violate the medical code of ethics. (Statement Attached)
- \* The Ministry of Awkaf issued a comprehensive booklet "FGM is not an Islamic Ritual" which declares the stance against FGM of the Islamic Institutions in Egypt. (El Azhar Mosque and Dar El Ifta).
- \* The Ministry of Information designated media space and prioritized the airing of programs and info-mercials on FGM in the TV and Radio without any charges.

- \* Dar El Ifta officially announced a Fatwa in which it considered FGM as a sinful action, and furthermore, warned families from victimizing their girls.
- \* The governorates developed workplans to incorporate anti-FGM unified messages in the schools, and follow up or activate the MOHP decree.

Simultaneous to the concerted political action, the NCCM was preparing with the Legislative committee formulated in collaboration with the Ministry of Justice the draft amendments of the Egyptian Child Law 16 of 1996 that included an article to criminalize FGM. The process was lengthy, as the NCCM disseminated the draft amendments of the proposed Child Law to civil society entities nationwide in order to assess the consensus of the public towards the amendments, prior to submitting it to the Shura Council and People's Assembly.



The NCCM/Project intensified its efforts on the legal front starting August 2007, when a public forum was held in Gharbia Governorate to denounce the death of Karima from Gharbia while being circumcised by a doctor, and intensify action at governorate level. During this event the NCCM invited



Gharbia Parliamentarian who expressed his commitment to support the cause among parliamentarians, and furthermore, a petition was formed by thousands of young people from Gharbia to support criminalization of the practice.

The NCCM/Project and focal NGOs at governorate level mobilized religious leaders and lawyers to publicly announce their support for criminalizing FGM. The NCCM/Project in collaboration with the Citizens for Development (Civil Society Organization) organized a series of seminars on the Implications of the Child Law Amendments targeting young media personnel and opinion leaders thus creating allies for the new law.

The NCCM/Project hosted a forum for parliamentarians with different political wings in May 2008 to verify and lobby for the philosophy and social benefits behind the law. The attendant parliamentarians expressed their understanding and commitment to support the banning of FGM.

Finally, the parliament majority passed the criminalization of FGM and furthermore, incorporated the article pertaining to FGM in the criminal code. (Article 242 repeated). (Article attached)

#### 4. Program Efforts in Media

For long years FGM was discussed generally in the different media channels and particularly the national TV. In 2003 the Egyptian state has stressed extensive political commitment toward the issue of FGM eradication. The Ministry of Information designated airing space on the different TV and Radio channels without any charges.

The NCCM/Project extensively invested numerous efforts in the media component in order to enlarge the project scope and to create a socio-cultural environment conducive to change.

The analysis of the media approach of NCCM demonstrates three specific phases:

#### Phase I: El Bent Masria (Egyptian Girl) Campaign:

In March 2003, the NCCM/Project launched a simple 3 minute info-mertial addressing the girls' rights package "No to deprivation from Education, No... To FGM and No... To Early Marriage." The info-mertial combined FGM along with the other two messages in order to primarily assess the public's pulse and reactions toward addressing FGM. Upon airing the first info-mertial the public started inquiring more on FGM.

Then with the increased public demand for accessing more information on FGM, the NCCM/Project launched a second series of info-mertials that clearly responded to social, medical and religious inquiries. The second info-mertial focused on the religious and medical aspects of the issue and furthermore, the third one addressed the social concerns behind FGM.

With the growing NCCM/Project efforts to eradicate FGM on the national level such as the Afro-Arab Conference on Legal Tools and FGM and at the grass root level the public declarations that denounce FGM, the media personnel started spreading more space within the TV and Radio Programs for FGM and they requested the technical support of the NCCM/Project in preparing episodes

that address FGM from a comprehensive socio-cultural approach.

With the increase in the number of programs that addressed FGM the NCCM found that even prime talk shows are willing to incorporate anti-FGM messages, thus increasing extensively the media hype around the practice.

The NCCM/Project invested extensively in documenting and analyzing accurately the inquiries and fears of the public around abandoning FGM. Primarily the FGM Manual combined all questions and answers on the practice and this manual was made accessible to the media personnel. Furthermore, the manual provided and acquainted media persons with intensive information on FGM, and it opened for them different angles for addressing FGM.

The NCCM/Project simultaneously invested in audio-visual materials that were later on utilized by the public media and primarily used during face-to-face awareness sessions. Production included the documentaries on the public declarations and a short clip with most renowned figures denouncing FGM "Khetan El Inath fi Kalamat" (FGM in Words). The NCCM Productions supported several TV programs such as the Rula Kharsa's TV show "El Qesa we ma fiha" (The Story and What's Behind It,"El Toufah el Akhdar" (Green Apple)on MBC and "Khareg El Ness" (Controversial Issues)on ON TV.

## **Phase II: The Media Policy Phase and Integrated Media Messages**

In the second phase, the FGM-Free-Village Model devised a more integrated

media policy for the project. This aimed at identifying the main media challenges, analyzing the media content, developing integrated media messages reflecting the public's pulse, and producing a Media Guide Book of information, resources, quality and ethical standards for media personnel.

## **Phase III: Anti-FGM Messages Mainstreamed in Media**

The integrated media approach was fully established by the NCCM/Project in the key media channels, as during the death of Bodour in Minya, June 2007 the media mobilized all their efforts to make a transitional step regarding FGM. Television, Radio and Press extensively covered the incident and furthermore, mobilized government institutions to take a serious stance towards this harmful practice. El Masry el Youm daily paper placed the story of Bodour on its front page and "Tiseen Daqeeka" (90 minutes) on El Mehwar satellite channel featured the clinic in which the girl died, Bodour's mother weeping her daughter and the Grand Mufti concisely denouncing FGM from an Islamic perspective.

## **Child Helpline Catering to Media Campaign**

In 2007 when the media hype increased and more info-mercials announced the service of the 16000 child helpline, more and more families started calling to receive counseling on FGM or report practitioners. The helpline service verified an important factor that showed the NCCM/Project that more families are keen toward the abandonment of FGM, and are also very responsive to the media messages



which analyze the detriments of FGM from a comprehensive approach. The helpline receives calls from families all over the country (different governorates); urban and rural, different age groups and different social classes.

## 5. Program Efforts with the Religious Discourse on FGM

The NCCM/Project mobilized renowned Muslim and Christian Scholars to establish an enlightened Muslim and Christian discourse that answers public inquiries around FGM.

This discourse denounces any form of female genital cutting since this violates the human soul, integrity and dignity of women.

The NCCM/Project published the booklet "FGM in the Context of Islam" by the Islamic Scholar, Dr. Mohamed Selim Al-Awa - Secretary General of the International Coalition of Muslim Scholars. This book represents a major development on the religious front as it brings together Fatwas as early as 1904, thus confirming that anti-FGM voices are authentic interpretations that are not politicized. Most religious leaders know very little about FGM. This book was distributed nationwide and made available to all anti-FGM programs among the concerned

ministries, governorates, NGOs and media personnel.

This approach had a significant impact as reflected in the position adopted by the official Islamic religious establishments, Al Azhar and Dar El-Ifta. At the conference entitled "On Preventing the Mutilation of the Woman's Body" organized by Dar El-Ifta (November 2006) which was attended by some of Egypt's senior Islamic figures, most of the participants spoke against FGM and the main message was that "female genital mutilation was never mandated in Islam." (Recommendations attached)

The conference called upon all Moslems to refrain from performing this practice and called upon legislative institutions to enact a law banning female circumcision and penalizing the perpetrator. They also called on educational and media institutions to explain to the public the detriments of the practice.

However, the major is the fatwa issued by the Grand Mufti Dr. Ali Gomaa, upon an FGM-related death, condemning the practice and forbidding it and saying that it had nothing to do with Islam and that it was "haram" or sinful.

## 6. Program Efforts in Mobilizing Youth as Agents of Social Change

The project established a network of young people who are well trained and dedicated to the cause of eradicating FGM. The youth participate in the anti-FGM movement through diverse initiatives that include participating in awareness' seminars in schools, youth centers and universities in order to promote volunteerism and

empower young people to say "No... To FGM".

Mobilizing youth volunteers to work on the FGM issue was not initially in the design of the project. However, the focus on youth developed to cater to the demands of young people mainly university students and recent graduates. The students approached the NCCM/Project during the first Bent Masria campaign in order to peruse further the logic and information behind the campaign against FGM. The NCCM/project enhanced the exposure of the young people through a series of intensive seminars on the practice from different aspects (Medical, Social, Religious and Legal). The seminars and training courses gave room for an open dialogue on the logic behind stopping FGM, and furthermore the courses developed their communication and persuasion skills thus enabling them to speak among their peers.

The social and educational backgrounds of the youth vary extensively as the group includes rural and urban, furthermore, their educational exposure varies from university graduates to graduates of technical schools.

It is worthy noting that this volunteerism movement among youth represents an important shift in the type of activists primarily involved in combating FGM from those among the urban middle and upper middle classes to middle and lower middle class families. This is an indication that the anti-FGM movement has been adopted by the larger stratum of middle class families. The wide shift ensures the sustainability of the growing movement against FGM.

The NCCM/Project volunteers implement diverse entry points in the different communities that involve young people. They have the flexibility to work through NGOs, schools, universities, youth centers, libraries, cultural centers and/or any other forums or platforms that exist. The main entry points for enlarging the anti-FGM communities are social services like the health caravans, contributing to improving education facilities (establishing El Bent Masria Corners in School libraries), and cultural events (plays, puppet shows etc). The volunteers contribute to wide scale youth gatherings to instigate a new vision and attitude against FGM, through the youth camps of the National Youth Council, Political Parties, Universities and schools.

The NCCM/Project succeeded in upgrading the skills of the young volunteers to accommodate the technical requirements of the project.

The project technical team selected and trained a number of volunteers on the one on one counseling skills thus enabling them to support the child helpline 16000. They respond to the calls related to FGM and provide hesitant families with the appropriate advice and credible information. The NCCM/project also designated another group of volunteers for supporting the monitoring component of the project in the 10 governorates as they support the focal NGOs in different components including the training at grass root level, financial auditing, planning, and community initiatives etc.



## Recommendations

1. The maximization of the involvement of a number of stakeholders in the battle against FGM such as the Ministries of Education, Higher Education, Justice, Health and Population, Religious Affairs, and Information.
2. Efforts need to be sustained to ensure the implementation of Ministerial Decree 271 enacted in 2007 that bans doctors from performing FGM; and to enforce the Law that criminalizes FGM (Article 242 BIS of Penal code).
3. To mainstream anti-FGM messages within the preparatory, secondary and high schools.
4. Trained UNVs can provide a pool of candidates for the Project Technical Unit expansion. It is important to ensure the sustainability of the Unit in order to further its coordination activities with different stakeholders.
5. To mobilize partners to commit funds for sustaining the infrastructure and human resources developed by the NCCM/Project.
6. Expand the civil society coalition and provide NGOs with the anti-FGM messages to integrate them in their educational, social and health activities.
7. To support the expansion of a progressive religious approach among religious leaders (Muslim and Christian).
8. To sustain anti-FGM media hype within the context of well established ongoing programs.
9. To support establishment of action plans at governorate level, thus ensuring the law enforcement through the protection committees headed by each governor and the incorporation of anti-FGM messages within the different institutions, mainly education and health.

## Annex 1

### Afro-Arab Expert Consultation on “Legal Tools for the Prevention of Female Genital Mutilation”

Cairo, 23rd of June 2003

WE, the representatives of twenty-eight African and Arab countries affected by the practice of Female Genital Mutilation, of international and non-governmental organizations, and experts on FGM, meeting in Cairo from the 21st to the 23rd of June 2003 for the Afro-Arab Expert Consultation on “Legal Tools for the Prevention of Female Genital Mutilation” on the invitation of AIDOS - Italian Association for Women in Development, No Peace Without Justice, the Egyptian National Council for Childhood and Motherhood, and the Egyptian Society for the Prevention of Harmful Practices to Woman and Child, under the Auspices of H.E. Mrs Suzanne Mubarak, First Lady of Egypt, organized within the framework of the “STOP FGM Campaign” supported by the European Commission;

*Emphasizing* that all countries affected by the practice of FGM have been represented at the Expert Consultation, making it a unique opportunity for dialogue, exchange of information and points of view concerning the best means and the most appropriate legislative instruments for the prevention and the progressive abandonment of FGM worldwide;

*Recognizing and saluting* the commitment and determination of H.E. Mrs Suzanne Mubarak, First Lady of Egypt, as well as her keynote speech delivered at the opening session of the Expert Consultation and her specific

contribution to the success of this Afro-Arab meeting;

*Emphasizing* in particular the statements of the highest religious authorities in Egypt, H.E. Sheykh Mohammed Sayed Tantawy, Grand Sheykh of Al-Azhar, and the representative of H.E. Pope Shenouda III, Patriarch of Alexandria and of the See of St. Mark, who reaffirmed that no religious precept either in Islam or Christianity justifies the practice of FGM;

*Thanking* the organizers for taking the initiative to convene this Expert Consultation in Cairo and expressing appreciation in particular to the Egyptian National Council for Childhood and Motherhood and the Egyptian Society for the Prevention of Harmful Practices to Woman and Child for the warm welcome received in Egypt and to ensure the best working conditions for the meeting.

*Thanking* the sponsors and other contributors for providing the resources for this Expert Consultation and its follow-up;

*Taking note* of the results obtained by the working groups, the quality of the contributions by the speakers and all the participants, and the most valuable technical contribution by CRR - Centre for Reproductive Rights and RAINBO - Research, Action and Information for the Bodily Integrity of Women, which have made the successful outcome of the Consultation possible;

*Taking note of and supporting the international “STOP FGM” Appeal, launched on the 10th of December 2002, as well as the Declaration on “Zero Tolerance for FGM” issued by*

*the IAC - Inter-African Committee on the 6th of February 2003, and signed by African First Ladies and a number of other international personalities;*

## **CAIRO DECLARATION ON LEGAL TOOLS TO PREVENT FGM**

### **WE, the participants in the Afro-Arab Expert Consultation on “Legal Tools for the Prevention of Female Genital Mutilation”**

*Call upon* governments to promote, protect and ensure the human rights of women and children in accordance with the obligations undertaken by them as states parties or signatories to:

- \* the African Charter on the Rights and Welfare of the Child;
- \* the African Charter on Human and People’s Rights;
- \* the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);
- \* the Convention on the Rights of the Child;
- \* the Cairo Programme of Action agreed to at the International Conference on Population and Development; and the Beijing Declaration and Platform for Action agreed to at the Fourth World Conference on Women.

*Believe* that the prevention and the abandonment of FGM can be achieved only through a comprehensive approach promoting behaviour change, and using legislative measures as a pivotal tool.

*Launch* the Cairo Declaration, appealing to Heads of State, governments, parliaments and responsible authorities in concerned countries, as well as international organizations and non-governmental organizations, to endorse the following recommendations in their legislation, social and health policies, aid programmes, bilateral and multilateral cooperation initiatives.

### **WE, the participants in the Afro-Arab Expert Consultation On “Legal Tools for the Prevention of Female Genital Mutilation”**

#### ***Recommend that..***

Governments, in consultation with civil society, should adopt specific legislation addressing FGM in order to affirm their commitment to stopping the practice and to ensure women’s and girl’s human rights. Where politically feasible, a prohibition on FGM should be integrated into broader legislation

addressing other issues, such as:

- \* gender equality;
- \* protection from all forms of violence against women and children;
- \* women’s reproductive health and rights; and
- \* children’s rights.

The use of law should be one component of a multi-disciplinary approach to stopping the practice of FGM. Depending on the national context, outreach efforts by civil society and governments aimed at changing perceptions and attitudes regarding FGM should precede or accompany legislation on FGM. These activities should reach as many members of the public as possible and should include the participation of both elected officials and other government actors and members of civil society, including advocates, religious leaders, traditional leaders, medical providers, teachers, youth, social workers, and the all forms of media including electronic media. In particular, men must be targets of outreach, as well as family members, including grandmothers, mothers-in-law, etc. Means of outreach should take as many forms as available in each country, including community gatherings, media (radio, theatre) and other creative means of communication.

The work of NGOs is at the heart of social change. NGOs and government should work together to support an ongoing process of social change leading to the adoption of legislation against FGM. A long-term, multi-strategy approach shaping attitudes and perceptions about women's status and human rights should lead in the long-run to the criminalization of FGM.

Governments and international donors should provide financial resources to empower national NGOs in their struggle to stop FGM. In addition, governments must ensure that national NGOs are able to pursue their activities freely.

The legal definition of FGM, which should encompass all forms of FGM,

should be formulated by national legislators on the basis of the World Health Organization definition and in consultation with civil society, including the medical community. However, depending on the national context, it may be desirable to provide for a period of sensitization to precede enforcement of the prohibition as it applies to parents and family members.

Governments should formulate time-bound objectives, strategies, plans of action, and programmes, backed by adequate national resources, whereby FGM laws will be enforced, taking into account that legislation condemning FGM as a moral force and an educational impact that could persuade many individuals from submitting girls to the practice.

If existing criminal sanctions are enforced in the absence of specific legislation on FGM, governments should work with civil society to undertake a major information campaign to ensure that all members of society, particularly those who practice FGM, are aware that the existing law will be enforced.

In adopting a law, religious leaders, civil society organizations, including women's and community-based organizations, and health care providers, among others, should be part of the consultative process. Efforts to end FGM must be focused on empowering women to make choices impacting their health and lives.

Religious leaders should be sensitized to the negative impact of FGM on women's reproductive and sexual health. Religious leaders who support ending FGM should be incorporated into outreach strategies.



Once legislation prohibiting FGM has been adopted, whoever performs FGM, including health professionals and traditional circumcisers, should be put on immediate notice that performing FGM gives rise to legal and professional sanctions.

Licensed medical practitioners should be subject to the maximum available criminal penalties. Professional associations should adopt clear standards condemning the practice of FGM and apply strict sanctions to practitioners who violate those standards. Practitioners may be suspended or lose their licenses to practice. In addition, they should face civil liability for malpractice or unauthorized practice of medicine. Appropriate ethical guidelines against FGM should be incorporated into medical education and training curricula.

Provided sufficient outreach and sensitization has taken place, members of the community with knowledge of cases of FGM should be held criminally liable for failure to report such cases. Special measures are needed to protect those who come forward to report a case. Governments should consider alternative methods of monitoring prevalence and effects of FGM, for example, through gathering statistics from health care centers. Law enforcement officials should be trained to respond to cases of FGM (including cases that may still be prevented) in a manner that meets the needs of girls and women affected by the practice.

Women and girls should be empowered to access legal remedies specified by law to prevent FGM. In particular, women and girls who are victims or potential victims of FGM have

the right to bring a civil action to seek compensation from practitioners or to protect themselves from undergoing FGM. Resources, such as information on legal rights, legal assistance, and social services and support for girls who may face negative repercussions from their families and communities, should be provided to women and girls.

Medical professionals should assist by providing evidence supporting the claim of the girl or woman who has undergone FGM. The deterrent effect on practitioners of possible civil actions against them involving monetary damages may be significant.

The age of a girl or woman or her consent to undergoing FGM should not, under any conditions, affect the criminality of the act.

During periods of armed conflict, both governments and international donors must sustain activities aimed at ending the practice of FGM and other forms of discrimination against women and girls.

As agreed at the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995, as well as their subsequent reviews, governments should ensure all women access to the full range of reproductive and sexual health services and information. In addition, reproductive and sexual health information and education, including information on the harmful effects of FGM, should be incorporated, where appropriate, into school curricula and other community education programs.

Women who have undergone FGM should have access to the information and special health care they need.

In countries where minorities, including migrants, are vulnerable, the adoption of laws against FGM should not be used by governments to undermine the full enjoyment of human rights by these minorities. In such contexts, it is particularly important that criminal legislation be part of a broader strategy to provide resources to support community needs and to promote the health and human rights of community members. Members of minority communities, particularly activists working to stop the practice, should be consulted and their views taken into account prior to adoption and enforcement of the law. In some cases, it may be appropriate for legislation targeting FGM to make reference to constitutional protections of minority rights.

Governments should implement the regional and international conventions

that they have ratified protecting the rights of women and children, and comply with their obligations to take action to end practices that harm women and girls, including by adopting legislation prohibiting FGM. Implementation measures should include translation of these texts into national languages and outreach programs to ensure broad knowledge of the rights protected. Civil society could promote government accountability under these treaties by using UN treaty monitoring bodies. NGOs can use treaty bodies' Concluding Observations and Recommendations to push for additional government actions. For example, legal mechanisms to intervene on behalf of children who may be subject to FGM may currently be inadequate but could be developed.

## **WE, the participants in the Afro-Arab Expert Consultation on "Legal Tools for the Prevention of Female Genital Mutilation"**

### **Further recommend that:**

The Cairo Declaration will be officially presented to the Secretary-General of the United Nations and the presidents of the African Union and the European Union, as well as the Secretary-General of the League of Arab States and the Organization of Islamic Countries;

### **Finally,**

We agree to hold a follow-up meeting to be convened on the African continent in a year's time, to review progress achieved towards the implementation of the Cairo Declaration.

**Cairo, 23rd June 2003**

**Annex 2****Ministry of Health and population Decree  
No. (271) for year 2007**

Minister of Health and Population:

After the perusal of the law No. (415) for year 1954 pertaining to practicing the medical profession.

And reference to the law No. (51) for year 1981 pertaining to the organization management of medical facilities.

And reference to the presidential decree No. (242) for year 1996 pertaining to ministry of health and population management.

And reference to ministerial decree No. (261) for year 1996 pertaining to the banning of FGM.

**We Decided**

**Article (1):** All doctors, Nurses, or others health providers are banned from performing any cutting of any natural organ of female genitalia (Female Circumcision), whether in public, or private hospitals, or other facilities, and any person who will perform this practice shall be perpetrating all the laws and procedures that organize the ethics and codes of the medical professions.

**Article (2):** This decree should be published in the official papers and is valid as of 28-6-2007.

## **Annex 3**

### **Egyptian Medical Syndicate Statement**

Egyptian Medical Syndicate warns physicians from performing female circumcision (FGM) whether in hospitals, clinics, or homes due to the health negative implications (physically and psychologically) of the practice.

This statement is based on medical syndicate conferences recommendations in which prominent doctors and professors contributed to and participated in. The Syndicate warns perpetrators that they will be subject, to legal interrogations if they perform Female Genital Mutilation.

26 June 2007



**Annex 4****Bent Benban Declaration**

(22 - 6 - 2005)

**Background**

As a result of the community initiatives, the advocacy anti-FGM activities and the focus group discussions implemented by the FGM Free Village Model Project,

The community leaders of the village were able to create pressure groups,

thus raising awareness and sensitizing families on abandoning the long lived harmful practice of Female Genital Mutilation (FGM). Furthermore, the community leaders took the initiative of announcing "Bent Benban Declaration" for condemning FGM as a harmful practice in Nagei Abou Shawareb of Benban Village:

**Bent Benban Declaration**

(22 - 6 - 2005)

The Anti FGM Committee of Benban Village was established by the official and natural leaders in line with the objective of the project under the Patronage of

**H.E. Mrs. Suzanne Mubarak****(Chairman of the Technical Advisory Committee of the NCCM)**

and with support of general Samir Youssef, Aswan Governor and Ambassador Moushira Khattab, Secretary General of the National Council for Childhood & Motherhood (NCCM). The Anti FGM Committee of Benban Village is responsible to present to the community all the detriments of FGM in collaboration with the Egyptian Association for Community Initiatives and Development;

As a first step on the road to change we the community leaders of Nagei Abou Shawareb – Benban village pledge to prevent from now on this harmful practice in the local community due to its negative impacts;

Thus we pledge our full obligation toward preventing FGM and combating the practice in order to protect our girls and preserve their rights by raising them with the care and support they need;



**This pledge is signed by**

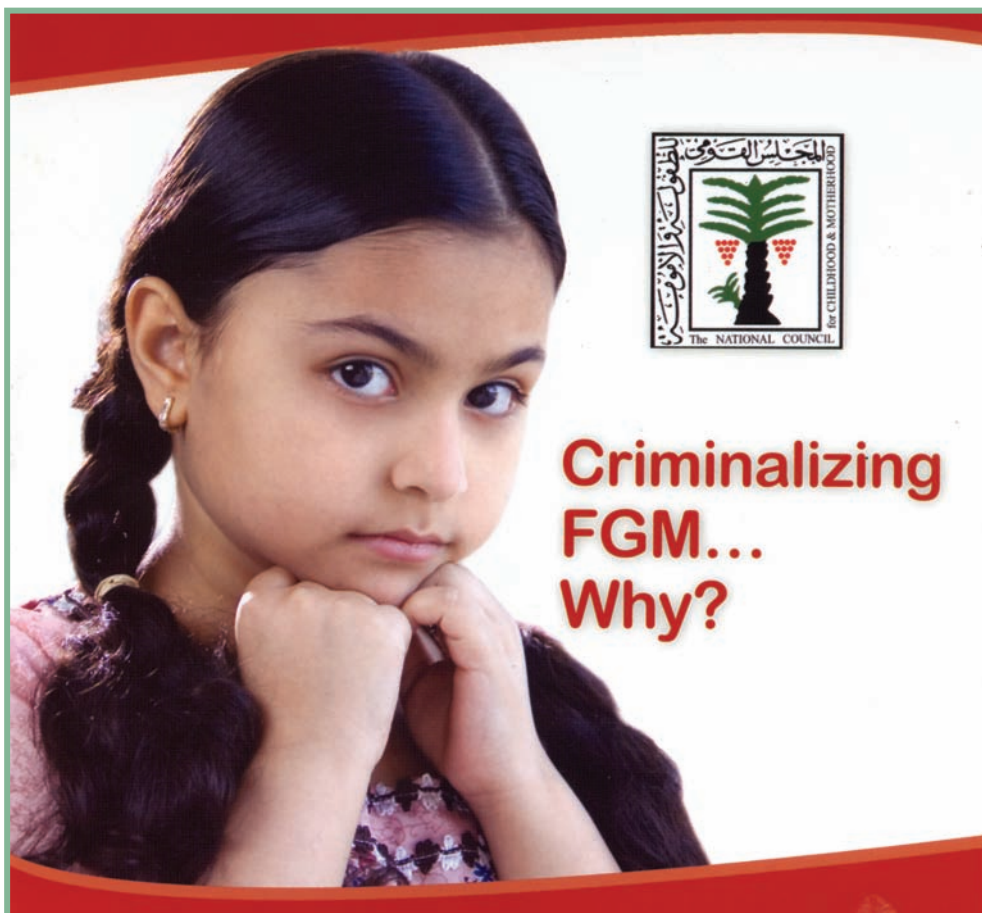
The Community Leaders from the village including religious leaders (Muslim & Christian), official leaders and women leaders.

In addition to the village leaders a number of concerned active youth members signed this document to reflect their active position against the harmful practice of FGM.



**Annex 5****Article criminalizing FGM****Criminalizing FGM ... By Law  
The article (242 bis) states that:**

“Without prejudice to any greater penalty prescribed by another law, shall be punished by imprisonment for not less than three months and not exceeding two years, or a fine of not less than one thousand pounds, and not exceeding five thousand pounds, any one who caused the injury which is punishable by Articles 241, 242 of the Penal Code, through performing female genital mutilation.”



## **Annex 6**

### **Conference Recommendations**

#### **Dar El-Ifta Conference on the Prevention of Mutilating the Woman's Body 22-23 November 2006**

1. God placed the human beings in the highest ranking, thus God prevented humans from performing all forms of violence against the human being despite his/her social status or gender (male or female).
2. FGM is an old traditional practice that appeared in some human communities and is practiced by some Muslims in a few areas, yet their continuation of the practice is based on socio-cultural beliefs as opposed to any religious grounds.
3. All forms of FGM practiced today results in bodily and psychological detriments, thus it should be prevented in order to apply the basic findings of Islam defined by Prophet Mohamed "No to all forms of Harm or Pain to the body and soul" and inflicting any form of harm is considered a clear violation that should be punished.
4. This conference calls all Muslims to stop this practice, in order to be in line with the Teachings of Islam that prevent all forms of harm on human beings.
5. The conference requests from the concerned Regional and International organizations to exert further efforts on educating the public on the health detriments of this practice in order to ensure that families will abandon FGM.
6. This conference confirms the important role that educational and media institutions should play in explaining extensively the detriments of FGM in a scientific way in order to support positively the abandonment of the practice.
7. The conference requests all legislative organizations to establish a law that criminalizes practitioners of FGM.
8. The conference requests from the international organizations to continue support countries that continue to suffer from FGM thus endorsing their abandonment of the practice.



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