



Ministry of State
for Population



The National FGM Abandonment Strategy 2016 - 2020



The National FGM Abandonment Strategy “2020 – 2016”



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- United Nations Population Fund (UNFPA)
- The United Nations Children's Fund (UNICEF)
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Introduction

The Egyptian society's fight against the practice of female genital mutilation (FGM) and reduction of prevalence rates among the younger generation of Egyptian girls compliments the constitutional and legal obligations of the Egyptian State for the advancement of the status of the Egyptian children, women, and family.

FGM is one of the most violent practices against Egyptian women's rights that deprive them from a healthy physical and psychological wellbeing, and furthermore a social upbringing that expounds on their value for freedom, integrity and protection from all harms and violations. At the same time, this violent practice also violates the rights of men and family right to a stable and satisfactory marital life.

State's commitment to the Constitution, law and international conventions on the protection of Egyptian woman's and girl's rights against all forms of violence

- Proceeding from Egypt's constitutional obligation to protect women and children against all forms of violence, where the Egyptian Constitution (2014) states in Articles 11 and 80:

Article (11): «The State shall ensure the achievement of equality between women and men in all civil, political, economic, social, and cultural rights in accordance with the provisions of this Constitution. The State shall take the necessary measures to ensure the appropriate representation of women in the houses of representatives, as specified by Law. The State shall also guarantee women's right of holding public and senior management offices in the State and their appointment in judicial bodies and authorities without discrimination. The State shall protect women against all forms of violence...»

Article (80): «Anyone under the age of 18 shall be considered a child. Each child shall have the right to a name, identity documents, free compulsory vaccination, health and family or alternative care, basic nutrition, safe shelter, religious education, and emotional and cognitive development. The State shall ensure the rights of children with disabilities, their rehabilitation and their integration in the society. The State shall provide children with care and protection from all forms of violence, abuse, mistreatment and commercial and sexual exploitation»

- Based on the FGM Criminalization Law, under Article (242-bis) of the Penal Code which states, «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, anyone who caused the injury which is punishable by Articles 241 and 242 of the Penal Code, through performing female genital mutilation», and
- In accordance with Egypt's commitment towards international conventions on the protection of human rights, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and Convention on the Rights of the Child, and Egypt's signing on the UN Resolution «Intensifying global efforts for the elimination of female genital mutilations» adopted by the UN General Assembly in December 2012.

The National FGM Abandonment Strategy comes to confirm the national and international commitments of Egypt, and complete the state's previous government and civil efforts to protect the basic health, psychological and social rights of Egyptian children, women and families.

The National Strategy aims to reduce the spread of FGM among future generations through:

- Implementation of law and ministerial decrees for preventing FGM and punishing practitioners.
- Supporting the government policies aimed at disseminating documented scientific, religious and legal information and facts helping to eliminate the legendary culture of FGM,
- Developing a system for monitoring and evaluating the FGM prevalence rates at the national level.
- Promoting a socio-cultural environment encouraging Egyptian families to denounce FGM.

1- A Situation Analysis Of Fgm In Egypt :

Cultural and Social Perspective

Female circumcision (or FGM) is the partial or total cutting of female external genitalia for reasons related to social customs and tradition.

It is scientifically well established⁶ that the cutting of external female genitalia, known as «female circumcision or FGM», involves mutilation of external genitalia as a result of the formation of fibrous tissue, scarring, adhesions and swelling, not to mention the lifetime different dysfunctions of the genitalia. On the psychological level, undergoing FGM is often remembered by most women as a bitter and traumatic experience, which most of them describe as «the black day». It represents a negative message delivered to women at an early age of childhood, implying that they are beings that cannot control their sexual desires by virtue of their conscience and religion, thus confirming non-positive ideas and stereotypes about themselves.

FGM is a very ancient practice deeply rooted in Egyptian history and culture. It is historically confirmed that the Egyptians practiced FGM in historical eras preceding the existence of monotheistic religions (Judaism, Christianity and Islam) in Egypt.

Regarding the explanation for the roots of FGM, the most historically-accepted assumption is that it is primarily a practice with African, non-religious (Islamic or Christian), roots. FGM was introduced to Egyptians through commercial and historical relations⁷ with the African regions practicing it. This is evidenced by the map showing the spread of FGM in the world. This map shows that this practice is still highly prevalent in African countries. There are nearly 28 countries, mostly located in the center of Africa, still practicing FGM to this day. These countries do not have one religion; some embrace Christianity, others embrace Islam, while some others practice traditional African rituals. This indicates that the original home of such practice is Africa and the traditions and rituals of its people. Not long ago, FGM spread to the United States, Canada, Europe and Asia as a result of the permanent migration from African countries and some Arab countries⁸ to these countries. Consequently, FGM now spreads among immigrants and their families.

The continuation of FGM throughout these centuries stresses its social and moral importance for many Egyptians. Several segments of the Egyptian society still believe that FGM is the primary means to protect a girl's chastity and family honor, and it is necessary to prepare the girl to enter the world of femininity, and preserve social relations and stereotypical roles of women and men in the family and then community.

⁶ According to WHO's definition.

⁷ It is likely that FGM was introduced to Egypt along with the Achaemenid Invasion of Egypt during the 26th Dynasty BC.

⁸ Arab countries that practice FGM are those countries located in Africa, such as Egypt, Sudan and Somalia or other countries which have commercial relations with Africa, such as Yemen.

Although there is no origin of FGM in the holy books of all monotheistic religions (Islam, Christianity and Judaism), the debate among its supporters and opponents has not ceased. Over time, FGM has acquired religious legitimacy deriving its real weight from the fact that its practitioners believe that it is important as a religious, moral imperative duty to be adhered to.

2- Key Features of FGM Practice

A) Prevalence rate of FGM in Egypt (2014)

The overall rate of FGM in Egypt for ever married women in the reproductive age group (15 - 49 years) is 92%, while it falls to 61% among young girls in the age group of 15 - 17 years. (According to the findings of the 2014 EDHS)

B) Age at which FGM is practiced

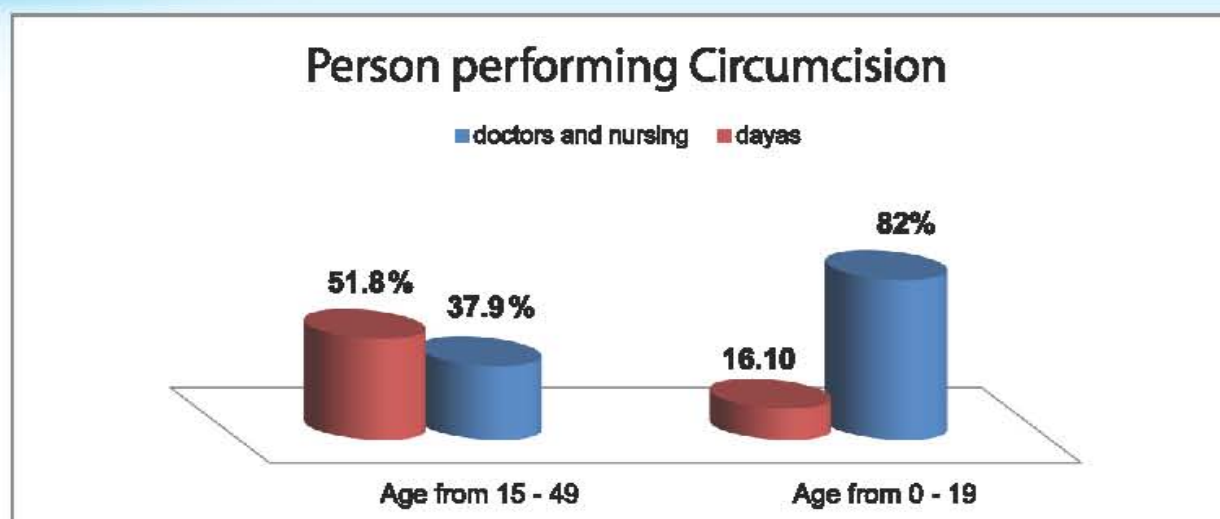
It is noted that more than 75% of FGM cases are performed on girls aged 9-12 years, 14% on girls younger than 7 years, and 3% on girls aged 13 - 20 years. This suggests that the majority of Egyptian families circumcise their daughters before the age of puberty, meaning that the average age at which the majority of FGM cases are performed is 10.5 years. Egyptian families do not practice FGM at earlier age, as they believe that if a girl is circumcised at such a young age (i.e, pre 6 years of age), she may need to be circumcised again when she grows up because of the growth of her genitalia.

Hence, it becomes clear that it is important to address families with girls since the birth of these girls, during their early stages of childhood, and it is also necessary to follow up on them, as mentioned earlier, until after puberty. It is also necessary to explain all the facts related to the anatomy, organ functions and importance of the external genitalia of both young girls and women.

C) Who performs FGM? (Medicalization of FGM)

By analyzing the findings of the 2014 Egyptian Demographic Health Survey (EDHS), a serious shift has been noticed in the performance of FGM from being practiced by traditional midwives to health providers (doctors and nursing staff). Only 37.9% of women in the reproductive age group (15 - 49 years) were circumcised by health providers, compared to 82% (for girls younger than 19 years old) were circumcised by health providers.

Such serious and continuous shift throughout the past twenty years, despite all the efforts represented in several ministerial decrees by the Ministry of Health to prohibit health providers from performing FGM, criminalization of FGM under law, education and training of doctors, etc., urges us to adopt new and strict strategies to address FGM medicalization phenomenon. Foremost among those strategies is activating the role of the Ministry of Health and Doctor's Syndicate in the control and follow-up of private clinics and government centers. In addition to the reinforcement of the popular and civil society role in reporting perpetrators of the law, as well as the role of the General Prosecution and judicial authorities to enforce the FGM Criminalization Act.



EDHS 2014

FIGURE 1

Increase in the rate of doctors practicing FGM among girls in the 0 - 19 age group

3. Key Breakthroughs for FGM Abandonment in Egypt

- The most influential modernization efforts of the Egyptian state, since two hundred years focused on increasing education rates in general, and girls' education in particular, and furthermore, increased cultural and social exposure to various communities and cultures that do not practice FGM, has led to the FGM abandonment by many Egyptian families of middle class professional backgrounds from the last century, especially those living in big cities.
- The beginning and mid-twentieth century witnessed efforts of pioneers in religion, humanities and medicine, speaking against FGM, such as Sheikh Rashid Rida, Al-Manar Magazine Editor-in-Chief, who based his opinion on Ibn al-Mundhir's statement «as far as circumcision is concerned, there are no Prophetic reports to be referred to nor Sunna to be followed» in 1904, and the honorable Sheikh Hassanein Makhlouf, Grand Mufti of Egypt, in 1949. In 1930s, the great thinker Salama Moussa⁹ wrote an article shedding light on FGM as a social problem and a violation of Egyptian women's constitutional rights.
- Dr. Ali Pasha Ibrahim, the first Dean of Qasr El-Aini Faculty of Medicine in the twenties, announced at a conference held in Cairo that he did not learn FGM nor teach it to his students, and he advised not to perform it, stating that it was not part of any approved medical doctrine.

⁹ Salama Moussa in his book titled «Banned Articles».

- The first intervention by the State on FGM was in the fifties of the last century, with the first decree of the Minister of Health in 1959 to prevent doctors from practicing FGM, and which was preceded by religious and medical committees to study and peruse the detriments of FGM and reach a clear consensus. At the same time, some religious attention was directed to the matter, such as the fatwas issued by the late Grand Sheikh of Al-Azhar Mahmoud Shaltout, as well as the writings of some well-known Christian clergy against FGM. The social and medical press¹⁰ also discussed the matter and clarified its seriousness to the reader. Then at the end of the seventies, the first field research on FGM from a social perspective was conducted by Ms. Marie Asaad, Renowned Sociologist.
- FGM has first been discussed from a scientific and a human rights perspective since the mid-nineties through: conducting the first national research within the 1995 EDHS issued by the Ministry of Health. The research explained that the prevalence rate of FGM among ever married women in the reproductive age group (15 - 49 years), was 97%. That was accompanied by an alarming shock caused by the presentation of a featured film on the US news agency, CNN, screening an Egyptian girl being circumcised in central Cairo on the morning of the International Conference on Population and Development (ICPD) hosted by Egypt in 1994. The responses of civil and political powers to the issue of FGM after ICPD (1994) differed; while the religiously and socially radical forces tended to politicize the issue of FGM, depicting it for the society as a matter of national and religious identity, the civil forces interested in human rights affairs presented it to the society as a violation of women's rights. Hence the National Anti-FGM Task Force was formed as a civilian group of researchers and specialists in the areas of health, human rights, human development, sociology etc. These civil forces have contributed to the production of a number of researches and studies that have discussed the issue of FGM from a comprehensive socio-cultural perspective, and not just a medical or religious one (as was the case in the past). This is in addition to the field work with civil society organizations and advocacy groups to gain support at the national level for establishing a social movement that encourages opinion leaders and the media persons to adopt and advocate against FGM.
- **A national FGM abandonment programme (FGM Free Village Model Program) has been on the agenda of the Egyptian state since 2003.** The programme was implemented by the National Council for Childhood and Motherhood. Then the programme's objectives were expanded under the Ministry of State for Family and Population's to a National FGM Abandonment and Family Empowerment Programme in 2009. Currently, the programme is executed by the National Population Council at the Ministry of State for Population.
- The programme demonstrates a model for cooperation between different concerned line ministries, civil society and international organizations to address FGM from a comprehensive socio-cultural perspective, and coordinate between the various efforts to maximize results and achieve the program goals and objectives.

- The programme addresses a number of integrated legal, community based and media strategies, including: interventions at grass root level to combat FGM in Egyptian villages through partnerships with NGOs and local leaderships, and mainstreaming health, social, educational and cultural initiatives and services that formulates a public opinion against FGM in each village.
- Creating a public opinion against FGM through a comprehensive media and information strategy and intensive media campaigns that respond to community inquiries from a comprehensive perspective (medical, religious, social and legal). The campaigns include all media tools (e.g. press, radio, television, social media, and outdoor boards in public spaces).
- Addressing the FGM medicalization phenomenon through providing doctors in health units located in rural areas with scientific and medical information on FGM, and training them to offer counseling for Egyptian families to prevent FGM. This is in addition to effectuating the ministerial decrees forbidding health service providers from practicing FGM, and enforcing FGM Criminalization Law on perpetrators.
- Enforcing FGM Criminalization Law.
- Encouraging volunteerism of both young men and women and forming youth pressure groups within the educational and cultural organizations to change the false prevailing beliefs on FGM among the fathers and mothers of the future, depending on the peer to peer education (youth to youth) approach.
- Coordinating national efforts with line ministries, civil society and the media to ensure that the strategies of FGM Abandonment are mainstreamed in their relevant programs.

The programme has succeeded to present a model for government, civil society and international organizations partnership and an umbrella for coordination between them in the fight against FGM. Since its commencement in 2003, the programme has played a key role in achieving the following results:

a) Significant fall in the national indicators of FGM prevalence among the new generations of girls.

A significant decrease in FGM prevalence rates in the 15-17 age groups, according to the findings of the 2014 EDHS. The survey showed that FGM among girls 15-17 years reached 61% compared to 74% in 2008 for the same age group.

b) Criminalization of FGM in Egyptian law in 2008 (Article 242 bis of the Penal Code).

In 2013, the Supreme Constitutional Court sustained FGM Criminalization Law, and turned down the lawsuit filed by some religious hardliners to revoke FGM Criminalization Law in 2008.

c) Breaking the media silence and taboo of FGM

- FGM has remained one of the taboos in Egyptian media, especially the national television, for a long time. That is why the FGM Abandonment Programme executed a number of media campaigns that have contributed to breaking the media silence on FGM and disseminating documented information and knowledge among large segments of the Egyptian society against the practice.
- The media people were provided with documented scientific information and facts about the detriments of FGM. This encouraged the launching of influential media initiatives, which responded to the attempts to cancel the FGM Criminalization Law by some Parliament members belonging to political Islam groups in 2012.
- TV info-mercial campaign (Public Service Announcements) produced in 2014 to reflect the change in Egyptians' attitudes and experiences with regard to FGM abandonment, through live testimonials and real success stories. The FGM Criminalization Law has been so important, and media campaign supported positive responses in reporting any case of FGM.

d) Anti-FGM social movement

The groundwork of the National FGM Abandonment Programme in 160 Egyptian villages has contributed to forming grassroots groups (from young men and women, Muslim and Christian clergy, doctors, and public and civil leaders) rejecting FGM practice. These groups express their position openly in the villages by issuing an anti-FGM Public Declaration that is signed and adhered to by large groups with the support and encouragement of public and local leaders. Approximately 76 villages so far have been declared to be against FGM. Moreover, work within educational institutions has contributed for addressing and involving new generations of girls and boys who are able to combat such practice and change the misconceptions among their communities and families.

e) Islamic and Christian Religious Discourse against FGM

The Egyptian Dar Al-Ifta announced a decisive stance (Official Fatwa) prohibiting the practice of FGM in 2007. In the same year, Al-Azhar's Islamic Research Complex issued a statement in which it explained the Islamic position against the practice of FGM that violates the rights of young girls. The Coptic Orthodox Church in Egypt also confirmed its official position against the practice of FGM, as it violates the dignity and body of young girls, and confirming that Christianity does not contain any text that mentions FGM.

f) Active movement among the youth

A voluntary movement spreads among young men and women in many educational, cultural and artistic institutions to propagate a culture rejecting and refuting FGM among youth groups.

FGM after January 25th Revolution of 2011

After January 25th Revolution, all social issues, including that of fighting FGM, witnessed a drop in political and media attention as a direct result of the transitional period the country experienced. All the attention was focused on the immediate political issues. Simultaneously, some voices of the political Islam wave began to call for the abolition of the FGM Criminalization Law in the Egyptian Parliament in 2012. Some political parties belonging to the same groups encouraged people in villages to practice FGM and facilitated the means to perform it. This led to the rise of civil, media and institutional resistance against this back lash. Such resistance took the form of:

- Community movement against counter attempts that encouraged FGM in some villages, especially in Upper Egypt, were refuted by some community members who reported these incidences.
- Expanding media programs on the privately owned channels, press coverage and social networking sites on the Internet to reject the attempts to repeal the anti-FGM law and return to point zero again.
- Petitions, statements and stances by civil societies and women's and human rights groups were made against FGM.
- Legal, media and local follow-up by the FGM Abandonment and Family Empowerment Programme of FGM cases reported by local communities. This is in addition to an official position adopted by the National Population Council/FGM Abandonment and Family Empowerment Programme to reject attempts to repeal the anti-FGM law and promote it.
- Issuance of a statement by the Egyptian Society of Obstetrics and Gynecology in partnership with the FGM Abandonment and Family Empowerment Programme, rejecting attempts to pass legislation from the Parliament to allow practicing FGM by doctors. The statement was signed by Renowned Obstetricians/Gynecologists as well as civil societies in different governorates.
- Issuance of a verdict by the Supreme Constitutional Court in February 2013, dismissing the lawsuit filed by some religious hardliners to repeal the FGM Criminalization Law, as well as the Minister of Health's decision to prevent practicing FGM by doctors.

4. Anti-FGM Strategies since Mid-Eighties

Strategy/Nature of the Subject	Main Target Groups	Mechanisms
<i>Health and religious perspectives (health risks - FGM is not among the Islamic or Christian teachings)</i>	<i>Mothers and girls</i>	<ul style="list-style-type: none"> • <i>Direct communication through field programmes of the government and NGOs.</i>
<i>Gender inequality</i>	<i>NGOs, experts in sociology, human rights, and media and information, and doctors</i>	<ul style="list-style-type: none"> • <i>Research</i> • <i>Specialized studies</i> • <i>Conferences and workshops</i> • <i>Mass media</i>
<i>Violence against women</i>	<i>NGOs, Sociologist, human rights advocates, and media personnel, and doctors</i>	<ul style="list-style-type: none"> • <i>Research</i> • <i>Specialized studies</i> • <i>Conferences and workshops</i> • <i>Mass media</i>
<i>Violence against children</i>	<i>Children themselves, mothers and fathers, NGOs and child rights experts</i>	<ul style="list-style-type: none"> • <i>Direct communication with various groups</i> • <i>School and community Education activities</i> • <i>Specialized studies</i> • <i>Conferences</i> • <i>Mass media</i>
<i>Legal and administrative</i>	<ul style="list-style-type: none"> • <i>Jurists (public prosecution members, judges and lawyers)</i> • <i>Medical institution (medical schools and the Ministry of Health)</i> • <i>NGOs</i> • <i>Experts in the field of women's and children's rights</i> 	<ul style="list-style-type: none"> • <i>Direct communication with various groups</i> • <i>Specialized studies</i> • <i>Specialized workshops and conferences</i> • <i>Mass media</i>
<i>Reproductive health</i>	<i>Medical institution, NGOs and mothers and girls</i>	<ul style="list-style-type: none"> • <i>Direct communication with various groups</i> • <i>Specialized studies</i> • <i>Specialized workshops and conferences</i> • <i>Mass media</i>

5. Change of Indicators

A. Slight fall (ever married women 15 - 49 years age group) from 96% in 2005 to 92% in 2014.

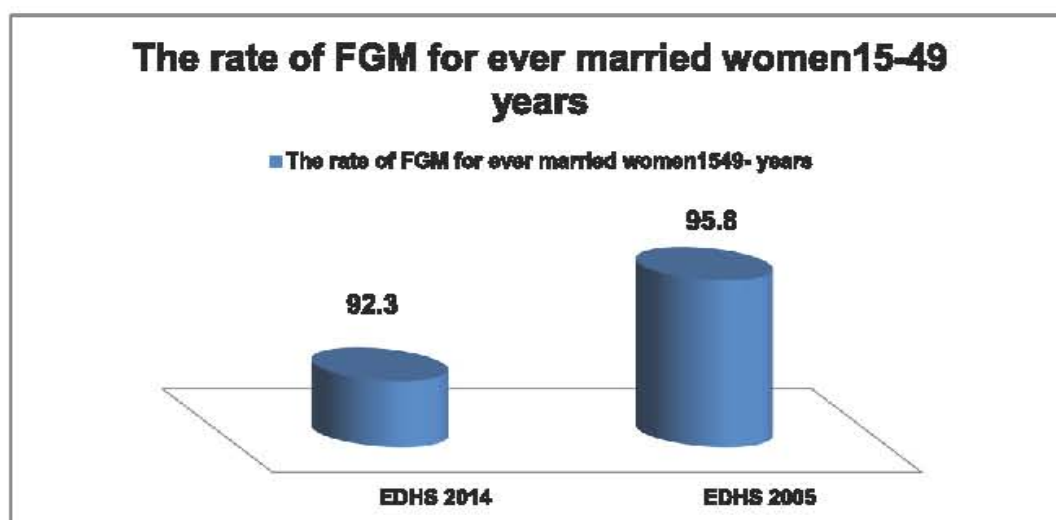


FIGURE 2

B. Fall in FGM prevalence rates among younger age groups

FGM witnessed a significant decline among the 15 - 17 year girls age group. The 2014 EDHS stated that FGM prevalence rate in this age group dropped by 13.3% between the period 2008 - 2014, while it remained constant for the ever married women 15 - 49 years age group. This suggests that the FGM practice will gradually decrease with time from generation to generation among young girls. The overall rates for ever married women will fall when the women over 35 years will reach 50 years and fall out of the sample of ever married women.

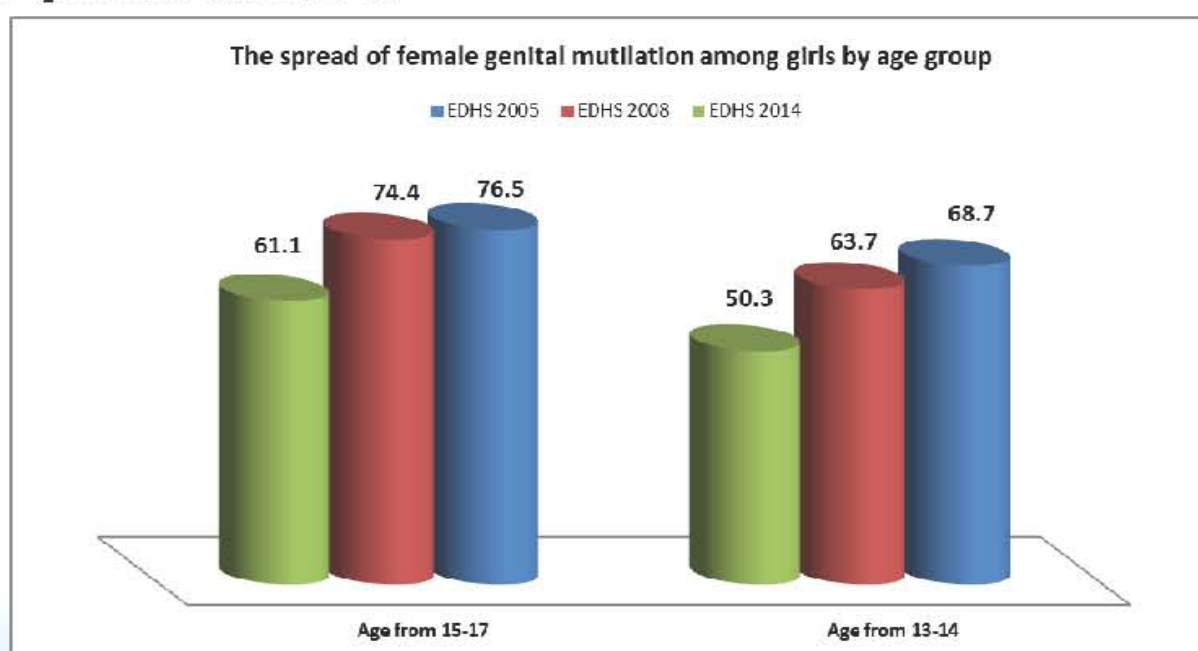


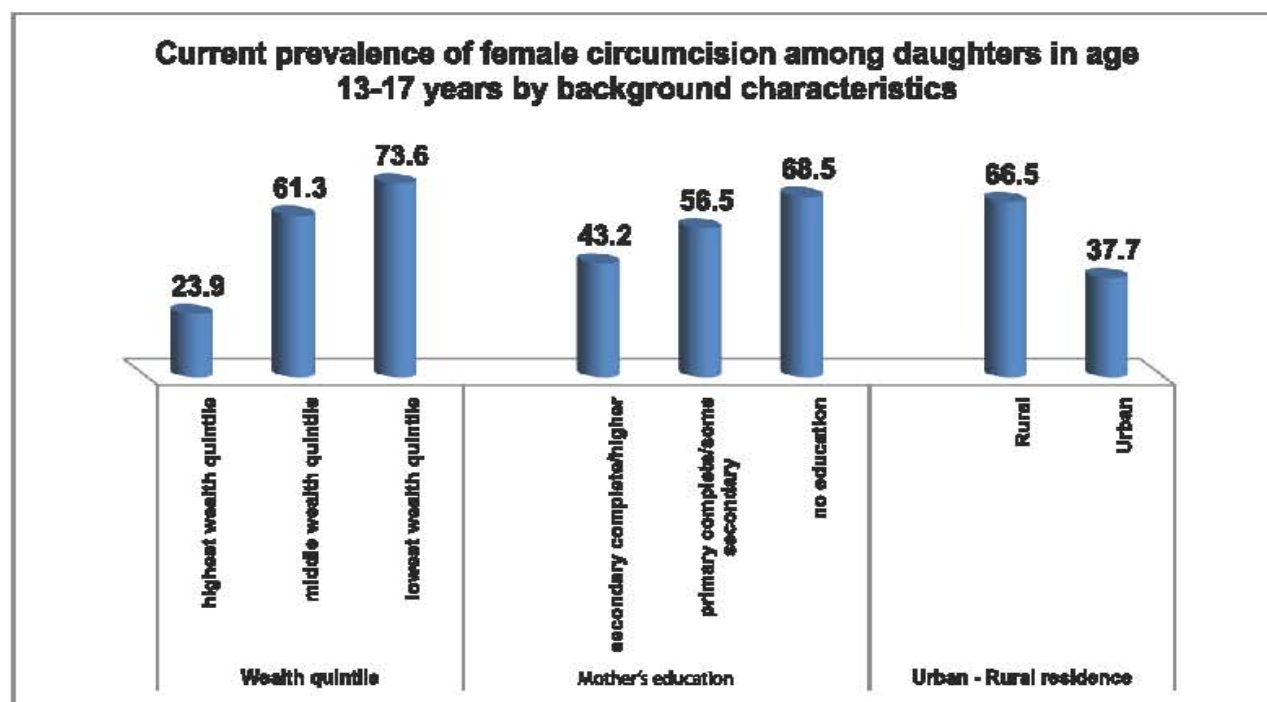
FIGURE 3

The importance of the sample of girls 15 - 17 years finds extensive media focus for the following reasons:

- Average Age for undergoing FGM rarely exceed 15 years thus the probability of girls being circumcised then is highly unlikely. Age of circumcision according to EDHS 2014 10.5 year (average).
- This generation reflects the change and impact of national anti-FGM campaigns, education and civil society interventions.

C. FGM prevalence rates fall proportionately with improved human development indicators for education and socio- economic standards)

The findings of the 2014 EDHS confirms that FGM prevalence rates in the 13 - 17 age group significantly vary in rural and urban areas (66.5% and 37.7%, respectively), a difference of about 29%. As for education, FGM prevalence rate is 43.2% among highly-educated mothers and 68.5% among illiterate mothers, i.e., a significant difference of 25%. With regard to the average family income indicator, we find that the FGM prevalence rate falls by about 50% among high-income families (23.9%) compared to low-income families (73.6%).



EDHS 2014

FIGURE 4

There is a direct relationship between FGM and human development indicators, especially with regard to education, and socio-economic situation.

Therefore, combating FGM requires integrated programmes that include a package of interventions and development services that focus on quality education packages that stress and praises the rights of the girl child, and not just single dimension awareness messages that expounds on the risks and complications of FGM.

D. Attitudes of men and women about the continuation of FGM; young peoples are more positive about stopping such practice

The findings of the 2014 EDHS show that 58% of women in the 15 - 49 years age group support continuation of the FGM, while 31% of women support stopping it. As for men, the average rate of those who support the continuation of FGM is 50%, while 25% of men are in favor of stopping it, as indicated by their wives in the 15 - 49 years age group.

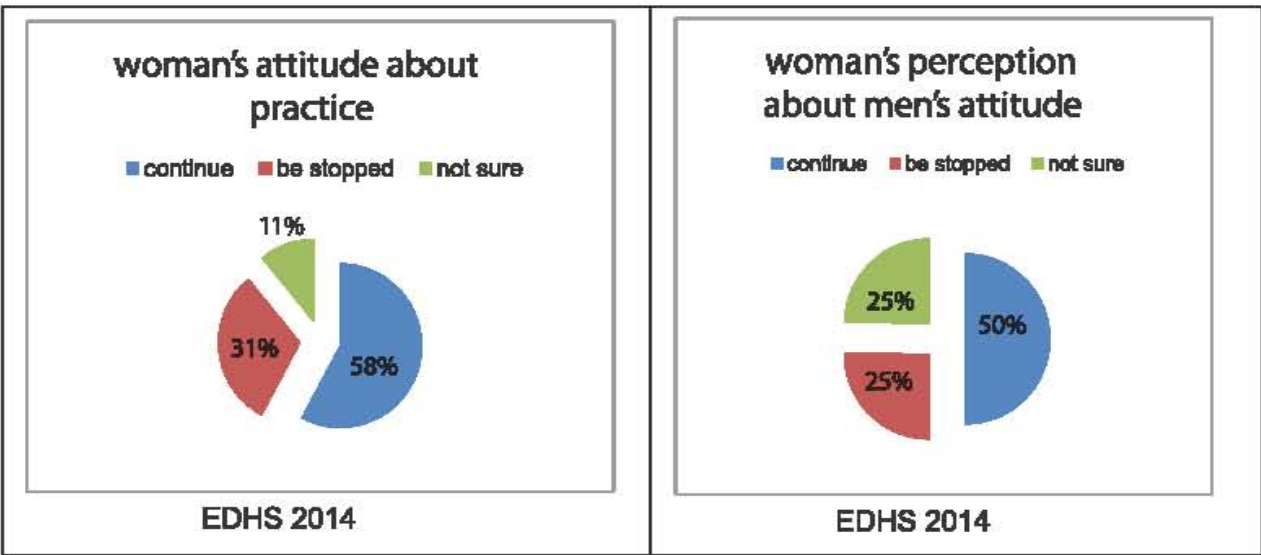


FIGURE 5

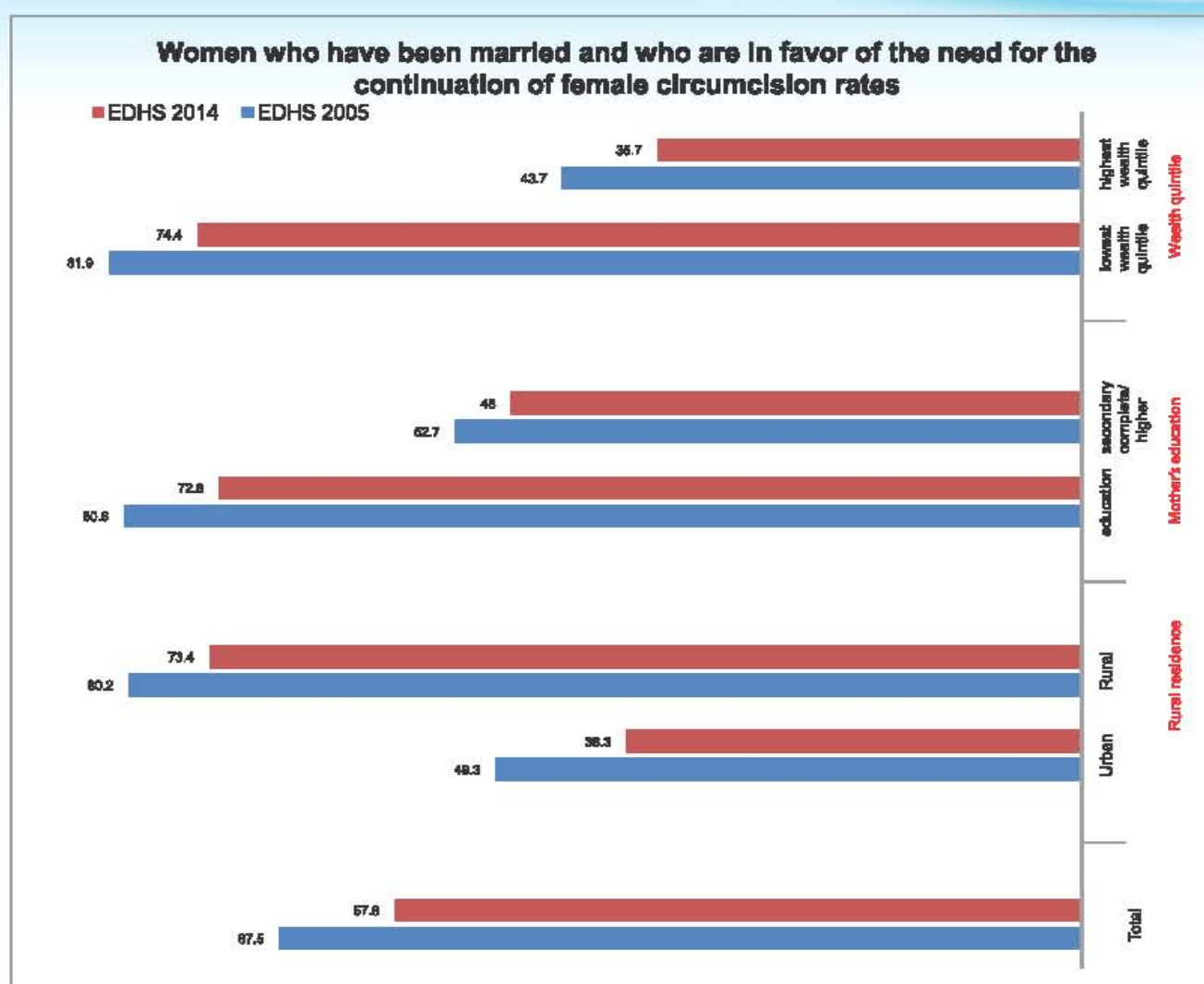


FIGURE 6

E. Main Sources of information on FGM

Television is the main source of information on FGM for both women and men (aged 15 - 49 years). Furthermore, 74.1% of women acquire their knowledge and information from television, while 41% get information from their husbands and relatives (according to the findings of the 2014 EDHS)

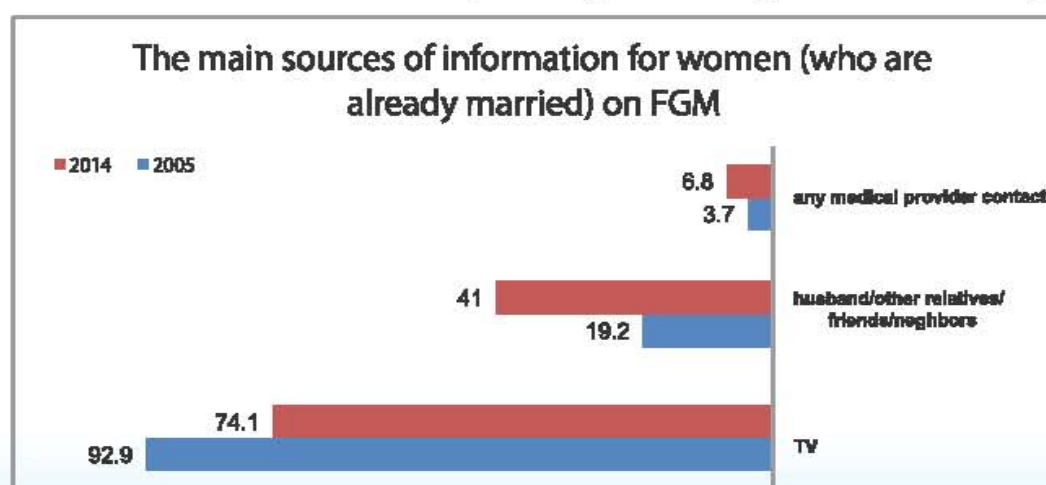


FIGURE 7

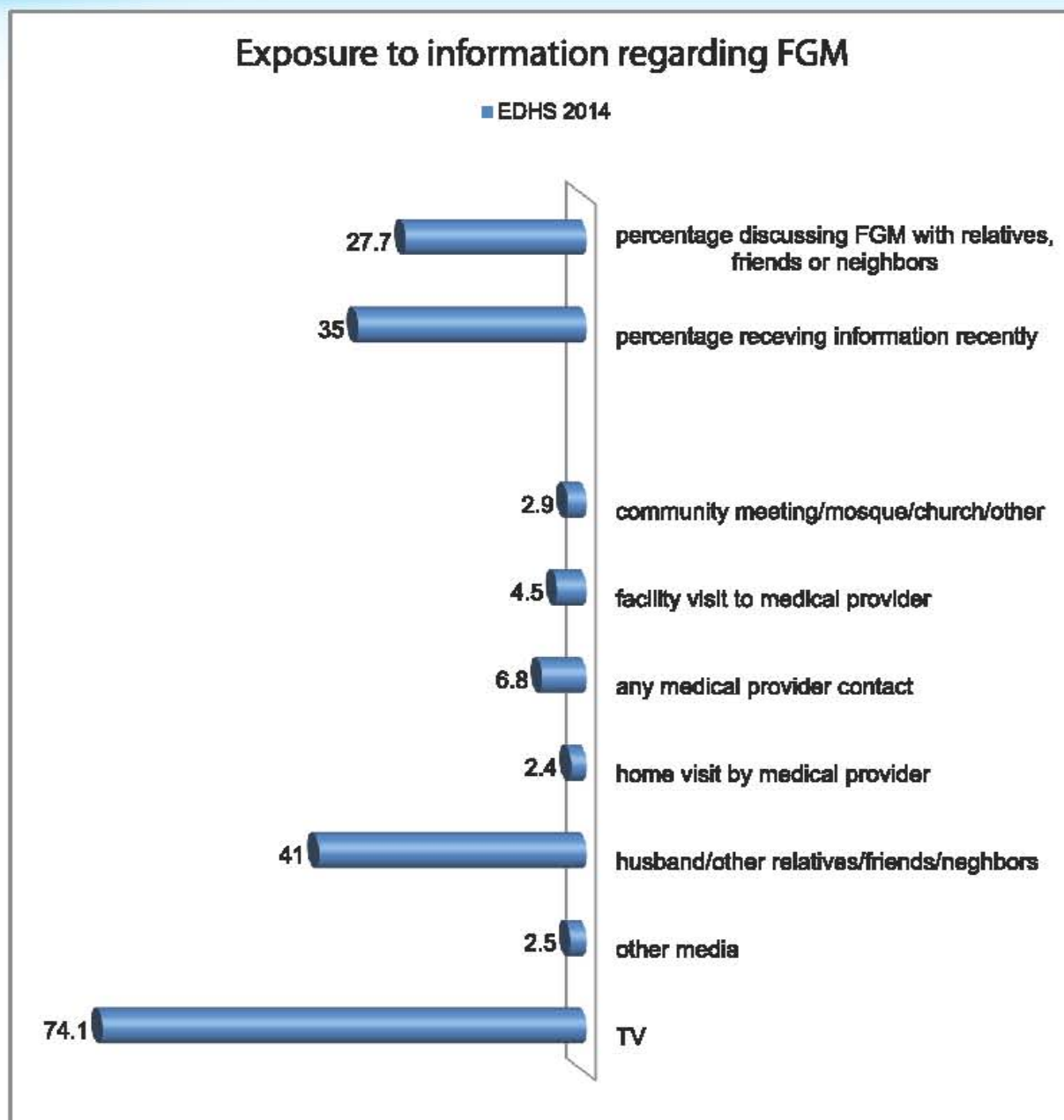


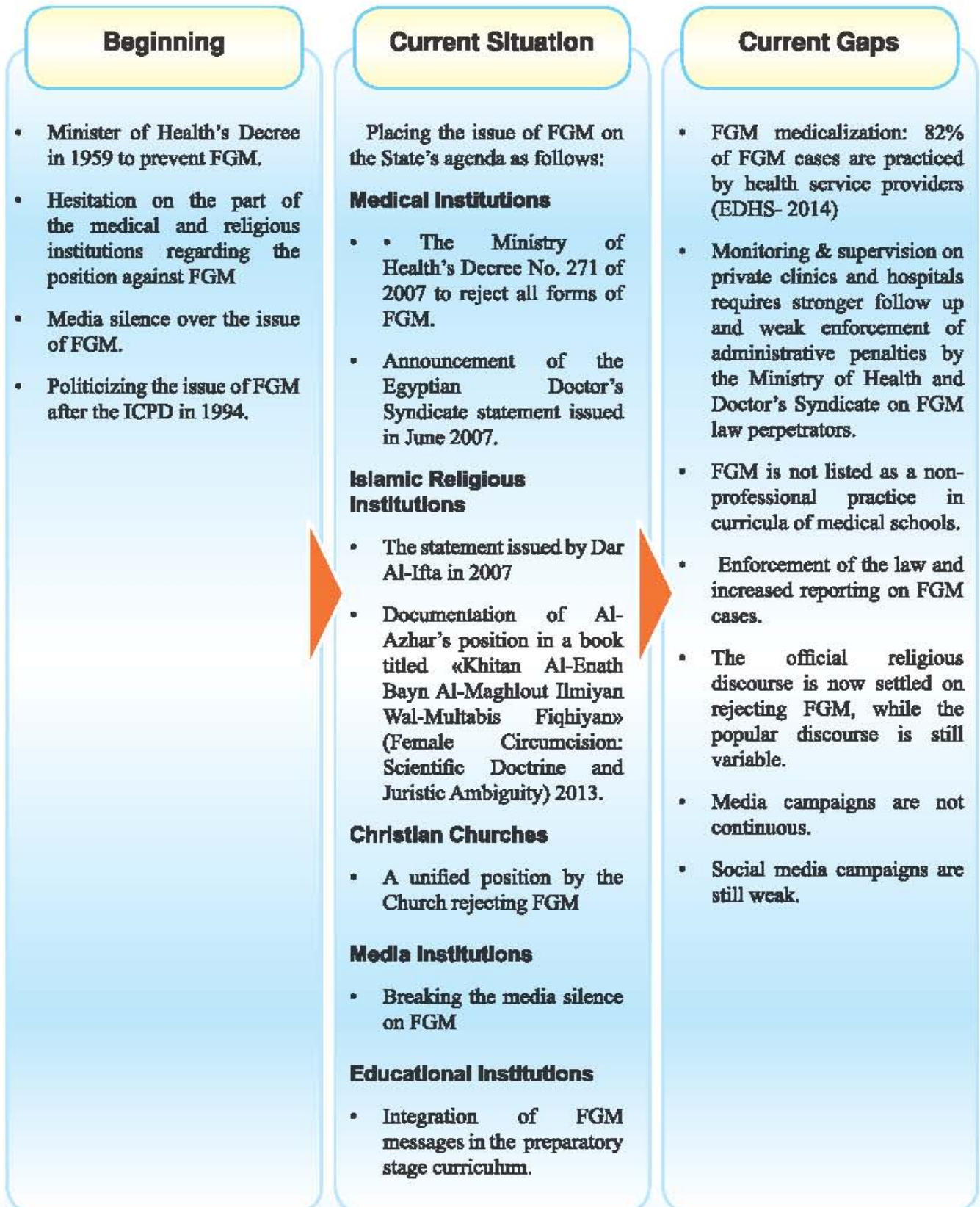
FIGURE 8

Sources of information on FGM

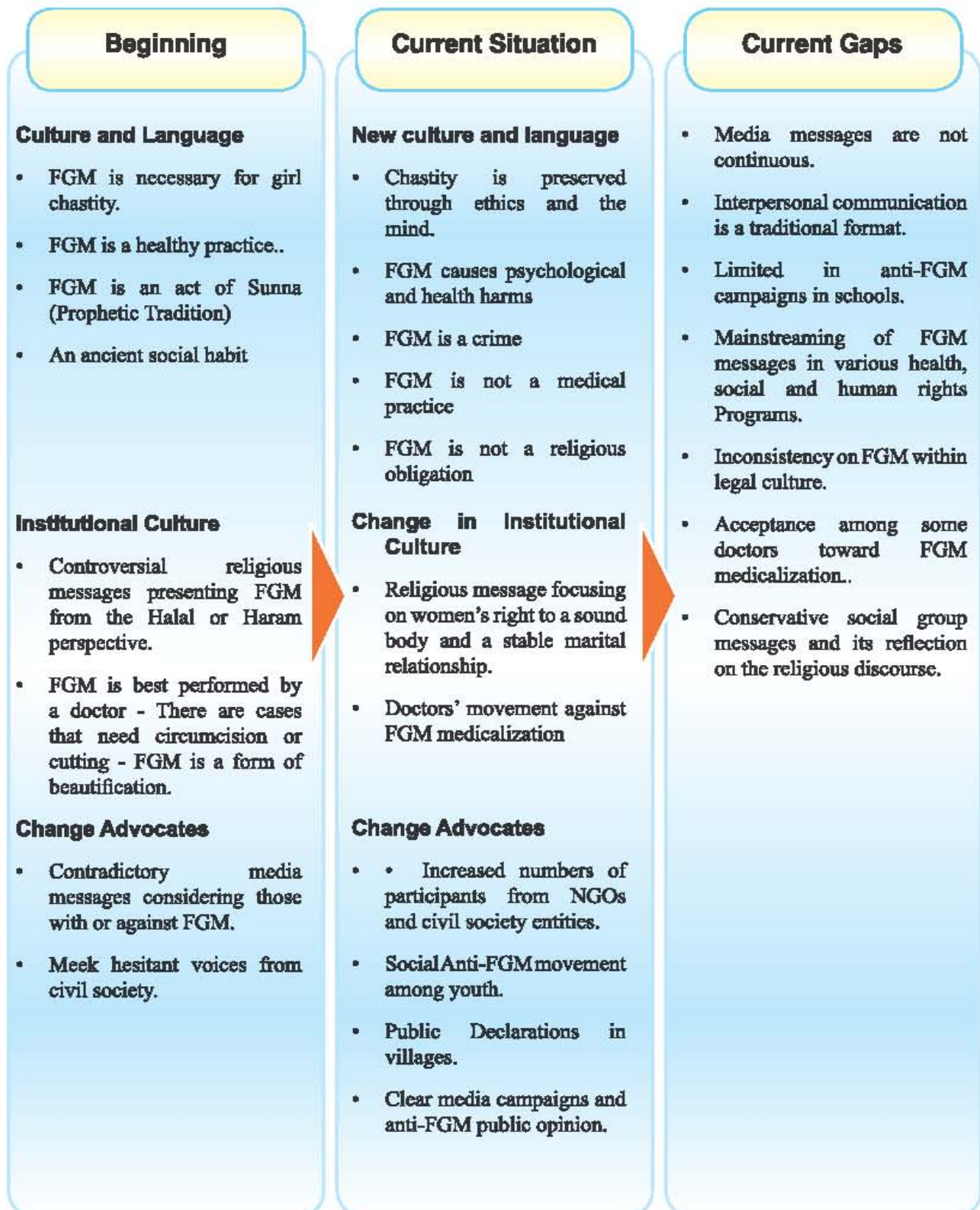
The above figures indicate the significant role of television as the first, and easiest mass media tool for delivering all the required messages.

6- Key Achievements and Gaps

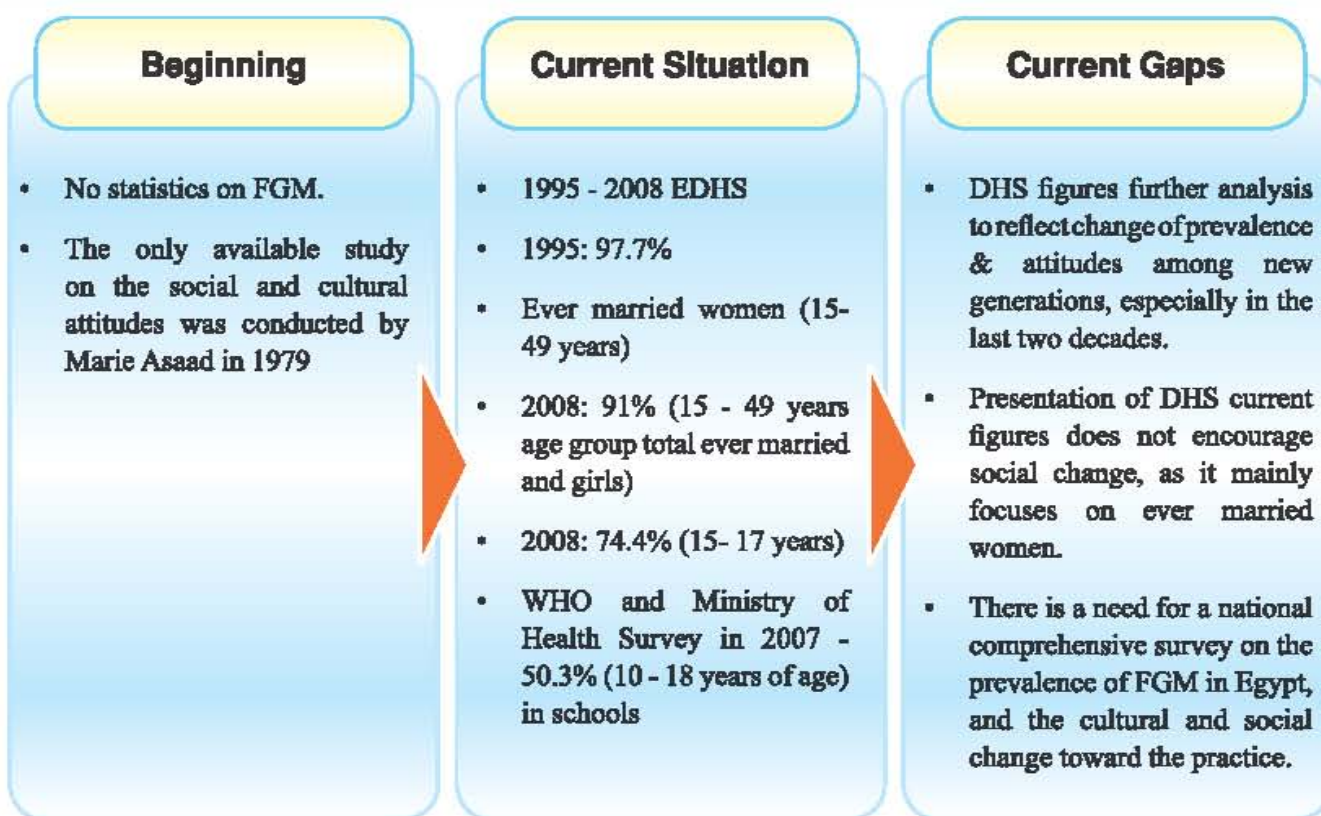
A. Institutional change



B. Socio-cultural Change



C. Change in Follow-up and Evaluation



BASIC GUIDELINES OF THE NATIONAL STRATEGY

Based on the above mentioned situation analysis of FGM in Egypt, the future program will focus on enhancing cultural and social strategies according to the following concepts:

Ensuring that the issue of FGM is a cultural and social one, not a religious or health issue, solely

FGM is a traditional practice with diverse social dimension; most notably it maintains stereotypical social relations and roles of women and men inside the family and society. It is also a practice supported by a legendary masculine, unscientific and discriminatory culture par excellence. It is particularly widespread in the rural areas and has a (traditional Islamic and Christian) religious cultural cover. In the last two decades, it received political support from Islamic fundamentalist conservative groups.

The various state educational, religious, legal and media organizations) play a pivotal role either by: (a) supporting FGM through following the mid-way indecisive approach of holding the «stick in the middle», or even following the unspoken of «silence» approach, or (b) or to enable Egyptian families to take a clear sound decision to abandon circumcising their daughters via the dissemination of enlightening scientific and religious cultural answers against superstitions, and furthermore, enhance law enforcement against perpetrators.

After understanding the nature of the subject, analyzing it and perceiving the relative results achieved in the previous period, we come to shed more light on the overall objective of the strategy and role of the implementation partners.

Overall Strategy Objective

Reduce the FGM prevalence rates by 1015%- among the new generations in the 019- age group at the national level, through supporting the political, social and cultural climate to enable the Egyptian family to take a decision not to get their daughters circumcised.

Key Strategies:

1. Enforce the FGM Criminalization Law and the relevant ministerial decrees related.
2. Continue Strengthening and enhancing socio-cultural environment that supports the rights of children, women and hesitant families.
3. Develop information systems that monitor and evaluate family empowerment and FGM abandonment programmes.

Key Partners

National Partners:

- Ministry of State for Family and Population's FGM Abandonment and Family Empowerment Programme
- General Prosecution
- Ministry of Justice
- Ministry of Health
- Ministry of Interior
- Ministry of Education
- Ministry of Awqaf
- Al-Azhar
- Dar Al-Ifta
- Egyptian Church
- Ministry of Higher Education
- Media
- The National Council for Women
- Civil Society and NGOs

International Partners:

- United Nations Development Programme (UNDP)
- United Nations Population Fund (UNFPA)
- United Nations Children Fund (UNICEF)
- UN-Women
- European Union (EU)
- Swedish Government

Logical Framework

FGM Abandonment and Family Empowerment Programme

Impact (long-term result)

Reduce FGM prevalence rates by 10 - 15% among the new generations in the 0 - 19 years on the national level, through a supportive political socio-cultural environment that enables Egyptian families to abandon FGM.

OUTCOME I: ENFORCEMENT OF FGM CRIMINALIZATION LAW AND MINISTERIAL DECISIONS RELATED THERETO

Overall Outcome (1): Executing National Policies, Legislations and International Conventions that confirm FGM abandonment and law enforcement of FGM criminalization against perpetrators, or associates performing practice shall be held accountable.

Interim results or outputs:

- (1.1): Operationalization of mechanisms to enforce the FGM Criminalization Law, and accountability of those responsible for or performing it, in cooperation with the General Prosecutor's office.
- (1.2): Operationalization of the Ministry of Health's regulations and decrees⁶ on Supervision and Inspection Sector on private health facilities, as well as the Doctors' Syndicate statement⁷ to ban physicians who practice FGM.
- (1.3): Commitment to international conventions combating FGM, ensuring that ministerial decrees and policies conform to them. This is in addition to documenting local and international related reports.

OUTCOME II: SOCIO-CULTURAL ENVIRONMENT SUPPORTIVE OF THE RIGHTS OF CHILDREN, WOMEN AND HESITANT FAMILIES

Overall Outcome (2): A sustainable positive public opinion supporting the rights of the Egyptian girl thus protecting them from FGM.

Interim results or outputs:

- (2.1): Launch of the FGM abandonment and family empowerment media strategy, reinforcing its implementation mechanisms.

⁶ Ministry of Health and Population's decrees in 1996 and 2007.

⁷ Doctors' Syndicate statement in 2007

- (2.2): Promotion of partnership with the religious institutions and clergy to continue raising awareness against FGM, gender discrimination and domestic violence practices.
- (2.3): Positive change in the prevailing community culture and consolidation of anti-FGM values in communities through partnerships with civil society organizations.

OUTCOME III: DEVELOPMENT OF MONITORING AND EVALUATION SYSTEMS FOR FAMILY EMPOWERMENT AND FGM ABANDONMENT PROGRAMMES

General Outcome (3): Institutionalization and mainstreaming a system for monitoring and evaluating FGM Abandonment and Family Empowerment Programmes ensuring the quality and timeliness of results achieved.

Interim results and outputs:

- (3.1): Availability and circulation of documented and updated information to feed evidence-based policies, informed media campaigns and academia, and support community outreach programmes on FGM detriment and family empowerment approaches.
- (3.2): Development of a comprehensive national survey to measure the FGM prevalence rates in the 019- years age group and the extent of knowledge and trends of the local community and institutions concerned with FGM and related topics.
- (3.3): Evaluation of phase II of FGM Abandonment and Family Empowerment Programme, as well as sharing of the results with the concerned parties to ensure that the principles of transparency and accountability are upheld.
- (3.4): Launch of a community monitoring mechanism by NGOs, civil society and women groups to monitor the size of the practice and support family empowerment interventions.
- (3.5): Development of a follow-up and evaluation system to measure performance progress and achievement of the results of the FGM Abandonment and Family Empowerment Programme.

First Component: Issuance, Amendment and Enforcement of Policies and Laws

General Outcome (1): Executing National Policies, Legislations and International Conventions that confirm FGM abandonment and law enforcement of FGM criminalization against perpetrators, or collaborates performing practice shall be held accountable.

Indicator 1 (a): The number of reported FGM cases.

Indicator 1 (b): The rates of private clinics and health facilities violating the FGM Criminalization Law.

Indicator 1 (c): The low number of negative remarks related to fighting FGM in the international reports of Human Rights Conventions, CEDAW and the Convention for the Rights of Children (CRC).

Expected Results	Expected Results	Source of Information	Partners	Assumptions and Risks
Interim Result or Output (1.1): Operationalization of mechanisms to enforce the FGM Criminalization Law, and accountability of those responsible for or performing it, in cooperation with the General Prosecutor's office	<ul style="list-style-type: none">• Precision of legal texts and legislation criminalizing FGM <p>- Current situation: The legal texts criminalizing FGM need revision.</p> <p>- Target: To conduct a legal study to review the power of legislative text six years after its issuance.</p>	<ul style="list-style-type: none">• National laws and legislations against FGM• Legislations and legal texts published in the Official Gazettes	<ul style="list-style-type: none">• Forensic Medicine Department of the Ministry of Justice• General Prosecution• United Nations Development Programme (UNDP)• United Nations Population Fund (UNFPA)• European Union• Swedish Government	<ul style="list-style-type: none">• Political will and government commitment• Effectiveness of the judicial system• Non-concealment of the practice of FGM and easy access to its practitioners, perpetrators or collaborators

	<ul style="list-style-type: none"> • How far the perpetrators of the crime of FGM are held responsible <ul style="list-style-type: none"> - Current situation: Law is enforced in few cases - Target: To increase the number of referrals to courts of the perpetrators of FGM. • Increase the number of educational campaigns addressed to the judicial community regarding the enforcement of FGM criminalization laws and legislation <ul style="list-style-type: none"> - Current situation: Implementation of training programmes for members of the general prosecution and forensic medicine personnel. - Target: To increase the number of referrals to courts of the perpetrators of f To increase these programmes nationwide and include the anti-FGM component in the ongoing training programmes for members of judicial bodies 	<ul style="list-style-type: none"> • General prosecution's records of FGM practitioners or collaborators. • Reports of human rights groups, NGOs, and civil society. • Educational campaigns reports • Focus group discussions and in- depth meetings with health service providers in the targeted areas 	<ul style="list-style-type: none"> • General Prosecution • Police stations • Ministry of Justice (Forensic Medicine/ Justice) • Ministry of Interior • Ministry of Health • General Prosecution 	
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Activities <ul style="list-style-type: none"> 1.1.1.1 Conduct a legal study to review the power of legislative text six years after passing FGM law. 1.1.1.2 Deliver (4) educational campaigns about anti-FGM laws, policies and legislations and the necessity to report those who practice FGM. 1.1.1.3 Hold (10) training workshops for law enforcement officials to enforce and execute FGM Criminalization Law. 1.1.1.4 Print the laws criminalizing FGM in the form of booklets and distribute it to clinics and health units under the follow-up of the Doctors' Syndicate and NGOs. 1.1.1.5 Hold community awareness sessions to encourage the local community to report cases involving actual or intended FGM practice. 				
Interim Result or Output (1.2): Operationalization of the Ministry of Health's regulations and decrees on Supervision and Inspection Sector of private health facilities, as well as the Doctors' Syndicate statement to ban physicians who practice FGM	<ul style="list-style-type: none"> Clarity and enforcement of Ministry of Health regulations and the Doctors' Decree - Current situation: Doctors' Syndicate's statement is not operative. - Target: To issue an approved procedural regulation by the Doctors' Syndicate to ban FGM The number of reports of FGM cases against doctors in private medical facilities - Current situation: 5 reports. - Target: an increase by 200%. 	<ul style="list-style-type: none"> Medical Syndicate's free treatment regulations 	<ul style="list-style-type: none"> Medical Syndicate Ministry of Health's Private Supervision and follow up Sector NGOs United Nations Development Fund (UNDP) United Nations Population Fund (UNFPA) European Union Swedish Government Gesellschaft für Internationale Zusammenarbeit (GIZ) UNICEF 	<ul style="list-style-type: none"> Cooperation between Medical Syndicate and Ministry of Health. Supervision of Private Clinics and Hospitals Sector compliance with regulations and laws. Operationalization of mechanisms to monitor the implementation Ministry of Health Decrees and activate laws that criminalize FGM.

Activities <ul style="list-style-type: none"> 1.2.1 Study the Doctors' Syndicate's regulations and laws and review the Supervision on Clinics Sector procedures. 1.2.2 Issue a procedural regulation by the Doctors' Syndicate to clarify their position against FGM. 1.2.3 Issue a procedural regulation by the Supervision on Private Health Facilities Sector stating the punitive steps resulting from the activation of the FGM Criminalization Law. 				
Interim Result or Output (1.3): Commitment to international conventions combating FGM, ensuring that ministerial decrees and policies conform to them. This is in addition to documenting local and international related reports	<ul style="list-style-type: none"> The number of international committees' remarks against FGM <p>Current situation: 3- 4 remarks.</p> <p>Target: Decrease in remarks by 50%.</p> <ul style="list-style-type: none"> The number of countries that have benefited from the Egyptian anti-FGM model in planning their programmes and policies <p>Current situation: 3 countries.</p> <p>Target: 4 -5 countries</p>	<ul style="list-style-type: none"> The reports of the Commission on Human Rights, Committee on the Rights of the Child (CRC), and the International Committee on the Elimination of All Forms of Discrimination against Women (CEDAW). Reports of partner states on the elimination of FGM 	<ul style="list-style-type: none"> Ministry of Foreign Affairs Ministry of State for Population/National Population Council Ministry of Health Partner medical and civil organizations 	<ul style="list-style-type: none"> Cooperation between Ministry of Foreign Affairs and Ministry of Health in responding to international notes. Positive cooperation between Egypt and partner states that support the elimination of FGM
Activities <ul style="list-style-type: none"> 1.3.1 Coordination between the Ministry of State for Population/National Population Council, Ministry of Health and relevant organizations in responding to the reservations of the international committees regarding the elimination of FGM in Egypt. 1.3.2 Organization of (3) workshops for all concerned parties to coordinate the response to international committees' notes on the elimination of FGM. 1.3.3 Disseminating the Egyptian model's outputs for the elimination of FGM in other partner countries. 				

Second Component: Socio-Cultural Change and Public Opinion

General Outcome (2): Launch of the FGM Abandonment and Family Empowerment Media Strategy, reinforcing its implementation mechanisms.

Indicator 2 (a): The number of ministerial decrees against FGM and support for the protection of the rights of the Egyptian girl.

Indicator 2 (b): Mechanisms to operationalize the media strategy on FGM abandonment and Family Empowerment

Expected Results	Expected Results	Source of Information	Partners	Assumptions and Risks
Interim Result or Output (2.1): Launch of the FGM abandonment and family empowerment media strategy, reinforcing its implementation mechanisms.	<ul style="list-style-type: none"> The number of media campaigns against FGM and violence <p>Current situation: 6 campaigns.</p> <p>Target: 8 campaigns.</p> <ul style="list-style-type: none"> Number of educational and informative materials produced to support anti-FGM campaigns. <p>Current situation: A comprehensive inventory of information and scientific materials for the FGM Abandonment and Family Empowerment Programme.</p> <p>Target: Review and development of existing materials to create a detailed database that analyses the evolution of media discourse.</p>	<ul style="list-style-type: none"> Media coverage reports issued by the FGM Abandonment and Family Empowerment Programme of the Ministry of State for Population/National Population Council Information database of the FGM Abandonment and Family Empowerment Programme 	<ul style="list-style-type: none"> The National Council for Women Newspapers' editors-in-chief TV and Radio media representatives TV program presenters and editors Heads of women departments Activists on social media channels Scenarists, directors and movie stars Field journalists UNICEF European Union Swedish government 	<ul style="list-style-type: none"> The availability of media space to shed light on girls' rights issues under the momentum of current political and social conditions. The risk that the media space allocated to political issues is much bigger than that allocated for social issues pertaining to women's and children's rights. Society's acceptance of the issue of FGM within the human rights umbrella, and the need to ensure the stability and empowerment of the family.

	<ul style="list-style-type: none"> Number of Information products published from the Media Forum on FGM abandonment and family empowerment <p>Current situation: Description and identification of the tasks of Media Platform</p> <p>Target: Hold a media Platform to mobilize the public opinion against FGM and support all family empowerment issues.</p>	<ul style="list-style-type: none"> Report on information/ media products published from the Media Forum on FGM abandonment and family empowerment 	
Activities <ul style="list-style-type: none"> 2.1.1 Edit media messages, simplifying them in attractive formats. 2.1.2 Support relations with the media personnel and enable the dissemination of audiovisual anti-FGM informative/media materials. 2.1.3 Deliver social campaigns on electronic websites addressing families to abandon FGM based on increasing information accessibility. 2.1.4 Hold forums with script writers, directors and producers to promote family empowerment and anti-FGM messages. 2.1.5 Establish a platform for media personnel interested in social family issues to prepare information bulletins and educational materials on FGM abandonment and family empowerment issues. 2.1.6 Update the training content for media professionals on FGM abandonment and family empowerment issues. 2.1.7 Hold (3) workshops for media professionals on family empowerment. 2.1.8 Produce written and visual educational and informative materials and info-graphics appropriate for dissemination on various communication channels. 			

	<ul style="list-style-type: none"> An active protocol along with Al-Azhar's Family House initiative to support the protection of girls from circumcision and other harmful practices <p>Current situation: There is no protocol. Target: An active protocol.</p>	<ul style="list-style-type: none"> Texts of awareness campaigns of Al-Azhar and religious institutions. 		
Activities <ul style="list-style-type: none"> 2.2.1 Provide periodic books and Al-Azhar Magazine to reach preachers and imams of mosques to expand adoption of anti-FGM messages. 2.2.2 Train male and female preachers, and imams on the key messages from all aspects (e.g. medical, social, religious, etc.). 2.2.3 Network with Al-Azhar in any training or information materials to be included in anti-FGM messages. 2.2.4 Include in the marriage certificate certain items ensuring that both spouses are aware of the criminalization of FGM, early marriage and other social issues. 				
Interim Result or Output (2.3): Positive change in the prevailing community culture and consolidation of anti-FGM values in communities through partnerships with civil society organizations.	<ul style="list-style-type: none"> The number of local partners from NGOs and local bodies supporting the elimination of FGM and other harmful practices Current situation: 100 Target: 150 Number of villages opposing FGM Current situation: 76 Target: 160 	<ul style="list-style-type: none"> Partnership protocols with NGOs Documents or evidence demonstrating the « FGM Free village model» 	<ul style="list-style-type: none"> Ministry of Health Ministry of Education NGOs United Nations Development Programme (UNDP) United Nations Population Fund (UNFPA) NGOs Coalition against Violence Network of Women's Rights Organizations (NWRO) European Union Swedish Government 	<ul style="list-style-type: none"> Community acceptance of awareness messages in support of the rights of girls, and non-rejection of human rights discourse. Cooperation of community leaderships and adoption of local initiatives supporting the rights of girls and family empowerment. Consistency of practices and behaviors with theoretical conviction that FGM should be abandoned and family empowerment should be promoted.

	<ul style="list-style-type: none"> The extent of community outreach campaigns in schools and health units to raise community awareness about domestic violence and FGM abandonment issues. <p>Current situation: Number of periodic awareness campaigns in schools and health units (160 villages).</p> <p>Target: Awareness campaigns against FGM are sustainable and institutionalised in school curricula and health unit programmes.</p> <ul style="list-style-type: none"> Inclusion of the anti-FGM component in the curricula of medical schools, law faculties and nursing institutes. <p>Current situation: Educational curricula include minimal aspects on FGM harms and the consequences of this practice on the rights of girls.</p>	<ul style="list-style-type: none"> Documentation of community awareness campaigns 	
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	Target: Educational curricula that highlights explicitly the harms of FGM as a criminalized its practice.			
Activities <ul style="list-style-type: none"> • 2.3.1 Hold community partnerships with civil organizations to promote awareness on the harms of FGM and monitor relative violations. • 2.3.2 Capacity Development and training supporting community committees in 160 villages. • 2.3.3 Train social workers and teachers in schools that FGM should be abandoned, highlighting its negative effects on the health of family. • 2.3.4 Include the anti-FGM component in the curricula of medical schools, law faculties and nursing institutes. • 2.3.5 Organise service community-based initiatives and awareness seminars in schools and health units in the targeted villages to mobilize community groups against FGM and violence and furthermore, promote family rights. 				

Third Component: Information Management, Follow-Up and Evaluation

General Result (3): Institutionalization and mainstreaming a system for monitoring and evaluating FGM Abandonment and Family Empowerment Programmes ensuring the quality and timeliness of results achieved.

Indicator 3(a): Website for documenting anti-FGM and family empowerment information, and communicating with, and providing counseling for, the targeted families.

Indicator 3(b): System for monitoring the results of the FGM Abandonment and Family Empowerment Programme to benefit all concerned bodies.

Expected Results	Expected Results	Source of Information	Partners	Assumptions and Risks
Interim Result or Output (3.1): Availability and circulation of documented and updated information to feed evidence-based policies, informed media campaigns and academia, and support community outreach programmes on FGM detriment and family empowerment approaches.	<ul style="list-style-type: none"> Website for documenting anti-FGM and family empowerment information, and communicating with, and providing counseling for, the targeted families. <p>Current situation: No mechanism.</p> <p>Target: Website</p> <ul style="list-style-type: none"> Number of partner agencies that contribute to the flow of information on FGM Abandonment and family empowerment. <p>Current situation: 10 partner agencies.</p> <p>Target: Increase in the number of partner agencies.</p>	<ul style="list-style-type: none"> FGM Abandonment and Family Empowerment Programme's website Official Gazette or official document issued by the authority that issued the policy or decision 	<ul style="list-style-type: none"> National Population Council Ministry of Health Ministry of Education Ministry of Justice General Prosecution Ministry of Social Solidarity National Population Council International partner agencies others to be determined. 	<ul style="list-style-type: none"> Stability of the political and social situation in Egypt in a way that allows establishing anti-FGM and family empowerment issues at top of the agenda of concerned political parties. Family- and women-oriented social policies to be drafted based on documented evidence and facts. A good relationship between information management, follow-up and evaluation and media management.

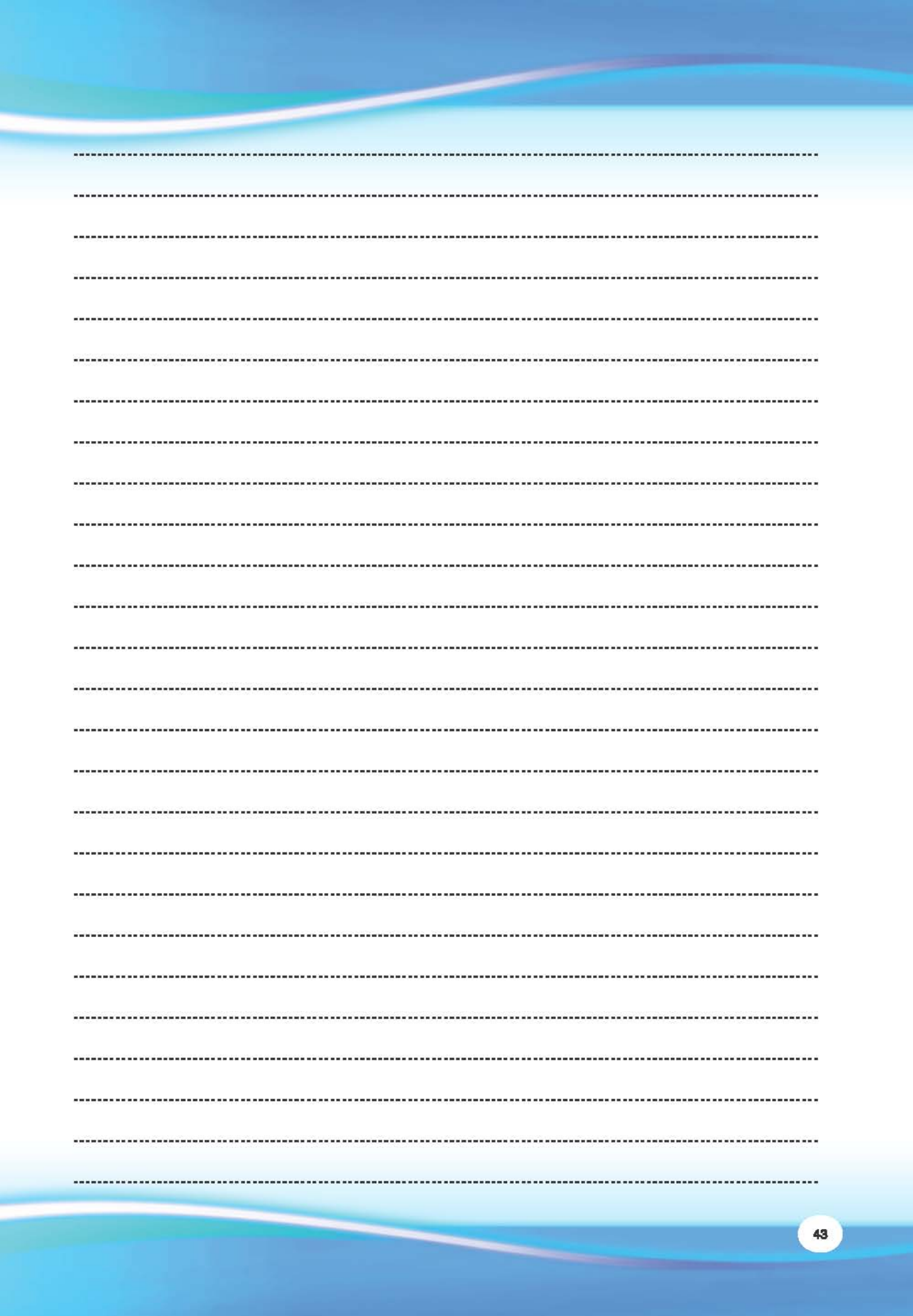
Activities <ul style="list-style-type: none"> 3.1.1 Create a website for the FGM Abandonment and Family Empowerment Programme to upload and document information to be circulated on a regular basis. 3.1.2 Hold dialogue sessions with decision-makers and academia to discuss the issues of FGM and importance of family empowerment using documents and facts issued from information databases. 				
Interim Result or Output (3.2): Development of a comprehensive national survey to measure the FGM prevalence rate in the 019-age group and the extent of knowledge and trends of the local community and institutions concerned with the issue of FGM and related topics.	<ul style="list-style-type: none"> Completion of the survey plan in the planned time and as per the quality required Current situation: No plan Target: A plan to be completed by the end of 2016 and be shared with the parties concerned. Completion of the final report according to the plan. Current situation: There are initial indicators based on the DHS and Ministry of Health's Survey on different age groups Target: A national survey on the prevalence rates of FGM among new generations in particular. 	<ul style="list-style-type: none"> Draft survey RFP of the FGM Survey by Programme and Monitoring and Evaluation Department. Final report of the survey 	<ul style="list-style-type: none"> Central Agency for Public Mobilization and Statistics Ministry of Health Ministry of Justice Ministry of Interior NGOs International organizations National Population Council with the assistance of an external expert 	<ul style="list-style-type: none"> Stability of conditions in Egypt, allowing the implementation of field work Timeliness and quality of implementation of the national survey and accuracy of the field sample
Activities <ul style="list-style-type: none"> 3.2.1 Prepare the terms of reference of the survey, release the relevant tender, and contract with the chosen body. 3.2.2 Plan to conduct a survey with those in charge of the Programme and the concerned parties, and agree on the implementation mechanisms. 3.2.3 Hold collective meetings with the concerned partners to cooperate in the implementation and coordination of the survey. 3.2.4 Prepare the final report of the survey and present it in a national conference to share the findings and recommendations with the concerned parties, media, line ministries etc. 				

<p>Interim Result or Output (3.3): Evaluation of phase II of FGM Abandonment and Family Empowerment Programme, as well as sharing of the results with the concerned parties to ensure that the principles of transparency and accountability are upheld.</p>	<ul style="list-style-type: none"> Evaluation report of phase II of the Programme Current situation: Phase I evaluation and Programme's plan, based on the lessons learnt from the evaluation, are available. Target: Evaluation report of phase II to be disseminated with the concerned parties 	<ul style="list-style-type: none"> Evaluation report of phase I of FGM Abandonment and Family Empowerment Programme 	<ul style="list-style-type: none"> Government partners, NGOs, the media and international organizations 	<ul style="list-style-type: none"> Cooperation among the concerned partners in conducting an evaluation of phase II of the FGM Abandonment Programme Follow-up of the implementation of the evaluation report recommendations
<p>Activities</p> <ul style="list-style-type: none"> 3.3.1 Prepare the evaluation plan and take official approval on it. 3.3.2 Train field researchers and initiate the collection of data required for the evaluation process. 3.3.3 Finish the preparation of the report and share the results with the concerned partners. 3.3.4 Hold a collective meeting with the concerned parties to develop a plan for implementing recommendations. 				
<p>Interim Result or Output (3.4): Launch of a community monitoring mechanism by NGOs, civil society and women groups to monitor the size of the practice and support family empowerment interventions.</p>	<ul style="list-style-type: none"> An Integrated system for community-based follow-up of FGM Abandonment and Family Empowerment Programme in the National Population Council Current situation: There is a community-based follow-up that requires reorganization, coordination and documentation. 	<ul style="list-style-type: none"> Community-based follow-up reports from the governorates where community-based follow-up system is tested. 	<ul style="list-style-type: none"> Ministry of Health National Population Council NGOs, influential groups, and local leaderships under the supervision of NGOs and field coordinators of the Programme. International Organizations and Partners. 	<ul style="list-style-type: none"> Support of community members to cooperate in testing the community-based follow-up initiative Organisation of partnership rules with the local community and commitment to their roles and responsibilities

	Target: A community-based follow-up system that depends on responsibilities to be implemented according to the National FGM Abandonment and Family Empowerment Strategy indicators.			
Activities				
	<ul style="list-style-type: none">3.4.1 Design a system and procedural guide for community-based follow-up of prevalent knowledge, trends and anti-FGM practices, as well as promotion of family empowerment interventions and follow-up.3.4.2 Provide training of trainers (TOT) for community members and volunteers selected for the implementation of the community-based follow-up system of FGM Abandonment and Family Empowerment Programme.3.4.3 Conduct a pilot experiment to measure the success of the community-based follow-up system and study the preliminary results.3.4.4 Scale up the community-based follow-up system, or adjust it based on the results of the pilot phase.			
Interim Result or Output (3.5): Development of a follow-up and evaluation system to measure performance progress and achievement of the results of the FGM Abandonment and Family Empowerment Programme.	<ul style="list-style-type: none">Inclusion of the anti-FGM follow-up tasks within the responsibilities of local facilitators. Current situation: An initial follow-up system that monitors the number of targeted families. Target: An integrated follow-up system undertaking awareness-raising, monitoring and reporting roles.	<ul style="list-style-type: none">Capacity development report at the Information, Follow-up and Evaluation Department	<ul style="list-style-type: none">Partner NGOs, field coordinators, local and women leaderships in the FGM Abandonment and Family Empowerment Programme.<ul style="list-style-type: none">Line Ministries at local level.Parallel FGM Abandonment Program Interventions.	<ul style="list-style-type: none">Success of the capacity development efforts, reflected in the quality of periodic reports for measuring the progress of the Programme on the ground.

	<ul style="list-style-type: none"> The dependability of the follow-up reports on the results of the FGM Abandonment and Family Empowerment Programme according to the indicators mentioned in the national strategy <p>Current situation: Follow-up reports on the Programme>s activities</p> <p>Target: Follow-up reports on the Programme>s performance and result achievement.</p>	<ul style="list-style-type: none"> Result follow-up report issued by the FGM Abandonment and Family Empowerment Programme 	
Activities <ul style="list-style-type: none"> 3.5.1 Prepare simplified models on the follow-up concepts and mechanisms for various stages to ensure the quality of implementation. 3.5.2 Train the concerned partners at the central and local levels on the follow-up simplified models to ensure the quality of implementation and achievement of results. 3.5.3 Develop a system for preparing and issuing periodic reports, as well as disseminating them to the concerned parties. 			

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